Closereach

Quality Report

Longcause
Plympton St Maurice
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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

Ratings

Overall rating for this location	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

We rated Closereach as good because:

- Staff provided safe treatment for clients based on national guidance and best practice. Pre-admission assessments used by the service were high quality and included questions which assessed current substance use, risk of blood borne viruses and physical health needs. Staff used the pre-admission assessment to develop risk assessments and guide the completion of individually tailored treatment plans.
- Recovery treatment was provided based on the cognitive behavioural therapy programme. There were adequate rooms to provide psychosocial therapies and activities. All areas were safe, clean, well-equipped, well-furnished and well maintained. The design, layout, and furnishings of the service supported clients' privacy and dignity.
- Staff were skilled, competent and knowledgeable in meeting the needs of people who used the service. The service provided training in key skills to all staff and made sure everyone completed it. Qualified counsellors provided psychosocial therapies. The manager of Closereach had the right skills and abilities to run a service providing a good quality of care.
- Clients spoke highly of the staff, and said they felt safe in the comfortable environment and found the treatment was positively impacting their lives. Clients told us they were treated with respect, compassion and kindness.
- Staff spent extensive time with clients through various activities to provide exceptional person-centred care. Staff were passionate about providing extra opportunities to clients that would be individually meaningful for them during their recovery and after discharge.
- Staff supported clients to make decisions on their care for themselves. They understood the service policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly when appropriate.
- There were systems in place to record, review and discuss complaints, compliments and incidents. Improvements had been made in response to this.
- Leaders within the service were visible and approachable for both clients and staff. The staff team felt respected and valued, worked well together and were supported by their managers.
- Leaders had effective systems in place to regularly support their staff and improve the quality of care they provide. This was achieved by regular managerial and clinical supervision, appraisals and staff meetings.

However:

- Although there was a sink in the clinic room, there was no sink dedicated to handwashing and the collection of urine samples did not ensure good infection control.
- The service had sought medical histories and medication information from clients GP's up to four weeks prior to admission. This meant clients medication could have changed before they arrived at the service. However, the manager had ensured that clients were registered with a local GP within 48 hours and medicines reconciliation was completed with the local GP at registration.
- Although there were procedures in place to respond to an overnight emergency, there was no provision of staff at the premises overnight.
- The provider had some blanket restrictions which did not have a clear rationale. However, the manager allowed clients to make 'special requests' to allow them temporary alleviation from these restrictions.

Summary of findings

Contents

Good

Closereach

Services we looked at:
Substance misuse services.

Summary of this inspection

Background to Closereach

Broadreach House provides substance misuse services at three registered locations: Broadreach, Longreach and Closereach. Before this inspection of Closereach, inspections took place at Broadreach and Longreach. Reports have been published separately for each registered location.

Closereach is an 18-bed substance misuse rehabilitation service for men. At the time of this inspection there were 12 people using the service. Closereach has a mirror service in a different location, called Longreach, for female clients. Both locations admit clients who had completed detoxification (detox) predominantly from the Broadreach House location. However, they did also admit clients from other detox services.

Closereach has a large main building with staff offices, therapy rooms, kitchen and dining areas on the ground floor, with bedrooms and showering facilities on the second floor and two single rooms on the third floor. There is also an adjacent, listed building called the 'Joshua Reynolds building' which has laundry facilities, a gym and music room.

The service provides a programme where clients learn strategies for maintaining their recovery and set personal goals. The length of programme is a minimum of three months, with an option for a further three months if required. The majority of clients are funded by community drug and alcohol services and by local authorities.

The service is registered to provide accommodation for persons who require treatment for substance misuse.

At the time of the inspection the provider's chief executive officer was the registered manager and nominated individual. There was a unit manager in post who was in the process of applying to CQC to become the registered manager.

Closereach was previously inspected in July 2017. This was an unannounced focussed inspection of this location to check on a number of issues that had come to our attention through the information we hold about the provider. We did not rate the service in 2017.

The service had outstanding requirement notices:

- The provider must ensure the environment is clean and well maintained.
- The provider must ensure that clients are assessed by the service upon admission and that identified risks have a clear risk management plan in place for all staff to follow.
- The provider must ensure the safe management of medicines.
- The provider must ensure that clients have up to date, personalised information about their physical and mental health conditions, recorded in their care plans and that routine physical health monitoring takes place.
- The provider must ensure that governance processes are in place to ensure it is delivering safe and good quality services.

Our inspection team

The team that inspected the service comprised three CQC inspectors, one with significant experience of working in substance misuse services.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive inspection programme to inspect and rate substance misuse services.

Summary of this inspection

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- Visited the location and looked at the quality of the environment and observed how staff were caring for clients
- Observed one therapy group
- Observed a multidisciplinary team meeting
- Spoke with three clients who were using the service
- Spoke with the registered manager
- Spoke with two staff counsellors
- Looked at six care and treatment records of clients
- Carried out a specific check of medicines management and
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

During the inspection we spoke with three clients who were using the service. All clients were given an opportunity to speak with us. Clients told us there were lots of activities to take part in, on the premises and in the community. Clients told us that they were encouraged to join in and engage with their peers during treatment and felt a sense of belonging. Clients praised all the staff and felt they were treated individually. They told us that the environment was clean and had good furnishings.

However, clients felt that the food was bland and could be more nutritionally varied.

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?

Requires improvement 

We rated safe as **requires improvement** because:

- Although there was a sink in the clinic room, there was no dedicated hand washing sink in the clinic room and staff were not observing infection control principles when transporting urine samples from the toilet to the clinic room for testing.
- The service did not have staff present on the premises overnight. Clients were expected to use the payphone on the ground floor to contact emergency services. A nominated client was given money so that clients could contact the on-call staff in an emergency. This meant that one client was given the responsibility of ensuring others could contact staff in an emergency.
- Records showed that information on clients prescribed medication was received up to four weeks prior to admission, which meant client's medication could have changed during that time.
- The service had blanket restrictions in place that were not assessed on an individual basis for example clients did not have access to their mobile phones for the duration of treatment and could not leave the service unaccompanied until week three of treatment.
- Client care plans did not always address the potential risks to people of early exit from the programme.

However:

- At our previous inspection in 2017 we said the provider must ensure the environment is clean and well maintained. During the 2018 inspection we saw all areas of the building were clean, well equipped, well-furnished and well maintained.
- At our previous inspection in 2017 we said the provider must ensure the safe management of medicines. During the 2018 inspection we saw that medicines were being managed safely through the use of structured policies and procedures, and staff training.
- At our previous inspection in 2017 we said the provider must ensure that governance processes were in place to ensure the delivery of safe and good quality services. During the 2018 inspection we saw that governance processes had improved and the service was delivering safe and good quality care.
- Staff knew how to manage most risks of infection and followed the services policy on infection control.

Summary of this inspection

- Pre-admission assessment identified any potential risks during admission. Admission criteria was used to ensure the service could meet client needs and manage risks.
- Staff provided safe treatment for clients based on national guidance and best practice. Pre-admission assessments used by the service were high quality and included questions to assess current substance use, risk of blood borne viruses and physical health needs. Staff used the pre-admission assessment to develop risk assessments on admission to guide development of individually tailored treatment plans.
- There was sufficient staff who were skilled in meeting the needs of clients. The majority of staff had completed mandatory training.
- Staff knew how to protect clients from abuse and the service worked well with other agencies to do so.
- There were structures systems in place to manage the storage, recording and administration of medication.
- The service had a system in place for reporting, investigating and learning from incidents

Are services effective?

Good

We rated effective as **good** because**:**

- At our previous inspection in 2017 we said the provider must ensure that clients are assessed by the service upon admission and that identified risks have a clear risk management plans in place. During the 2018 inspection we saw staff were completing pre-admission assessments and further assessment on arrival at the service. Risks were clearly identified and a risk management plan was completed for staff to follow.
- At our previous inspection in 2017 we said the provider must ensure that clients have up to date, personalised information about their physical and mental health conditions recorded in their care plans, and that routine physical health monitoring was taking place. During the 2018 inspection we saw person centred and individualised treatment plans which considered a client's physical and mental health. Regular physical health monitoring was now taking place to a high standard.
- Staff regularly received management and clinical supervision, in line with the providers policy.
- Client records were clear, concise and all relevant information was easily accessible.
- The service completed comprehensive and high-quality pre-admission assessments and assessment on arrival.
- Physical health screening was routinely offered. Clients physical health was monitored appropriately throughout admission.

Summary of this inspection

- Staff from different disciplines worked together as a team to benefit clients.
- Staff had a good understanding of the Mental Capacity Act 2005 and applied its principles appropriately where relevant to substance misuse services.

However:

- The provider was not reviewing the service provision and outcomes of people's care to ensure the chosen therapeutic programme offered was effective.

Are services caring?

Outstanding 

We rated caring as **outstanding** because:

- Staff attitudes and behaviours clearly demonstrated compassion, dignity and respect, and maintained a strong ethos of empowering and including their clients.
- Staff spent quality time with clients to thoroughly understand individual client's needs and were passionate about delivering a high standard of person-centred care to clients.Each person using the service had a recovery plan and risk management plan in place that demonstrated the persons preferences, recovery capital and goals.
- The manager of Closereach was enthusiastic, proactive and focused on quality improvement for both clients and staff. There was an open culture of healthy challenge between colleagues and staff to ensure important decisions were given careful consideration. Staff could raise concerns about any concerning behaviour or attitudes without fear of reprisal.
- We observed joined up working between the therapy staff and a strong sense of community between both the clients and all the staff.
- Staff had sought innovate ways of supporting clients to achieve their goals and used community resources to incorporate activities into client's treatment plans.The manager had engaged with external agencies and arranged for a variety of extra recreational activities that promoted wellbeing, personal development and team building. This included involvement in theatre productions, sporting activities and attending a Donkey Sanctuary and Naval base. Clients had also been supported to find voluntary work in a field of their interest.
- Therapy sessions offered at the service were informative and engaging.
- Clients were encouraged and supported to gain qualifications during their therapy. For example, qualifications in level 1, 2 and 3 numeracy, and First Aid.

Summary of this inspection

- Clients were supported to attend recovery groups in the community, such as Alcoholics anonymous (AA), Narcotics Anonymous (NA) and SMART recovery.
- Staff carefully and sensitively considered special requests for visiting and going off premises. For example, clients accessing the local library in the evening or having extended visiting hours when visitors had travelled from afar.
- Staff demonstrated inclusion of clients with protected characteristics, and maintained privacy and confidentiality. The service had made special arrangements for people to practise their faith and had facilities in place for clients requiring levelled access. Staff worked closely with all their clients to maintain an environment of inclusion and acceptance of everyone's individuality.
- Staff found creative ways of supporting clients to understand and manage their care and therapy. Clients therapy work showed they had expressed themselves using methods that were meaningful for them such as collages, bullet points or drawing sketches.
- The service provided public transport, free-of-charge to the clients to access the local community and resources in their free time.
- Clients were encouraged to self-medicate where this was assessed as safe and appropriate, which promoted client independence.
- The service had supported clients with English as a foreign language, to receive treatment, and also better their communication skills in spoken English.
- The provider involved clients in the recruitment process of new staff by permitting preferred candidates to shadow a shift and feedback from clients was sought prior to appointing new staff.

Are services responsive?

Good

We rated responsive **good** because:

- The service had systems in place to manage referrals, waiting lists and assessment.
- Clients told us that staff worked hard to help them build links with the community, and to build healthy relationships with them.
- The design, layout and furnishings of the service supported and promoted comfort and recovery throughout the client treatment journey.
- The environment and service was accessible to all who needed it and took account of individual needs.

Summary of this inspection

- Discharges took place during working hours and staff involved ensured they liaised appropriately with the relevant care managers.
- There was a complaints policy in place and clients and staff were aware of the process for handling complaints. Managers investigated complaints and disseminated learning to all staff.

However:

- Several of the bedrooms were double rooms and were shared between two clients. Although staff told us that clients were advised prior to admission that they may need to share a room, we did not see documented risk assessments or policy in place to reflect this.

Are services well-led?

Good

We rated well-led as **good** because:

- The unit manager was visible and approachable to staff and clients.
- Managers at all levels in the service had the appropriate skills and abilities to provide a quality service.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The manager had good oversight of the service. The systems and processes were monitored to improve the effectiveness of the quality of care.
- Staff had access to the equipment and information technology needed to do their work.
- Although there was low morale amongst some staff, management had recognised this and were working actively with staff to respond to their concerns and make changes that would benefit them.
- There was learning from incidents and this was disseminated to staff.

However:

- Some governance processes were not being completed in full. Staff had not completed all required information on a ligature risk assessment.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a policy on the Mental Capacity Act. Staff received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. The service did not accept clients who were subject to Deprivation of Liberty Safeguards (DoLS).

Staff had a good level of understanding of the Mental Capacity Act and how it related to their role.

Good

Substance misuse services

Safe	Requires improvement
Effective	Good
Caring	Outstanding
Responsive	Good
Well-led	Good

Are substance misuse services safe?

Requires improvement

Safe and clean environment

- All areas were clean, well furnished, well maintained and comfortable. Housekeeping staff completed cleaning schedules and these were up to date. Clients also completed some domestic duties as part of their recovery programme, for example tidying up after dinner.
- Staff carried personal alarms that could be worn as a necklace or bracelet for personal safety. These were tested regularly and when activated the on-call counsellor and managers would be called automatically. There was also a button in the medical room that could be pressed to summon assistance in an emergency.
- Staff were not observing infection control principles when transporting urine sample from the toilets to the clinic room for testing. The samples were then being transported back to the toilet for disposal. However, staff knew how to manage most risks of infection and followed the providers policy on infection control. There were hand washing technique posters displayed above wash basins to prompt staff, clients and visitors.
- Staff were also witnessing clients provide a urine sample on admission. This could compromise clients' dignity and make it an uncomfortable experience.
- The environmental and ligature risk assessment was not available at the time of inspection. The maintenance lead for the service completed it following the inspection and submitted this to the CQC for review. The service does not admit clients with a high risk of suicide but does accept clients who self-harm. The assessment was in its early stages and did not detail actions to be taken to reduce the risk for clients who might be at risk of self-harm. The ligature risk assessment showed which rooms were identified as low, medium or high risk of ligatures. A ligature point is anything that could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Staff assessed individual client risk prior to admission, and people at risk of ligaturing were not admitted to the service.
- Clients were responsible for the cleanliness of their own bedrooms and laundry, and were able to personalise their rooms. However, the ground floor bedroom was permeating an offensive odour. We raised this at the time and staff told us that although clients clean their own personal space, staff check clients' bedrooms once a week. We saw cleaning schedules had been completed regularly for all areas of the premises.
- The clinic room was clean and staff cleaned the refrigerator and monitored its temperature daily. Although an emergency kit was not available on-site, there was a first aid kit and spills kit was available. There were emergency protocols in place to action a timely response in the event of an emergency.

Safe staffing

- The service had sufficiently skilled staff to meet the needs of clients. At the time of inspection there were three qualified counsellors, one trainee counsellor, one administrator, two catering assistants and three support workers employed by the service on a permanent basis. The provider also employed their own bank of staff and did not use agency staff. Staff from the local Broadreach and Longreach service could also be asked to cover staff sickness and annual leave.

- Closereach had a proactive approach to managing and anticipating problems around staffing levels and welfare. For example, staff had been transferred between Broadreach and Closereach due to a potential conflict of interest with a new admission.
- The average caseload for therapists was 3 clients, which could increase to 4 when the service was at full capacity.
- All staff completed all mandatory training, including adult safeguarding, equality and diversity, health and safety, safe administration of medicine, risk assessment and person-centred care. However, children's safeguarding training was not mandatory and most staff had not completed this training.
- However, between 11pm and 8.30am the facility did not have a member of staff on the premises. There was also no staff member on Saturday and Sunday between 12.30pm and 4pm. The most senior peer used the payphone in the communal areas in the event of an emergency during these hours. The senior peer was given money to use in the payphone if there was an emergency. There was no protocol displayed for clients to follow in case of emergency however there was a list of contact details, including the mobile number for the on-call member of staff. The provider had acknowledged that staff needed to be present during the night to ensure the safety of clients and a budget had been agreed for overnight staffing. The manager was in the process of recruiting substantive staff to these positions.

Accessing and managing risks to clients and staff

- All clients had a risk assessment for mental health and physical health, where required. We reviewed six client care and treatment records and these contained a current risk management plan. Client records also included medical risk management plans where a physical health risk had been identified, for example for diabetes or epilepsy. There was no evidence of crisis plans being in place for clients. This means that staff and clients may not know what their support needs are during a time of crisis. Crisis plans should include relapse prevention strategies personalized to the client's support needs.
- The service had some blanket restrictions in place, including no access to mobile phones for the duration of treatment, no food or drink allowed in groups, and clients were unable to leave the service unescorted until week three of treatment. Visitors also had to be approved prior to visiting and visitors with current substance misuse would not be approved. However, the manager had a 'special request' form which allowed clients to make requests which were considered by the manager and therapists. We saw that requests had been given consideration and where appropriate and possible, clients were temporarily relieved of blanket restrictions. For example, a client wanted to go to the local shop during the first week of treatment, which is not allowed by standard protocol. The manager considered this request and made a staff member available to accompany the client to the shop and complete his shopping. We also saw examples of special leave being granted after careful consultation between the unit manager and therapists. For example, a client was granted permission to go for an extended outing with a family member who had travelled from afar.

Safeguarding

- Staff knew how to identity abuse and understood the principles of safeguarding. Staff had effective relationships with the local care managers and shared information on potential safeguarding concerns raised. Staff were aware that if they suspect a client is experiencing significant harm or abuse the provider should make a referral to the local authority. However staff we spoke with told us the service's procedure was to inform the deputy or unit manager first, who then made a referral. If a safeguarding alert needed to be raised when a manager was not present at the site, they would be contacted by telephone or staff would contact the provider's chief executive officer (CEO).
- Posters displaying the local safeguarding hub's contact details was displayed in the staff offices, however there were no posters in the communal areas for clients to refer to if needed.

Staff access to essential information

- Staff stored client records in paper and electronic format. Staff also had access to an electronic client record system which was used to record pre-admission, admission, and triage documentation. Each client had a folder which contained all relevant information and staff saved copies of relevant paperwork electronically and printed this out.

Good

Substance misuse services

- All staff had access to client folders which were stored in the office as well as the shared drive which contained electronic copies of documentations. Not all staff had a log in to the electronic client records system, only the relevant staff had full access.

Medicines management

- Staff and the manager audited medication weekly and ordered medication from a local community pharmacy.
- Staff completed drug error forms if errors were found. Staff were aware of duty of candour and safety measures to follow if a medication error occurred.
- Staff did not have immediate access to emergency medication such as those to treat seizures, opiate overdose and anaphylaxis. Managers had plans to discharge every client with a naloxone pen, who did not have one on admission to the service. Naloxone is a life-saving medication used to treat an opiate overdose. We saw one client had been issued with a Naloxone pen during their treatment.
- Each client had a medication chart where doctors prescribed medications and staff signed an administration record.
- For all clients admitted to the service, staff received the GP summary record from their local GP up to four weeks before the client arrived at the service. This meant that any medication changes in that time would not be picked up by the service and could lead to the client receiving incorrect formulation, strength or dose of their medication. However, the manager explained that clients were then registered with a GP within 48 hours of admission where he accessed up to date medication and medical history.
- Although there was a sink in the clinic room, there was not a dedicated sink for hand washing. This meant that staff were washing cups for drinking and washing their hands in the same sink.

Track record on safety

- Closereach reported six serious incidents in the last 12 months. There were two incidents of a client leaving the service the service and failing to return. Four incidents had been reported where emergency medical attention had been sought for physical injury from natural causes. Learning points had been taken from incidents and this was disseminated to staff through supervision and team meeting minutes.

Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report and how to report them. The service had an incident reporting form that all staff were familiar with. There was also an accidents book available for staff to complete.
- Staff understood the duty of candour, apologizing when things go wrong, and followed the provider's duty of candour policy where appropriate
- The service had learnt that from the number of incidents of absconding overnight they needed to employ overnight staff. At the time of our inspection funding had been agreed for this provision and the unit manager was in the process of securing permanent support staff to these posts.

Are substance misuse services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We looked at six care records for clients at the service. Care plans were present, up to date, holistic and recovery orientated. Therapists completed treatment plans with the clients in the first 48 hours and we saw these were reviewed and updated. As standard practise the care plans were reviewed at mid-term of therapy, when required and on discharge.
- A comprehensive pre-screening assessment was carried out prior to admission. The assessment was holistic covering topics such as substance use, mental health, physical health, risk, family. Following the assessment potential clients who were not suitable for the service could either be referred to the Broadreach or signposted to other services.
- There was evidence in clients' records that physical health was being monitored. Clients were registered with a local GP within 48 hours and we saw evidence of this happening. The manager had a log of all interaction with the GP so he could monitor the responsiveness of meeting client's physical health needs and chase issues up with the surgery if they had not responded in a timely manner.
- All the clients' care records that we looked at had risk assessments in place.

Good

Substance misuse services

Best practice in treatment and care

- A holistic and structured timetable of therapy and activities was available for clients five days a week, and one activity per day on the weekend. The treatment and therapies provided for clients with substance misuse problems was based upon the cognitive behavioural therapy programme for recovery from addiction. We received feedback that clients found the structured week aided their recovery. Therapists had specialist knowledge in addiction.
- Activities and therapy included art therapy, auricular acupuncture, mindfulness, recovery maintenance, music group, a community group for all clients, group and individual therapy sessions, and external activities. At weekends there were fewer activities. However, there were outings to local places of interest and opportunities for clients to have their family visit.
- On weekday evenings, a support worker accompanied clients to attend external group meetings such Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and SMART.
- Clients used the Client Evaluation of Self and Treatment (CEST) form at admission, mid-way through treatment and discharge. This was used to monitor client needs and progress.
- Staff completed a Treatment Outcome Profile (TOP) form for each client. This is the national outcome monitoring tool for substance misuse services that can aid improvements in clinical practice by enhancing assessment and care plan reviews.

Monitoring and comparing treatment outcomes

- Staff informed us that they regularly reviewed clients' treatment plans. Staff had informal sessions with clients throughout the week and a scheduled 1:1 session weekly to review a client treatment plan.
- The service had collated information regarding treatment outcomes. Between 21 June 2018 and 21 November 2018 the service had 18 discharges. 11 were successful discharges and seven were unsuccessful (38.9%). We saw some examples of this information was being used to improve the quality of the service.

Skilled staff to deliver care

- The induction process was comprehensive and new staff were provided with a folder containing useful information, policy and procedures.
- All staff members had received a performance appraisal and had regular supervision meetings with their line manager. Staff informed us that they found their supervision useful. Staff received individual as well as external clinical supervision.
- The team included therapists and support workers, of whom some had personal experience of recovery from addiction. Therapists who ran the auricular acupuncture and traditional acupuncture had specific training to delivery these therapies. The staff had on-call access to a psychiatrist for guidance and support.
- Therapists had received training in specialist areas outside of mandatory training. For example, we saw some therapists had done training in personality disorder, diabetes and motivational interviewing.

Multi-disciplinary and inter-agency team work

- Communication between the different staff roles and members of the multidisciplinary team was good.
- The service had very good working relationships with the local authority safeguarding team, police and GP practice.
- The service was working closely with external agencies to provide extra recreational activities for the clients.
- Staff meetings were held twice a day to review clients, medication charts and organisation for the day. These meetings were widely attended by all staff on duty.

Good practice in applying the MCA

- All substantive staff had up-to-date mandatory training in the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff that we spoke to understood the Mental Capacity Act and were able to describe the principles around mental capacity.
- Clients completed consent forms on their admission allowing the service to contact external parties for information.
- Clients had access to an advocacy service if they needed it. However, we did not see any posters or leaflets for advocacy services during the inspection.
- Care records showed that staff considered the clients' capacity to consent to treatment. We also saw that clients were asked to provide consent for the sharing of their information to their GP.

Are substance misuse services caring?

Good

Substance misuse services

Outstanding ☆

Kindness, privacy, dignity, respect, compassion and support

- Observations and client feedback of staff attitudes and behaviours clearly demonstrated compassion, dignity and respect. Staff provided responsive, practical and emotional support as required. Staff had a strong ethos of empowering and including their clients and described their relationship with them as 'us and us'.
- All staff that we spoke with were dedicated about individualised client recovery and had a kind, caring and respectful attitude when discussing clients' needs. Staff had a thorough understanding of the individual client's needs. The manager of Closereach was enthusiastic, proactive and focused on quality improvement for both clients and staff. He was aware of the all clients' needs and involved in the day-to-day running of the service. We observed him interact with staff and clients and he was visible throughout our inspection.
- Staff reported that they felt supported and valued by their colleagues, including the senior management team. Staff gave us examples of healthy challenge with their colleagues and manager. Staff said they could raise concerns about any concerning behaviour or attitudes without fear of reprisal.
- We observed joined up working between the therapy staff and a strong sense of community between both the clients and all the staff.
- Staff were passionate about delivering a high standard of person-centred care to clients. Staff told us that they ensured that they spent time understanding the individual needs and goals of each client, and how these could be met during their treatment. For example, clients had been supported to engage in volunteering work in the local community, in fields that interested them.
- We observed a therapy group and saw that it provided specialist and appropriate support. The clients participated well in the group and were well supported by staff.
- All client's bedrooms were unlocked at all times, and they could access them at any time during the day.
- Clients ate all their meals together. However, clients found the food distasteful on most days of the week and felt meals were not varied or nutritionally balanced. The clients cooked their own meals on the weekend and they reported enjoying this.
- The manager had engaged with external agencies and arranged for extra recreational activities that promoted wellbeing and personal development. For example, clients had attended a four-day course at the Mount Batten Centre where they did activities such as orienteering and kayaking. Clients had also been to the local Donkey Sanctuary, Naval base and theatre, amongst other activities. The clients had shown an interest in football, so the manager was arranging a football training session to run one night per week. On the day of the inspection three clients were at a theatre production rehearsal to work towards meeting their personal and therapy goals.
- The manager had provided opportunities for clients to gain qualifications during their therapy. For example, he had engaged with a local college to deliver courses that enabled clients to gain qualifications in level 1, 2 and 3 numeracy, and arranged for Red Cross to deliver a First Aid course.
- Clients were supported to attend recovery groups in the community, such as Alcoholics anonymous (AA), Narcotics Anonymous (NA) and SMART recovery. A speaker would also be invited into Closereach once a month from one of the community therapy groups.
- Clients had the opportunity to ask for special requests for visiting and going off premises. We saw examples of these requests being considered by the manager and therapy staff, for example clients accessing the local library in the evening or having extended visiting hours when visitors had travelled from afar.
- The service had clear confidentiality policies in place which were adhered to by staff. Confidentiality policies had been explained and understood by people using the service, and signed a copy of the confidentiality policy was stored in their care records.
- Staff demonstrated inclusion of clients with protected characteristics. For example, clients who wanted to attend Church on Sunday were supported to do this, and staff had also moved a therapy session forward by half an hour to enable a Muslim client to attend Friday prayers. Staff had supported clients in homosexual relationships to maintain healthy relationships with their partners. Staff demonstrated how they had set

assignments to address concerns if they felt that someone was being prejudiced by a protected characteristic. Staff were also able to explain how they had supported clients with regaining skills in social behaviour, where this was identified as needed.

- Staff supported clients to understand and manage their care and therapy. Assignments were individually set for clients before therapy groups, and clients were encouraged to complete these in ways that were meaningful for them. For example, we saw some clients had written their assignment, some made collages, bullet points or did a sketch.
- The service provided bus passes to all clients from their second week into therapy. This allowed them to access facilities in the local area at no extra cost to themselves. The manager arranged taxi transportation when the need arose, for example when a client had trouble walking, he was sent to the medical centre in a taxi.
- The manager kept a log of all enquiries made to the GP and this was reviewed at handover, twice a day. This information was used to ensure timely responses were made to clients presenting with any physical health concerns.

Involvement in care

- On admission new clients received an information pack which gave them details about the treatment program, the facilities, and the boundaries for receiving treatment at Closereach.
- Each person using the service had a recovery plan and risk management plan in place that demonstrated the persons preferences, recovery capital and goals.
- Clients were made aware prior to admission that they would be expected to hand in their mobile phones on admission and they would not be allowed visitors in the first week. Exceptions were made as a formal request to the manager, who gave careful consideration on an individual basis, in consultation with therapy staff. Clients were permitted to use a pay-phone situated in an area of the building that promoted privacy. This phone was switched on at 4pm after therapy sessions had finished.
- Staff actively engaged people using the service in planning their care and treatment. We saw treatment plans that were holistic and had person centred goals for each individual person. Clients were encouraged to explore their goals and how these could be met with the resources available within the service and local community.
- Clients were allocated a primary therapist who they would routinely see weekly to review their treatment. In addition to this, clients could regularly meet with one of the counsellors when required.
- Clients were encouraged to self-medicate where this was assessed as safe and appropriate. We saw clients were managing their own inhalers for asthma and topical treatments such as creams and lotions. Staff supported clients formally once a week to review this and provided informal support daily.
- Staff communicated with clients so that they understood their care and treatment, including finding effective ways to communicate with clients with communication difficulties. For example, staff demonstrated how they had supported a client who understood little English but did not need an interpreter. Staff used simple English and spoke clearly and the client utilised this opportunity to better his communication skills in spoken English.
- The provider involved clients in the recruitment process of new staff. Potential employees worked a shadow shift and feedback from clients was sought prior to appointing new staff.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Good

Access, waiting times and discharge

- There were 12 beds occupied at the time of our inspection. At the time of our inspection the service did not have a waiting list which meant that new admissions were able to arrange and discuss a start date.
- The service accepted local authority referrals, self-funded clients and placements funded by insurance companies. At the time of our inspection all clients were funded by the local authority where they were ordinarily resident.

- Most clients had previously been resident at Broadreach to complete their detoxification programme and then transferred to Closereach for rehabilitation therapy. The service also accepted clients that had completed detoxification in the community or in a hospital setting.
- All clients prior to admission completed a structured pre-screening assessment, this assessed risk and suitability to the service. The clinical team discussed the outcome of the assessment before arranging admission. Additional information could be requested with the clients consent from their GP and other health professionals. Therapists carried out a thorough assessment on admission.
- The admissions team signposted people to alternative services if the service was not able to meet a client's needs.
- Discharges took place within office hours and involved good liaison with care managers. Clients and care managers were provided discharge plans.

Discharge and transfer of care

- The service had a comprehensive discharge checklist, this included ensuring clients were given medication on discharge and what services could be accessed in their local community.
- Clients were encouraged to share their 'recovery story' before discharge, which was designed to give new clients support for their treatment.
- All discharges were logged and unplanned discharges were managed by support from the manager and therapy team. Unplanned discharges were audited for themes which could be addressed by management. Staff worked closely with clients wanting to discharge from the service early and support was given to contact their care manager and access more support around their motivation to leave. All clients who left the service were signposted to their local services and where acute danger presented following an unplanned discharge, a local crisis team could be contacted.
- Clients were given a questionnaire to complete regarding their care and treatment. This questionnaire was holistic covering areas including from therapy, food, care and environment.

The facilities promote recovery, comfort, dignity and confidentiality

- Bedrooms were single sex and most were shared by two clients. There were two single rooms at the top of the building for senior peers, with a separate private TV lounge. The middle floor had rooms which were shared by two clients, with consent, and had mobile dividers. There was one single occupancy room on the ground floor which was reserved for clients with an impaired mobility. Staff discussed bedroom allocation prior to client admission, and when required managers discussed at the weekly multi-disciplinary meeting. However, we did not see documented risk assessments for sharing bedrooms and the provider did not have a policy in place.
- Clients rooms were unlocked at all times and could be accessed throughout the day. Most client bedrooms we saw were clean, well-furnished and had sinks in them.
- There were well-maintained and comfortable group therapy rooms, individual consulting rooms and client lounge. The client lounge had a television, books and games for clients to access freely. There is an outside sheltered smoking area.
- The facility had four communal showers and a number of toilets which could be accessed at any time. There was a female toilet for female staff and visitors.
- Closereach had an extensive garden, well equipped gym and music room. However, during our inspection we saw the fridge in the music room contained a plated meal which was omitting a pungent smell. The manager removed the entire fridge during the inspection and sent it for disposal.
- Hot and cold drinks were available for clients throughout the day and night, and there was a small staff kitchen on the ground floor. Meals were provided for the clients Monday to Friday, and clients cooked their own meals on the weekend. Clients told us that food cooked in the weekdays was not always of good quality, lacking taste and nutritional balance.
- A client pay-phone was available in a small room with a glass panelled door. This afforded the clients privacy and enabled other clients to see if the phone was in use. Clients could use this telephone 4pm onwards, as this was after therapy sessions finished for the day.
- The administrator's office had a strong smell of atmospheric moisture, indicating there was some issues of damp.

Clients' engagement with the wider community

- Clients attended twelve-step meetings in the evenings such as AA and NA.

Good

Substance misuse services

- Clients were taken to prearranged outings to places of interest in the local area (Donkey Sanctuary, Naval Base, Mount Batten Centre).
- Clients could access the local area after one week of being at the service, to explore the local area and were provided with bus passes. Clients had accessed the local library too.

Meeting the needs of all people who use the service

- Clients received information leaflets. These contained information about what to expect from alcohol detoxification and opiate withdrawal. The opiate guidance included information about the serious risks of taking opiates if the users' tolerance has decreased. This is important for client safety especially for clients who may leave the treatment early. It is regarded as best practice to give clients this information.
- Clients had access to places of worship in the community.
- Catering staff provided meals for clients with dietary requirements. This included those based on preference, culture or religion.
- The main building where bedrooms and therapy rooms were situated were accessible to anyone who needed to use a wheelchair and an accessible toilet and shower was available. However, the listed building (Joshua Reynold's building) that had laundry facilities, the gym and music room were not accessible by a wheelchair user.

Listening to and learning from concerns and complaints

- There was a low level of complaints about the service in the preceding 12 months. The manager could describe the complaints policy and procedure, and how complaints were managed by the service.
- There was a weekly community meeting with the clients, which gave the clients an opportunity to raise any concerns. There was also a daily 'check-in' at 9am and 'check-out' at 4pm where concerns and complaints could be raised.
- The multidisciplinary meetings discussed any complaints and compliments received about the service.
- Clients were provided with information about how to complain, on admission to the service.

Are substance misuse services well-led?

Good

Leadership

- The manager of the service was skilled, experienced, and equipped with the knowledge necessary to perform his role. They had a good understanding of the service and how to manage it. The service was well-led at both service level and senior management level.
- The manager was visible in the service and approachable by clients and staff. The Chief Executive Officer (CEO) visited the service regularly and knew the clients.

Vision and strategy

- The service had a clear vision, of helping clients recover from addiction. Staff were focused and positive on supporting client recovery.
- Staff were given their job description at commencement of their contract and a copy was stored in their staff files. All of the three staff files we saw contained job descriptions.
- Staff could explain how they were working to deliver high quality care within the budgets available.

Culture

- Staff felt supported and valued by their manager as well as their colleagues. Staff were positive and satisfied with the care and treatment received whilst at Closereach. Staff felt proud about working for the provider and their team. However, staff told us they felt unsettled as a result of many staffing transfers across Closereach, Broadreach and Longreach. Staff were concerned that changes were not discussed with staff and they were given very little notice when this happened.
- Staff had little confidence in their job security. Low morale amongst some staff had been recognised and the manager was working actively with staff to respond to their concerns and make changes that would benefit them.
- Staff appraisals included conversations about career development and how it could be supported. For example, we saw discussions around counsellors being supported to complete the subsequent diploma level in therapeutic counselling.

- Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression.
- The Closereach team worked well together and where there were difficulties, the manager dealt with them appropriately. The manager knew the staff team well and had a good rapport with them.

Governance

- There were good internal processes to discuss and review the care being provided in place such as handovers, multidisciplinary meetings, supervision, appraisals, and team meetings.
- There was a clear framework of what must be discussed at weekly team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.
- Multidisciplinary meetings were concise and purposeful. The CEO held a multidisciplinary team meeting once a week, in attendance with managers and deputy managers of Closereach, Broadreach and Longreach, the GP, and the admissions manager. The meeting discussed proposed admissions, concerns with current clients, and changes to care plans or funding.
- Risks, physical health and mental health were covered for each of the clients discussed and appropriate management plans were devised between the medical staff and the service manager. These meeting were not attended by staff but minutes of these meetings were disseminated.

Management of risk, issues and performance

- The CEO and board of trustees maintained and regularly reviewed a risk register. This was comprehensive and contained potential impact and steps to mitigate risks.
- There was a business continuity in place that contained relevant information to ensure safe running of the service in the event of an incident that threatened service delivery.
- The service carried out regular audits on client care records to ensure all documentation was complete, accurate and up-to-date.
- All staff received regular individual supervision as well as clinical supervision which was provided by external supervisors.
- The manager submitted all completed TOPs forms to the National Drug Treatment Monitoring System (NDTMS).
- All staff and volunteers had an up to date disclosure and barring service check. This was present in all three staff files we saw.

Information management

- The service used paper notes. Counsellors typed up group session and 1:1 session notes up on a computer and printed them off. All notes were stores in client care files. Staff also used computers to complete assessment forms such as CEST.
- Information governance systems included confidentiality of client records. These were stored in a locked cupboard in the staff room, which could only be accessed by staff.
- The manager had access to information to support them with the management role. This included information on the performance of the service, staffing and client care. The manager was able to show various information records in a timely manner, and knew how to navigate the electronic system with ease.
- All information needed to deliver care was stored securely and available to staff, in an accessible form. We saw electronic files of templates for specific assignments, such as anxiety and paranoia for staff to use in therapy sessions.
- The service ensured confidentiality agreements were clearly explained including in relation to the sharing of information. In all six of the client records we saw confidentiality agreements and these had been signed by the client.

Engagement

- The service was seeking to get funding from the Heritage fund to make the Joshua Reynold's building more purposeful. Management have linked in with a local organisation called Real Idea Organisation to help secure a bid.

Learning, continuous improvement and innovation

- The CEO completed an annual quality compliance audit of the service reflecting NICE guidelines using an internal audit template.

Outstanding practice and areas for improvement

Outstanding practice

Staff had sought innovate ways of supporting clients to achieve their goals and used community resources to incorporate activities into client's treatment plans. The manager had engaged with external agencies and arranged for a variety of extra recreational activities that promoted wellbeing, personal development and team building. This included involvement in theatre productions, sporting activities and attending a Donkey Sanctuary and Naval base. Clients had also been supported to find voluntary work in a field of their interest.

Clients were encouraged and supported to gain qualifications during their therapy. For example, qualifications in level 1, 2 and 3 numeracy, and First Aid.

Staff carefully and sensitively considered special requests for visiting and going off premises. For example, clients accessing the local library in the evening or having extended visiting hours when visitors had travelled from afar.

Staff found creative ways of supporting clients to understand and manage their care and therapy. Clients therapy work showed they had expressed themselves using methods that were meaningful for them such as collages, bullet points or drawing sketches.

The service provided public transport, free-of-charge to the clients to access the local community and resources in their free time.

The provider involved clients in the recruitment process of new staff by permitting preferred candidates to shadow a shift and feedback from clients was sought prior to appointing new staff.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that clients are safeguarded overnight by providing staff present in the service.
- The provider must review the use of blanket restrictions.
- The provider must review the process of medicines reconciliation prior to admission.

Action the provider SHOULD take to improve

- The provider should ensure the clinic room has a hand washing sink and infection control procedure around the collection of urine samples is reviewed.
- The provider should ensure that the service should complete an environmental and client ligature risk management plan and audit these regularly.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider must ensure that clients are safeguarded overnight by providing staff present in the service. The provider must review the use of blanket restrictions. The provider must review the process of medicines reconciliation prior to admission. This was a breach of regulation 12(2)(b)(g)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.