

Naomi

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Staff spoke about clients with respect and dignity and showed care and passion.
- Clients spoke positively about the support and care they received from staff.
- Professionals told us that there was an effective referral and admission process and staff kept them fully informed about their clients care.
- A strong leadership team were developing clear procedures about the management of risk.

- The service had enough staff to care for the number of clients and their level of need. Staff knew and put into practice the service's values. Staff knew and had contact with managers at all levels.

However, we also found the following issues that the service provider needs to improve:

- There was a lack of staff cover at weekends, which increased the risk of avoidable harm to clients.
- The project did not collate or analyse data to evidence outcomes, performance and improve the service.
- The project did not request GP summaries at the referral stage.

Summary of findings

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Summary of this inspection

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The Naomi Project

Services we looked at

Substance misuse services.

Summary of this inspection

Background to Naomi

The Naomi project is owned and operated by the Kenward Trust. The trust has several houses that provide supported living for people progressing from the rehabilitation programmes.

The Naomi project is situated in the centre of the village of Hawkhurst on the Kent/Sussex border. Locally it is known as “The Naomi Project at Highgate Hall”.

The Naomi project provides programmes of rehabilitation solely for women who are recovering from alcohol and other drug dependencies. The Naomi Project can accommodate up to nine women. At the time of our inspection, there were three female residents. The service took referrals from all over the UK for women aged 18 and over.

The Naomi project was registered with CQC on 19 April 2011 to provide the following regulated activity:

- Accommodation for persons who require treatment for substance misuse

The service provided holistic residential treatment that was delivered over a period ranging from 12 to 24 weeks. The programme included elements of the 12-step programme. The length of stay for clients was dependent upon assessed individual need and funding.

Clients can self-refer or could be referred by their local substance misuse agency. A client’s case manager would need to apply for funding from the local authority or the clinical commissioning group (CCG).

The current manager was registered with CQC on 20 February 2015.

The Naomi Project was last inspected on 29 December 2013 and met all the standards.

Our inspection team

Team Leader: Shelley Alexander-Ford, inspector, Care Quality Commission.

The team that inspected the service comprised of four Care Quality Commission inspectors, two who had knowledge and experience of working with substance misuse. Of the four inspectors, one inspector joined the team for a day and one inspector was shadowing.

The team visited the Naomi project, the head office for the organisation and the social enterprise project.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England met the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- Is it safe?
- Is it effective?
- Is it caring?

Summary of this inspection

- Is it responsive to people's needs?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information, and gathered feedback from staff members.

During the inspection visit the inspection team:

- visited the Naomi project and looked at the quality of the environment and observed how staff were caring for clients
- spoke with three clients
- spoke with two previous clients who had completed the programme
- spoke with the registered manager
- spoke with the chief executive of Kenward Trust
- spoke with four members of the senior management team
- spoke with the community psychiatric nurse employed by the provider
- spoke with the team leader
- spoke with two case managers
- spoke with two staff members
- attended a staff handover, client group meeting and group work session
- looked at all care and treatment records
- looked at all supervision records
- looked at and carried out a specific check on the medication management
- looked at a range of policies and procedures and other documents in relation to the running of the service.

What people who use the service say

All the clients we spoke to told us they felt safe. They all spoke positively about the service and said that staff were very caring and supportive.

Clients all spoke positively about the structure of the programme and its ability to be varied depending on

need. Clients told us about family meetings that staff had offered, and support with child contact arrangements. Clients said they found these helpful in enabling them to move on in their lives.

Clients said that the routine was not regimented and it was a very homely environment.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Safe means the services protect you from abuse and avoidable harm.

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Client risk assessments were up to date.
- There was a clear medicines policy that staff followed.
- The project was clean and tidy. Environmental risks were mitigated by staff risk assessing client needs.
- There were six weekly incident and complaint panels held at the Kenward Trust headquarters. Procedures were in place if an immediate response was required regarding an incident.
- There was a mandatory training programme for staff including safeguarding, risk assessment and de-escalation training.
- Procedures were in place to check that clients were remaining abstinent including the use of urine screening and breathalysers. Clients signed to agree to these being used.

Are services effective?

Effective means that your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff completed comprehensive and multi-disciplinary assessments of clients prior to admission.
- Staff regularly reviewed care records with clients. The care records reviewed were responsive to individual needs.
- There were six weekly operational quality management meeting which considered the following areas: safe, effective, caring, responsive and well-led. Audits were discussed and actions decided during this meeting.
- Staff had completed training in areas such addiction counselling, pastoral care, counselling, group work and human relations.
- All staff received yearly appraisals and monthly supervision.

Summary of this inspection

- Staff completed treatment outcome profile forms (TOPS) at the beginning and end of a client's treatment. These forms are the national monitoring tool for substance misuse services. Information from the tool can be used to improve clinical practice.

However, we also found the following issues that the service provider needed to improve:

- GP summaries were not obtained as part of the referral process.
- Measures to improve and develop the service further by collating and analysing data were not utilised in order to effect change. The senior team recognised this on the day of our inspection and there was a plan of action in place to move forward with this.

Are services caring?

Caring means that staff involve and treat you with compassion, kindness, dignity and respect.

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We saw that clients were fully involved in planning the daily timetable during the morning meeting.
- Staff encouraged carer involvement including arranging family meetings. Staff supported both the carer and client through the recovery process.
- Staff were person centred in their work. We observed staff being very caring and compassionate in their interactions with clients.
- We observed staff showing dignity and respect towards clients.
- Clients told us they felt supported and found staff very approachable.
- We saw that staff respected client's confidentiality. Care plans contained signed access and permission statements regarding information that clients had agreed to share.

Are services responsive?

Responsive services are organised so that they meet your needs.

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff responded quickly to urgent referrals. A client told us they had been accepted to the service very quickly due to their personal circumstances and individual need.
- There were robust care pathways and discharge plans.

Summary of this inspection

- Clients had access to 'move on' housing. The organisation had four supported houses, three of these are for women, staff could refer clients onto these on completion of treatment.
- There was a structured and varied programme of activities and groups available to clients.
- There was enough space for private 1-1 sessions.
- Clients were fully involved in preparing meals and had access at all times to the kitchen, garden and other areas.
- Ex-clients were encouraged to maintain links with the project. Their skills and knowledge contributed to the programme for current residents.

However, we also found the following issues that the service provider needed to improve:

- There was no disabled access to the project. This meant the project was unable to meet the needs of those with mobility or physical disabilities. Staff advised clients and other referring professionals of alternative services to approach where they were unable to meet a client's needs.

Are services well-led?

Well led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

We do not currently rate standalone substance misuse services:

We found the following areas of good practice:

- There was a stable staff team, who were able to tell us about the organisations vision and values, which were embedded into the day-to-day operation of the service.
- Staff told us that they felt good about their job and they were encouraged to develop further within their role.
- Staff at a senior management level had a determination to drive continual improvement.

Detailed findings from this inspection

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe means the services protect you from abuse and avoidable harm.

Safe and clean environment

- The project was a clean homely environment. Clients were responsible for the cleaning of the house and their rooms, which staff checked weekly.
- Staff carried out weekly checks of the environment for health and safety. They looked at any trip hazards, furniture and fittings and whether these needed replacing. We looked at risk assessments for various pieces of equipment they had such as lawn mower, vehicle maintenance for the projects van these were all up to date.
- We saw a gas safety certificate and county fire protection certificate dated March 2016. Fire escapes were clearly marked and clients told us that fire drills took place weekly.
- Clients told us the house needed continual maintenance and updating because of the size and age of the property. Staff reported repairs to the maintenance department, who responded promptly. Staff gave an example of repairs that had recently been made to a leak in the roof.
- Medicines were stored in a locked cupboard in the staff room. All staff received training in medicines management. Staff completed a medicines agreement and risk assessment form with clients related to the self-administration of medicines. Following risk assessment staff will continue to observe clients taking their medication if there is an on-going risk

- Clients were breathalysed weekly and were urine tested. Staff received training for this and followed the infection control policy. All testing took place in a designated toilet with a designated waste bin to dispose of the whole testing kit.
- The organisation were setting up a safeguarding champion and developing links with Kent County Council safeguarding team. All staff received face to face safeguarding training.

Safe staffing

- There was a stable staff team at the service, which comprised of a manager, four therapeutic staff, three night staff and three volunteers. The senior management team included a community psychiatric nurse and lead for clinical governance. The senior management team regularly visited the service.
- All staff took responsibility for particular areas, such as health and safety, safeguarding, welcome packs, vehicle management, fire marshal, first aid, medicines management and gardening.
- Two members of staff were on long-term sickness absence. These absences were covered by either permanent staff already working at the project or through the organisations own bank staff.
- At the time of the inspection there were no staff working during the day at the weekend. The project was reviewing staffing levels at weekends so that staffing was available for 24 hours, in order to mitigate risks to clients.
- Night duty was covered by a sleeping night worker 8.30pm to 8.30am. Night staff slept in the staff area on the lower ground floor. This meant that clients could call for their support during the night.

Substance misuse services

- Managers were on a rota to be on call during weekends. Staff and clients could contact the manager and a member of the senior management team was on call. All on call numbers and emergency numbers were displayed by the payphone.
- Staff discussed all clients during the daily handover. All clients were discussed in the handovers and client's care and treatment was reviewed. Staff were updated on any incidents or concerns and planned activities for the day.
- All staff completed a mandatory training programme that included safeguarding, de-escalation, motivational interviewing and drugs and alcohol awareness.
- Staff were up to date with mandatory training. A training matrix was available on a shared drive. Staff all had access to the matrix. The team manager used the matrix to monitor staff compliance with training.

Assessing and managing risk to clients and staff

- Staff completed regular drug screening which clients had consented to as part of their treatment. Staff explained the policy to clients during assessment and on admission.
- Staff searched client's property on admission to the service. Staff had made clients aware of this and gained their consent during the assessment process.
- Clients signed an agreement that they would not have any visitors for the first three weeks of their treatment. This was so that clients had time to settle and establish themselves into their rehabilitation programme. The first few weeks was recognised as a very vulnerable time for most clients, where they needed time to concentrate on themselves with limited outside distractions.
- Clients were subject to a three-week probationary period. Clients agreed that they would not leave the project during the first week.
- Staff completed risk assessments on admission. Risk assessments were reviewed in weekly case review meetings. Risk assessments included risks related to physical health, mental health (including self-harm and suicidal thoughts), motivation, safeguarding, aggression and violence to self and others. Care plans reflected risks and staff updated care plans after they had completed a review with the client.

Track record on safety

- The project had reported were two incidents in the six months prior to our inspection. The incidents concerned clients who had relapsed at the weekend.

Reporting incidents and learning from when things go wrong

- Staff we spoke with demonstrated an understanding of how to report incidents. Staff reported incidents to the project manager who completed an initial investigation. The manager took appropriate action to ensure the clients safety and that of others. The manager and staff member completed an incidents and complaint form. The incident report was sent to the senior management team who decided if any immediate actions were needed. If an incident happened out of working hours, there was a senior manager on call for advice and guidance.
- The organisation had an incidents and complaints panel. During the meeting incidents were reviewed and actions identified. A report from this panel was sent to the operation quality management meeting, attended by project managers and the lead of clinical governance. Trends were identified and managers communicated learning, outcomes and any changes to their staff through team meetings. An example included the introduction of de-escalation training for staff. In February 2016 there were two incidents of relapse discussed at the incidents and complaints panel. Appropriate action had been taken in both cases. This included an identified need for 24 hour staffing at the weekends, which the organisation recognised and had an action plan to address.

Duty of candour

- There was no policy related to duty of candour. However, the organisation openly spoke about and showed us minutes from their quality assurance meetings, clinical effectiveness working group and a summary of incidents reported. Staff spoke about an incident with a client who had relapsed and needed hospital admission for medical assessment. On our inspection, staff spoke with clients about the impact of that incident and lessons learnt

Substance misuse services

Are substance misuse services effective? (for example, treatment is effective)

Effective means that your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- Prior to admission, staff asked the referrer for relevant reports such as client risk assessments, physical and mental health history, probation reports, psychiatric history, child contact details and involvement from social services. However, staff did not request information from the client's GP.
- Staff completed pre-admission assessment forms, which recorded clients substance misuse history, physical health and expectations of the programme. Staff encouraged clients to visit the project prior to admission. In exceptional circumstances where a referral was urgent, a telephone assessment was completed. If staff felt that the needs were too complex, they arranged a face to face meeting with the client.
- On admission, all clients had an appointment with the practice nurse and General Practitioner from the local surgery. The nurse completed a physical health assessment, well woman check, blood tests and so on. The nurse completed a medication review and liaised with other health professionals.
- Staff told us that appointments with the GP could be fast tracked if there were physical health concerns.
- Staff could request an assessment of a client's mental health needs with the community psychiatric nurse employed by the organisation.
- Staff made plans for clients unexpectedly leaving treatment in risk assessments. In the event of unplanned discharges, staff contacted relevant professionals including case managers, GPs, social services and probation. Staff contacted families if the client had given permission.
- Staff saw clients every day so were able to respond promptly to any changes in their physical and emotional needs. Staff reviewed care plans on a weekly basis and looked at any changes that needed to be added to their care plan.
- We reviewed all three care records for clients at the service. Care records were holistic, responsive to individual needs, documented particular interests, strengths, goals to promote recovery and preparation for discharge. All client files had a signed care plan and a risk assessment. Care plans were reviewed weekly within the staff team and then together with the client.
- **Best practice in treatment and care.**
 - In keeping with National Institute for Health and Care Excellence (NICE guidance), staff gave clients information about additional support, which included self- help groups. Clients were encouraged to attend narcotics anonymous and alcoholics anonymous meetings which were held away from the project.
 - Staff offered a structured group programme to meet individual needs. Clients set weekly objectives during one to one meetings with their key worker.

Skilled staff to deliver care

- The Project manager is a trained counsellor. Other staff are trained to facilitate specific groups that they deliver. Staff felt supported to develop their skills and were given protected time to study.
- The organisation employed a community psychiatric nurse (CPN) who visited the project every four weeks. The CPN offered further training to staff for medication management. Amongst the staff team there was a nominated champion for medication to ensure consistency .
- The community psychiatric nurse provided additional support for mental health where required. Care plans were updated with keyworkers and clients to reflect this support. Staff could contact the nurse for advice and support as required.
- All training for new staff was in line with the nationally recognised care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Substance misuse services

- Staff received monthly supervision. A member of the leadership team completed team appraisals annually.

Multidisciplinary and inter-agency team work

- There were regular handovers. All staff attended handovers and client's notes were updated daily. Staff provided an update on client's progress and discussed the daily schedule, groups and appointments for clients.
- We spoke with two case managers who had clients at the project. The case managers told us that the referral process was very responsive to individual need. Staff updated them regularly and provided good support concerning contact with children and joint working with social services. Staff arranged meetings to discuss client's progress and discharge planning.

Good practice in applying the MCA (if people currently using the service have capacity, do staff know what to do if the situation changes?)

- Mental Capacity Act training was not mandatory. Staff spoke about the difficulties of managing clients that did not have capacity for example if a client relapsed, the project then seeks to keep them safe until they are able to make decisions for themselves again and alternative arrangements can be made for the individuals. Staff involved the clients care co-ordinator, case manager and other professionals when they were concerned about a client's capacity.
- The assessment of client's capacity was ongoing by the staff team throughout the treatment programme.

Equality and human rights

- The service had an equality and diversity policy.
- There was 100% compliance with the mandatory training on equality and diversity.

Management of transition arrangements, referral and discharge

- Staff developed a discharge plan with clients from the point of admission. Staff continued to work with client's case managers throughout their stay at the project.
- Prior to discharge, staff organised joint meetings with case manager and client. Move on plans such as accommodation or future child contact arrangements were discussed. This was so that the client was clear about these arrangements prior to discharge.

Are substance misuse services caring?

Caring means that staff involve and treat you with compassion, kindness, dignity and respect.
Kindness, dignity, respect and support

- Staff treated clients with respect, care and compassion. Staff demonstrated respect and dignity when discussing clients with colleagues or during team meetings.
- Staff responded to immediate concerns from clients and gave individual time where needed.
- Clients told us they felt staff were approachable and felt comfortable bringing concerns to their attention.

The involvement of clients in the care they receive

- Staff were very respectful of client's confidentiality and involved them in all aspects of their care. We saw evidence of client involvement in developing and reviewing care plans. Staff reviewed objectives with clients on a weekly basis. Clients told us that staff were approachable and readily available to discuss concerns. Clients signed a form which gave permission for staff to share information with relevant professionals.
- Staff encouraged clients to visit the service prior to admission in order to meet staff, look around the building and gain a greater understanding of the ethos of the service.
- Prior to admission staff informed clients of the house rules. During a client's induction staff reminded them of these rules. The client then signed an agreement to adhere to them.
- A peer was allocated to each client when they were admitted to the project to provide support. There was a daily 'thought for the day' each morning followed by a handover and an opportunity for feedback.
- House forum meetings were at the beginning of the week, where clients discussed the weekly programme. Clients were able to add individual appointments and other activities that reflected their individual objectives.
- Clients volunteered to be the house representative at weekly house forums. Responsibilities for the house representative involved taking responsibility for the food ordering, ensuring visitors signed in and reporting maintenance issues.

Substance misuse services

- Previous clients, called recovery graduates, were able to come back to the project. Staff provided ongoing support to the recovery graduates who were able to attend and contribute to the group programme. However, there was a lack of structure concerning how often the recovery graduates could return to the service. This meant that staff were unable to plan or mitigate risks accordingly.

Are substance misuse services responsive to people's needs?
(for example, to feedback?)

Responsive services are organised so that they meet your needs.

Access and discharge

- There was a clear referral process. Staff completed a full risk assessment to make sure the client was suitable for the specific programme and expectations at Naomi.
- During our inspection, there were three clients at the service. Staff told us that this was an unusually low number. The maximum number of clients that the service could accept was nine. Staff told us that occasionally the project had accepted clients but they had not arrived for various reasons. The manager and senior management team were looking into this. Figures provided for occupancy for the year up to 31 March 2016 showed that occupancy for this period was 68%. There were 60% planned discharges and 19% of clients had left before 14 days. This was mainly due to clients not being ready to engage fully with the therapeutic programme at the project.
- In the event of unplanned discharges, staff contacted the client's case manager, families (if clients had provided consent), GP and relevant professionals.
- Staff tried to avoid unplanned discharges at night. For clients that relapsed and wanted to leave but were homeless, staff tried to ensure that safe plans were put in place to manage discharge and arrange move on accommodation before they left. Whilst the client remained at the project, they were on close observation and kept away as much as possible from the remaining clients. This was so that disruption to others was kept to a minimum.
- Staff tried to admit clients early in the week so that they were settled as much as possible before the weekend when there were less staff available.

The facilities promote recovery, comfort, dignity and confidentiality

- The project was a large detached house spread over four floors. The bedrooms were large and contained a basin. Four bedrooms shared two bathrooms, at the time of the inspection one of the top floor bathrooms was under going work. The client's accommodation was on the first and second floor. The staff sleeping area was located in the basement. The lounge, kitchen, dining room and staff office was located on the ground floor.
- All bedrooms had their own sink and there was a shared bathroom between four rooms. Clients had access to their rooms at any time and rooms were unlocked. All bedrooms contained a safe for clients use. While the first floor bedrooms were accessible by two staircases the top floor bedrooms could only be accessed using a narrow staircase.
- Clients had free access to all the areas of the house including the garden, smoking areas, television, kitchen and quiet areas.
- There was a range of activities available to clients, and they were encouraged to suggest activities they would like to do.
- There was a separate large log cabin in the garden for group work, creative and therapy groups such as 'Sand Tray'. Sand tray therapy uses sand and miniature objects to express a client's emotions and thoughts. Some clients found it difficult to verbalise emotions and feelings.
- There was a social enterprise project at the head office site in Yalding. The purpose of the project was to teach clients new skills and prepare clients for reintegration into the community. Clients from the project could attend the social enterprise project fortnightly. A member of staff from the social enterprise project also visited Naomi on alternate weeks to develop skills, which included gardening.

Meeting the needs of all clients

- There was a handbook in all client bedrooms. The handbook contained information about the local area,

Substance misuse services

rules and regulation for the house, health and safety and fire procedure. We were told a welcome pack had just been designed which would contain more information about groups and activities. Staff were waiting for this to be authorised by head office quality committee.

- Staff told us that additional support had been given to clients who in the past had struggled with reading and writing. An experienced outside professional had been sought to support this.
- The buildings were not adapted for wheelchair users and the layout of the project made it difficult for clients with mobility issues. Bedrooms could only be accessed using a narrow staircase.
- Clients had access to a pastor for spiritual needs. The pastor was also a volunteer at the project. Staff spoke about previous clients of other faiths, where staff had arranged visits to their nominated church.
- The service provided a good range of food and clients took it in turns to cook for each other. Clients told us that any individual dietary needs, such as gluten free, were supported and catered for.

Listening to and learning from concerns and complaints

- The service reported no complaints over the past twelve months. The clients we spoke with all said they knew how to make complaints and in the first instance, would approach their key worker or the project manager who they saw daily and felt were accessible. They all felt able to raise a complaint. The clients said they were told on admission how to make a complaint, and if they did not feel able to do this verbally, complaints could be made in writing.
- The manager of the project attended a six weekly incidents and complaints panel, where complaints were discussed. The manager fed back incidents and learning in staff meetings. The manager had the authority to review complaints prior to the panel, if required.

Are substance misuse services well-led?

Well led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Vision and values

- Staff spoke knowledgeably about the organisation and its aims.
- Staff worked within the recovery model. Staff understood the goal of recovery for clients. There was a flexible programme and approach to support the varied needs of clients.

Good governance

- There were clear frameworks in place for quality assurance. We met with the responsible staff in the leadership team. We saw minutes from the operational quality management meetings and the clinical effectiveness working group. The organisation had identified the need for a full review of the policies and procedures relating to clinical and operational matters. We were shown a detailed audit of these policies and the current review cycle for each policy.

Leadership, morale and staff engagement

- Staff we spoke with told us they enjoyed their job and that the staff team were stable and supportive.
- Staff felt able to raise concerns with their line manager and were familiar with the leadership team of the organisation. We observed good staff morale amongst the staff team.

Commitment to quality improvement and innovation

- We met with the chief executive and leadership team. All staff expressed vision and passion for the organisation, the values it holds and the desire to see the organisation develop.
- The senior management team had established many new clinical working groups and procedures to improve practice and develop the organisation.

Outstanding practice and areas for improvement

Outstanding practice

- The women and staff presented a recovery festival and produced a DVD, which demonstrated the client's experience of their road to recovery

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that there is adequate staff cover at weekends.
- The provider should collate data to enable staff to learn from outcomes and make improvements to the service.
- The provider should ensure there is a framework concerning ex-clients coming back to the project.
- The provider should ensure that they request GP summaries for clients at the time of referral.