

Westcliffe House Limited







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

Ratings

Overall rating for this location		Good	
Are services safe?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
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

Our rating of this service improved. We rated Westcliffe House as good because:

- The premises where clients were seen were safe and clean. The service had enough staff. Staff followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to a range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a team and with relevant services outside the organisation.
- Staff treated clients with compassion and kindness, and understood the individual needs of clients. They actively involved clients in decisions and care planning.

- The service had a strong sense of community engagement and responsibility, and had been nominated for national awards in recognition of their community work.
- The service was easy to access. Staff planned and managed discharge well.
- The service was well led. Governance processes had improved since the previous inspection and ensured that the service ran smoothly.

However:

- Not all clients had risk assessments and risk management plans reflecting the assessed risks in their files on the day of the inspection. Clients did not all have early exit or discharge plans in their individual records.
- Medication audits were in place, but were not always sufficient to pick up medication errors or to evidence action to address issues or errors.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Substance
misuse
services**

Good



Residential substance misuse service for up to 20 clients.

Summary of findings

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Good 

Westcliffe House

Services we looked at :

Residential substance misuse services

Summary of this inspection

Background to Westcliffe House Limited

Westcliffe House provides accommodation for persons who require treatment for substance misuse and/ or detoxification (a period of medical treatment, usually including counselling, during which a person is helped to overcome physical and psychological dependence on alcohol or drugs). The service has the capacity to treat and care for up to 20 men and women at any one time, and had 11 clients at the time of the inspection.

The service offers residential treatment programmes for clients recovering from drugs, prescription medication and alcohol addiction. They also offer accommodation for clients requiring detoxification; this treatment is delivered and monitored by a local community substance misuse service with whom Westcliffe House have a written agreement. This external service monitors and oversees any detoxification within Westcliffe House and were not part of this inspection.

Westcliffe House also offers counselling to clients with mental health problems such as obsessional compulsive disorder, eating disorders, gambling and co-dependency. Westcliffe House offers a range of services that include specialist therapies, training programmes and aftercare. Clients were funded by local authorities or could access the service privately if they wished.

The service is registered for the following regulated activities:

- Accommodation for persons who require treatment for substance misuse.
- Treatment of disease, disorder or injury.

There is a registered manager in post.

We last inspected Westcliffe House in December 2018. The service was rated requires improvement overall, with requires improvement in safe, effective and well led, and good in caring and responsive. We issued requirement notices under Regulations 12 (safe care and treatment) and Regulation 17 (governance) in relation to safe management of medications and lack of effective systems and processes for monitoring and reviewing staff training, supervision, induction, policies, client medication, admissions and client care records.

This was the third time Westcliffe House was issued a requirement notice due to concerns about the governance of the service under Regulation 17 of the Health and Social Care Act 2008. We had previously inspected this service and issued requirement notices in relation to governance in May 2018 and at a previous inspection.

At this inspection we found that the service had made a number of changes to address these issues and the service had worked towards meeting the requirement notices, although there were some outstanding issues still to be fully addressed.

Our inspection team

The team that inspected the service comprised two CQC inspectors and a specialist advisor nurse with a background in substance misuse services.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive substance misuse services inspection plan.

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 property, looked at the quality of the environment and observed how staff were caring for clients
- spoke with ten current and aftercare clients, and four ex clients
- spoke with the registered manager for the service
- spoke with seven other staff members, including support workers, therapists and housekeeping team and a representative from the external provider monitoring detoxification clients
- looked at six client records
- carried out a specific check of the medication management in the service, including 11 client medication records
- looked at 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 fourteen current clients, aftercare clients and ex clients.

Clients told us that their time in the service had been a life changing experience. They talked about staff and other clients as a family and told us how safe they felt. Clients told us the service had saved their lives.

Clients told us staff were always available when they needed them and were approachable. They told us that staff and the manager went "above and beyond" to support them. Therapy was never cancelled.

Clients knew how to complain. They told us the environment was clean and any repairs were quickly done. The food was good.

Clients told us they had the opportunities to learn new skills and to develop their independence outside of therapy. They spoke very positively about the therapy programme. Clients felt they were involved in their care and treated as individuals throughout.

Clients felt reconnected with their families and community, as well as having established new friends and family through their experiences in therapy.

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?

Our rating of this service stayed the same. We rated safe as requires improvement because:

- Not all clients had risk assessments and risk management plans reflecting the assessed risks in their files on the day of the inspection. Although this was produced after the inspection, a client undergoing detoxification did not have a risk assessment in their client file.
- Clients did not all have early exit or discharge plans in their individual records.
- Medication audits were in place, but were not always sufficient to pick up medication errors or to evidence action to address issues or errors.

However:

- All premises where clients received care were safe, clean, well equipped, well furnished, and fit for purpose. There were a small number of maintenance issues but these were part of an ongoing maintenance programme.
- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff screened clients before admission and only admitted them if it was safe to do so. They responded promptly to sudden deterioration in clients' physical and mental health.
- The service had a good track record on safety. The service managed client incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Requires improvement



Are services effective?

Our rating of this service improved. We rated effective as good because:

Good



Summary of this inspection

- Staff completed comprehensive assessments with clients on admission to the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.
- The teams included or had access to a range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with relevant services outside the organisation.
- Staff supported clients to make decisions about their care.

However:

- Staff did not all have a clear understanding of the principles of the Mental Capacity Act and potential implications for their practice.
- The staff training matrix did not provide clear oversight of what type and level of mandatory training staff had attended.

Are services caring?

Our rating of this service stayed the same. We rated caring as good because:

- Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients and supported them to understand and manage their care and treatment.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.
- Staff informed and involved families and carers appropriately.

Good



Are services responsive?

Our rating of this service stayed the same. We rated responsive as good because:

Good



Summary of this inspection

- The service was easy to access. Staff planned and managed expected discharge well.
- The design, layout, and furnishings of the ward supported clients' treatment, privacy and dignity. Each client had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The service met the needs of all clients, including those with a protected characteristic or with communication support needs.
- The service had a strong sense of community engagement and responsibility, and had been nominated for national awards in recognition of their community work.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team.

Are services well-led?

Our rating of this service improved. We rated well led as good because:

- The service lead had the skills, knowledge and experience to perform their roles, had a good understanding of the service they managed, and were visible in the service and approachable for clients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes generally operated effectively and that performance and risk were generally managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about performance.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service did not accept clients who lacked mental capacity to consent to the treatment programme. Staff were however aware that clients could have fluctuating capacity and this could be impacted on by illness or substance use for example.

Staff were confident in their ability to highlight any issues in relation to a clients' mental capacity, but did not feel that this had been an issue to date. The manager felt that all staff had sufficient training to be aware of any issues and would flag this up as needed. Staff sought guidance from GPs or the local authority if they had any concerns around mental capacity.

Staff did not complete a core mandatory training course on Mental Capacity Act and would access training largely through completion of external NVQ or counselling courses for example.

Staff told us they would work with the client and support them to make decisions where possible. Staff were confident they had a clear process in place if there were any concerns in relation to a client's mental capacity. They considered this largely in terms of consent to treatment or willingness to engage, but did not have examples of exploring mental capacity to make decisions beyond this.






Staff ensured that clients consented to care and treatment. This was assessed by referrers, and staff recorded and reviewed this as needed.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Substance misuse services

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

Are substance misuse services safe?

Requires improvement 

Safe and clean environment

All premises where clients received care were safe, clean, well equipped, well furnished, and fit for purpose. There were a small number of maintenance issues but these were part of an ongoing maintenance programme.

The service had a range of rooms to see clients in, including designated therapy rooms, and communal areas. Areas that people using the service had access to were clean, comfortable and homely, but there were a number of maintenance issues. We saw a loose hanging plug socket, which the manager addressed by contacting an electrician to resolve this during the inspection. There were also a small number of broken window handles as well as some work to be completed in the laundry room. The service had access to a maintenance team, and we saw evidence that maintenance issues were regularly addressed during team meetings. These issues were being addressed as part of an ongoing maintenance programme. The windows were due to be replaced and the roof in the laundry room had recently been replaced and additional works were due to be completed in there.

The carpet by the fire exit upstairs had been replaced and the damp area on the wall identified in the previous inspection had been fixed.

The service had recently been awarded a five star food hygiene rating.

Staff carried out daily walkabouts around the house to identify any environmental issues, with more formal environmental checks taking place monthly and feeding into environmental risk assessments.

Safe staffing

The service had enough skilled staff to meet the needs of clients and had contingency plans to meet unforeseen staff shortages. Medical staff were not employed within the service since any detoxification clients were overseen by the partner agency. The service had a consistent staff group, with most staff having worked there for a number of years. They did not use bank or agency staff, and when cover arrangements were needed for sickness or leave for example, members of the staff team worked extra shifts to ensure client safety. The service had no vacancies and low sickness rates.

The manager did not alter staffing levels according to client numbers and viewed lower client numbers as an opportunity for clients to have increased ratios of staff support. Clients had access to four or five staff members each day, with at least one sleeping member of staff overnight.

Concerns were raised at the previous inspection that appropriate records of completed and outstanding mandatory training for all staff were not maintained or available for the inspection team to view. The service had completed a training matrix which was submitted prior to this inspection. This matrix identified staff who had completed training, when this had been completed, and what training was outstanding.

The matrix identified a number of gaps in staff training records and needed updating to reflect that staff had recently completed a further range of in house training,

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including equality and diversity, fire safety, infection control, basic life support and safeguarding. Staff files showed that staff had completed a range of training through different mediums and providers, including as part of their counselling courses or national vocational qualifications (NVQs), as well as in house training.

Assessing and managing risk to patients and staff

We looked at six client records and saw there had been an improvement in the quality of records from the previous inspection. However, we did identify some gaps.

We saw that most clients had a thorough risk assessment within their files. But these did not translate well into individualised risk management plans. The risk management plans were largely generic and did not always correspond with the risks identified on the assessment. Three out of six files we looked at had risk management plans that did not include the risks identified in the assessment. One client did not have a risk management plan in their file, despite this having been marked off as completed on a checklist within the file.

Staff told us that risk management plans focused on prioritising risks, such as relapse, isolation, withdrawal and self harm as these risks were often precipitating factors for other risks. Other risks were stated to be historical although this was not made explicit in the risk assessment. Files also contained comprehensive risk management plans developed by referrers.

A detoxification client did not have a risk assessment in their client file. The partner agency overseeing detoxification clients completed risk assessments for these clients, but this had not been stored on the client's file so the service could not confirm that one had been completed. A copy of this was requested and provided after the inspection.

Following an initial risk assessment from the referrer, the client had a face to face assessment from the service lead.

The service policy was not to discharge any clients without suitable accommodation. We were told that each client had a plan for early exit, but we did not see crisis plans or individual early exit from treatment plans in any of the client files we looked at. We were given examples of clients remaining at the service beyond planned discharges to ensure they could be safely discharged to an appropriate place with the right level of support.

Staff reviewed risk assessments formally as part of a six weekly review for clients who were settled, or more frequently as needed after any changes in risk. Staff monitored risks to clients on an ongoing basis through observation of their presentation within the service.

Clients were made aware of the risks of continued substance misuse. Harm minimisation and safety planning was an integral part of the work within the service. The service expected all clients to be abstinent on admission and throughout their stay.

Staff identified and responded to changing risks to, or posed by clients. We were given examples of staff identifying changes in behaviour or presentation, and how this was flagged up as a potential concern to be addressed. Any deterioration in presentation or physical health was responded to promptly, and clients were supported to access specialist input as needed.

Clients had access to a smoking area in the garden. They could access smoking cessation advice from staff or through the partnership with the local authority healthy living programme.

The service worked on a trust system and did not use personal searches to ensure clients did not bring in restricted items or on return to the service after spending time in the community. All clients were made aware of restrictions in place to ensure safety and promote engagement with the programme before admission. Clients were not permitted to bring banned items such as knives, drugs or mouthwashes with alcohol for example. Use of mobile phones was restricted to encourage clients to engage fully with the programme, including the development of social skills and interaction with peers, therapists and support staff.

The service risk assessed any visits from children to ensure these were appropriate and managed safely. The service made a room available for family visitors as needed.

Staff used counselling, communication and mediation skills to de-escalate any situations. Clients were made aware of acceptable behaviour, boundaries and consequences via a warning system.

Safeguarding

Staff implemented statutory guidance around adults and children at risk of, or experiencing abuse, and staff were aware of where and how to refer on as necessary. The

Substance misuse services

service had not made any formal safeguarding alerts to the local authority in the past year, but were able to give an example of having appropriately raised concerns about potential abuse to the local authority. Staff received safeguarding training and could identify concerns and what they would do in response to these to ensure people at risk of abuse were supported to keep safe. This included working in partnership with other agencies.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act (2010).

Staff worked effectively within the team, across services and with other agencies to promote safety, including systems and practices in information sharing.

Staff access to essential information

The service used a mixture of paper and electronic records for different aspects of the service. All essential care records were paper based to ensure that all staff could access records and information as and when needed, as not all staff had access to the computer systems.

Staff did not write daily progress notes in client files unless there was a significant event. Day to day client progress was recorded as part of group therapy files or in team meeting or handover minutes, for example.

Medicines management

Staff had effective policies, procedures and training related to medication and medicines management training. At the previous inspection there were a number of concerns related to medicines. We found that staff were now carrying out daily medicines audits. We did however find a small number of inconsistencies between the audit figures and the stock count. We also found one medicines dispensing error that was flagged to the manager when it had been identified by staff. We were given evidence of improvements made to medicines management being recorded in a medication action plan.

At the previous inspection we did not see evidence that staff were trained in medication management. We saw evidence of this training in staff personnel files.

While the service sometimes admitted clients who were undergoing detoxification, the manager was clear that the service was not a detoxification service. This was managed by the partner agency who would also undertake basic

health checks for those clients and oversee all clinical aspects of their care. This agency were not part of this inspection. Detoxification clients who had physical health concerns or were considered high risk were not admitted to the service. Only clients for whom a community detoxification would be appropriate were it not for any environmental issues that prevented this, were accepted into the service.

For clients undergoing detoxification with the partner agency overseeing this, the service stored and administered the medications as directed by the regime determined by the partner agency. The partner agency performed all physical observations and monitoring of withdrawal symptoms using either the clinical institute withdrawal assessment for alcohol (CIWA-r) or the subjective opiate withdrawal scale (SOWS), as well as carrying out breathalyser or drug screening.

The service registered all clients with the local GP service and requested a medical review (including a medication review) from the GP at first admission. Staff were aware of signs of physical and mental health deterioration and contacted either the local GP or the specialist mental health teams if they had any health concerns. Any concerns related to detoxification clients would be reported to the partner agency or to emergency services if appropriate.

Track record on safety

The service reported no serious incidents in the 12 months before this inspection.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. They were clear about their roles and responsibilities. Staff used an incident reporting system to record any adverse incidents. Reportable incidents included inappropriate behaviour of clients (such as disputes or unacceptable behaviour). Staff discussed any incidents of concern in handover and team meetings, as well as flagging these up to the manager. Staff completed and stored incident forms and resulting action plans in a team file. Staff discussed incidents with clients during daily morning client meetings and staff had regular opportunities to meet to discuss feedback.

Substance misuse services

Staff understood the duty of candour. They were open and transparent and gave people using the service a full explanation if and when something went wrong.

We were given an example of an incident that led to an investigation, following the duty of candour and changes in practice to ensure this incident was not repeated.

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

Good 

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on admission to the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

We looked at six client care records. These were generally of a good quality and showed holistic assessments that involved the clients. Clients were recorded as having received a copy of their plans. Information such as daily progress notes was not stored in the client file, and staff needed to access a range of different files in order to access all client recording. Staff used handover documentation, team meeting minutes and group therapy files, as well as a client daily diary, to record information on a daily basis. Staff knew where to access this information and what was recorded in different folders. The service had developed a signpost sheet to show where different information was recorded for clients.

Staff completed a comprehensive, personalised and holistic assessment in a timely manner. Detailed information was requested from the referrer as part of the initial assessment process, before a joint conversation with the client and referrer. A telephone assessment would then take place before a face to face assessment and opportunity to visit the service. At this point the service paired prospective new clients up with a buddy who was already within the service.

Care plans met the needs identified within the assessment. Handover forms were effectively used as part of daily progress updates. Physical health history and needs were included as part of the assessment, but physical health

observations were not completed within the service. All physical health needs were referred to the GP, and all clients were registered on admission as part of this partnership working arrangement.

Clients did not have individual plans for unexpected exit from treatment, but staff told us this was an ongoing part of the work in therapy, and no clients who chose to leave treatment early were discharged without suitable accommodation. A plan was put in place for all clients to manage an early discharge but this was not always formalised in their client folders.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by, and delivered in line with guidance from the National Institute for Health and Care Excellence (NICE). This included medication prescribed and monitored by the partner agency for clients undergoing detoxification, a wide range of psychological therapy groups, as well as activities, training, volunteering, community and work opportunities intended to help patients acquire and develop daily living skills.

The service did not use alcohol use disorders identification test (AUDIT) or severity of alcohol dependence questionnaires (SADQ) as all clients were expected to be abstinent on arrival at the service. Although staff didn't use specific assessment tools, they used their observation skills and experience to monitor client abstinence. The clinical institute withdrawal assessment for alcohol (CIWA-Ar) was completed by the partner agency for clients undergoing detoxification.

The manager was clear that staff were not medical practitioners, and so appropriately deferred to and sought the advice and guidance of health professionals for any issues outside of their speciality.

Blood borne virus status was considered and recorded within client files, and testing arranged via the GP and partner agency services as required.

Staff supported clients to live healthier lives. All clients had access to support with healthy eating and smoking cessation. The service had an active partnership with the local authority healthy living campaign and had weekly visits to give talks on healthy living, as well as access to the

Substance misuse services

local sport centre and gym. The cook catered for all types of diet and encouraged healthy eating amongst clients. The local partnership agency who supported with detoxification also gave blood borne virus talks.

Skilled staff to deliver care

The service had a consistent staff group, many of whom had worked there for a number of years and had a range of skills, experience, interests and areas of specialty. At the previous inspection it was noted that (largely as a result of the lack of recent new employees), the service did not have a clear induction for new starters. At this inspection we saw that all staff had received an induction and the induction checklist had also been completed with longstanding staff members.

The service provided a range of in house training. Following the previous inspection, a training matrix had been put in place to record and monitor staff training. While this had some gaps in the recording and needed some updating, this was now being recorded and monitored. Many staff were in the process of completing external additional training through counselling courses or national vocational qualifications (NVQs). This created an issue with recording the different training that each staff member had completed. For example, some staff completed Mental Capacity Act training as part of a college module, while others did this through completing an e-learning module, meaning it was difficult to monitor compliance and quality of training.

The manager identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Sessional therapists were expected to fund and apply for their own professional training updates and opportunities. All staff, including sessional workers, received regular supervision (whether internally or from an external provider) and yearly appraisal. This was recorded in staff personnel files.

The service ensured that robust recruitment processes were followed. The manager addressed any concerns around staff performance promptly and effectively.

The service recruited volunteers who had been through the programme and trained and supported them for the roles they undertook.

Multi-disciplinary and inter-agency team work

The service promoted multidisciplinary input into client's comprehensive assessments, working closely with referrers and any other involved professionals, such as community mental health teams, social workers and criminal justice services.

The service maintained regular contact with referrers and supporting services as part of the integrated care pathway. The service discharged people when specialist care was no longer necessary and worked with other agencies to ensure the timely transfer of information and support.

Good practice in applying the MCA

The service did not accept clients who lacked mental capacity to consent to the treatment programme. Staff were however aware that clients could have fluctuating capacity and this could be impacted on by illness or substance use for example.

Staff were confident in their ability to highlight any issues in relation to a clients' mental capacity, but did not feel that this had been an issue to date. The manager felt that all staff had sufficient training to be aware of any issues and would flag this up as needed. Staff sought guidance from GPs or the local authority if they had any concerns around mental capacity.

Staff did not complete a core mandatory training course on Mental Capacity Act and would access training largely through completion of external NVQ or counselling courses for example.

Staff told us they would work with the client and support them to make decisions where possible. Staff were confident they had a clear process in place if there were any concerns in relation to a client's mental capacity. They considered this largely in terms of consent to treatment or willingness to engage, but did not have examples of exploring mental capacity to make decisions beyond this.

Staff ensured that clients consented to care and treatment. This was assessed by referrers, and staff recorded and reviewed this as needed.

Substance misuse services

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients and supported them to understand and manage their care and treatment.

We spoke with fourteen clients and ex clients (who attended the service on the day to give feedback to the inspection team). Observations and reports (by clients and ex clients) of staff attitudes and behaviours when interacting with clients, demonstrated compassion, dignity and respect. Staff provided responsive, practical and emotional support as appropriate.

Clients described and gave a number of examples of compassionate and respectful care given by staff. The service fostered a strong sense of family for all clients, and clients, ex clients and staff described being part of the "Westcliffe family", both during and after treatment. This was clearly highly valued and appreciated by the people we spoke with.

The service also hosted and funded a funeral wake for a former client who did not have any family or local support after they died long after leaving the programme.

Staff could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards or from clients without fear of the consequences.

Staff supported clients to understand and manage their care and treatment by working closely with them throughout their therapeutic journey.

Staff directed clients to other services when appropriate, and if required, supported them to access these services. This included other support services for health or mental health needs, education, employment or social needs.

The service had clear confidentiality policies in place that were understood and adhered to by staff and explained to clients. Staff maintained the confidentiality of information about clients.

We were given an example of an information breach following client information being accessed by another client in the clinic room. Following this breach the service raised this as an incident. They provided a full explanation and apology to the affected client, carried out a full investigation, and put a clear and effective action plan in place to prevent any further breaches.

Involvement in care

Staff communicated with clients so they understood their care and treatment, including finding effective ways to communicate with and support clients with communication difficulties or who were hard to engage.

The service provided clients with information about advocacy, but signposted them to the Citizens Advice Bureau rather than a specific advocacy agency.

Each client had individual plans in place that demonstrated their involvement, preferences, strengths and goals.

Staff engaged with clients and where appropriate their families and carers to develop responses that met their needs and ensured they had information to make informed decisions about their care.

Clients were welcomed into the service through an initial phone assessment, and a face to face visit to the service. This call and visit included a conversation with a current client, who would act as a buddy to introduce and support new clients, as well as giving them an opportunity to ask any questions about the service and programme from someone with first hand and current knowledge. This gave clients the opportunity to have a more informative and supportive induction to the service. Clients were introduced to the service by receiving information about the house rules and expectations, including boundaries, and restricted or banned items. They were also given information about the type of support and therapeutic programme available, as well as the typical daily routine.

Staff actively engaged clients (and their families and carers if appropriate) in planning their care and treatment.

Clients attended a daily morning meeting. This gave them the opportunity to express their feelings in a group environment and contribute to the service plans for the day, as well as raise any issues or give feedback. Clients had the opportunity to select the therapeutic groups, as there

Substance misuse services

were a number of groups and sessions running throughout the day, including life history groups, cognitive behavioural therapy, anxiety management, and one to one therapy sessions.

All clients completed a daily feedback and feelings diary which they handed to staff each evening. This gave clients the opportunity to express feelings and concerns in a safe way, with the therapist responding to the entry on a note on return of the diary. Clients gave positive feedback about the diary as a reflective tool.

Staff enabled clients, families and carers to give feedback on the service via community meetings, feedback forms and written testimonials. The service also offered family therapy sessions as part of the programme where this was needed.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Good 

Access and discharge

The service received referrals from a number of different sources. On receipt of referrals a comprehensive assessment and induction process were put in place. This generally meant there was a three to four week lead into admission to the service. Referrals from the prison service were sometimes more time limited and pressured due to the specific time of planned release. Some referrals were received when a client was in detox and needed to move onto a therapeutic placement for rehabilitation.

The service had clear admission criteria, and only accepted clients whose needs they could meet safely. The service did not accept clients who needed nursing care or had complex physical health needs or who lacked mental capacity to consent to the treatment programme. The service only accepted a maximum of two low risk detoxification clients at a time, overseen by the partner agency who would be suitable for home detoxification were it not for social issues. We were given an example where the service declined a referral because the client did

not have the external support in place from care partners to enable the programme to work successfully.

Commissioners and referrers were aware of the admission process and criterion.

Following admission, clients were generally seen by a GP within approximately four days.

The service had a small number of clients (four or five) on the waiting list for admission. Staff maintained contact with the clients throughout the waiting period to monitor their progress.

Clients' care plans reflected the diverse and complex nature of clients, including pathways to other supporting services, as well as community, education and career pathways on discharge. Staff planned for discharge with clients and supported them throughout the process, including liaison with care managers or coordinators. Clients went home for a two day visit as part of their discharge planning, to meet with their referrer and give them an opportunity to follow up on aftercare support options to prepare them for life outside therapy.

Staff supported clients through referrals onto other services and for transfers back into the community, offering free aftercare and resettlement service for clients.

Occasionally, the service was able to offer discretionary charity beds to clients who demonstrated a determined effort towards becoming substance free through their local substance misuse support agencies but were unable to gain funding for the programme through other means. We were given examples of times when the service had briefly supported clients to remain in the service following their funding ceasing under these circumstances whereby they continued to benefit from the programme and were not ready to leave the service.

The facilities promote recovery, comfort, dignity and confidentiality

Clients had their own bedrooms which they could personalise. The service had four shared bedrooms. No one was sharing at the time of the inspection. Shared rooms were used at times to provide new clients with the support of a more senior client within the service. Clients were able to discuss their preferences on shared rooms with staff on admission.

Clients could lock the doors to their room but did not have access to their own keys, as these had been frequently lost.

Substance misuse services

Staff had access to master keys and could facilitate access to bedrooms at any time when the client wished to do so. Staff could access secure storage for any belongings that clients did not wish to leave in their rooms.

Mobile phone use was restricted to encourage clients to engage with the therapy programme without outside distraction.

All clients had open access to an outside garden area with sea views which they had designed and decorated themselves. There was also a yard area for keeping bicycles and a laundry room for clients.

The service had three group therapy rooms available, with a large dining area that was also used as a communal space for clients. Client artwork and inspirational quotes and statements were on the walls throughout the building.

Male clients stayed in the bedrooms on the upstairs corridor. Female clients generally stayed on the ground floor corridor bedrooms, with a shared female bathroom. There was also a male bathroom in this area for when men were in ground floor communal areas. The service did not have access to a female only lounge, but clients could book individual rooms for quiet space if they wished to do so.

Clients were asked not to wear bed clothes outside of their own rooms.

The building was not wheelchair accessible, but clients with mobility problems could be accommodated in the downstairs bedrooms as needed.

The service had close circuit television (CCTV) in communal areas. Clients were made aware of this when they were admitted.

Patients' engagement with the wider community

Staff supported clients to maintain contact with their families and carers. Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community. The service offered a therapeutic community of mutual support for all clients.

The service had a strong sense of community engagement and responsibility and encouraged access to the local community and activities. Clients had access to art therapy, gardening therapy, community trips including to the library, adult learning centres and the cinema, as well as the local gym and church. Westcliffe was very active in the local

community, and had strong partnerships not only with the local substance misuse services, but also with the local authority healthy living campaigners, the local Carlton Community Centre, local colleges and learning schemes, and community partnerships with Friends of the Garden, and the local church.

Clients made gingerbread houses every Christmas to take to the local children's hospice to raise funds. The service also held a Christmas open day, where members of the local community, ex clients, referrers and other stakeholders were invited into the service to meet with clients and ex clients. Clients made jewellery, cakes and floral displays to fundraise for the community.

The service had also been nominated for national awards and gained recognition for their community work, including a therapeutic horticulture award, and a community award with the Carlton Centre. Clients had worked with a local college and the 'Friends of Prince Consort Gardens' to develop a level two horticultural course to enable clients to gain a recognised qualification while working on the local community garden. They had been awarded three green flag awards (an award scheme in recognition of well managed parks and green spaces). The service also won a national "festival of learning" award in 2019 for nurturing recovery.

Clients were supported to access work and education opportunities, including clients who had gone on to gain masters degrees and professional careers.

Meeting the needs of all people who use the service

Staff demonstrated an understanding of the potential issues facing vulnerable groups, including those with a history of substance misuse, people experiencing domestic abuse, ex prisoners and sex workers for example, and offered appropriate support.

The service encouraged clients to give a presentation about themselves to staff and other clients to teach others about different beliefs, lifestyles or experiences for example. The service stressed that each client was individual and unique, and every client was on the same level as each other, no one was better than anyone else within the group. The service promoted an inclusive environment for all staff and clients.

Substance misuse services

Some staff and volunteers were ex clients and were able to relate to clients' experiences on a much more personal level, drawing on this personal experience to work with clients more effectively.

One member of staff was able to use sign language as needed, and interpreters could be accessed if required.

The service offered a range of information leaflets for clients. These were not available in different languages but a translator could be sourced if needed.

Staff monitored people waiting for admission to detect increases in levels of risk.

Clients reported that groups or activities were never cancelled.

Listening to and learning from concerns and complaints

The service had received one complaint in the year prior to the inspection. Records from this complaint demonstrated this was investigated and responded to in accordance with the service's complaints policy. The manager had worked closely with the client referrer during this complaint to try and find a resolution.

The service had a complaints policy and procedures to show how these were managed and how lessons were learnt and acted upon to improve the quality of the service. Staff discussed complaints in team meetings.

Clients were aware of the complaints policy and were told about this as part of the assessment process. Clients also had a daily opportunity to raise any concerns as part of their daily reflective diary.

Are substance misuse services well-led?

Good 

Leadership

The service lead had the skills, knowledge and experience to perform their role.

The service had a clear definition of their view of recovery (remaining abstinent and leading a positive and fulfilling life), and this was shared and understood by all staff.

The service lead had a good understanding of the service they managed and could explain clearly how the team was working to provide high quality care.

The service lead was visible in the service and approachable for and well respected by clients and staff.

Vision and strategy

Staff knew and understood the vision and values of the service, and what their role was in achieving that. The service mission statement was to provide the best possible service in supporting clients to remain sober, and lead a positive life. The service belief was that clients needed to remain free from drug and alcohol for life. They believed that people are powerful and have the right to change. The service believed in the client's right to fulfil their own potential and aimed to provide an integration of therapy and learning to support clients to remain abstinent and to take their lives forward in a positive direction.

Staff had the opportunity (and were actively encouraged by the manager) to contribute to discussions about the strategy for the service.

Staff could explain how they were working to deliver high quality care.

Culture

Staff felt respected, supported and valued. The staff group were very positive, satisfied within their roles, and proud of the service they delivered. While the role could be stressful at times, this stress was carried within the team, and all staff were encouraged to seek support if they needed this. Staff had several opportunities through the day to reflect, debrief, and share any issues with the rest of the staff team.

Staff felt valued and part of the service's future direction. They were positive and proud to work as part of the service. The service lead monitored morale, job satisfaction and sense of empowerment to ensure staff felt safe and happy. The lead considered the safety and wellbeing of clients and staff to be a priority within the service.

Staff appraisals included conversations about career development and how this could be supported.

There had been no bullying or harassment concerns within the team.

Substance misuse services

The service promoted equality and diversity in its day to day work and in providing opportunities for career progression.

The team worked well together. If there were any difficulties between staff or clients the manager dealt with this appropriately.

Governance

At the previous inspection, the service was issued a requirement notice in relation to the overall governance of the service. The service was told they did not have sufficient systems and processes in place to record, monitor and review staff training, supervision, induction, policies, client medication, an admissions policy and client care records. At this inspection we found improvements in the governance of the service.

There were systems and processes in place to ensure that the service was safe and clean, although we did find some issues with the maintenance of the building. We also found some room for improvement with accessing risk assessments and the quality of risk management plans for some clients. However, we found that there were sufficient staff who were trained and supervised. A training matrix was now in place, although this was in need of some updating. There was some room for improvement in staff knowledge of and confidence with the Mental Capacity Act. Clients were assessed and treated well, the service was managed well, and discharges were planned, incidents were reported, investigated and learnt from.

Governance policies, procedures and protocols were regularly reviewed. However, we did find that while policies were reviewed and updated this was not always effective in ensuring the policies were current. For example, the Safeguarding policy, while including a large amount of current information still referred to No Secrets, rather than the Care Act 2014, the current safeguarding related legislation.

There was a clear framework of what must be discussed at a team level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. We saw evidence in team meeting minutes of discussion around a wide range of topics.

Staff had implemented recommendations from the investigation from a recent information governance incident within the service to improve the service and prevent further similar incidents.

Staff undertook or participated in audits. The service lead had a governance folder which included audits of medicines, client files, health and safety audits, and staff personnel file audits. While these audits were generally sufficient to provide assurance, we noted a small number of minor discrepancies in the medication audits. It was not clear on all counts whether staff noted these discrepancies within the audit process, or what action was taken as a result.

Data and notifications were submitted to external bodies as required.

Staff understood the arrangements for working with external teams, to meet the needs of the clients.

The service had a whistleblowing policy in place.

Management of risk, issues and performance

There were quality assurance management and performance frameworks in place that were integrated across all organisational policies and procedures. These frameworks were not always immediately clear to the inspection team and needed some signposting from the service lead and staff team to demonstrate these. However, the staff team were familiar with these frameworks and understood how they worked within the service.

The service had a range of risk registers which were stored in different areas and related to different aspects of the service, including registers for individual clients, staff and the environment. The service lead considered the key areas of risk within the service to be client and staff wellbeing. Staff could escalate concerns or risks as needed.

The service had plans for emergencies, for example, in adverse weather or a flu outbreak. Staff within the service would cover each other as needed.

The service lead monitored sickness and absence rates amongst staff.

There were no examples of financial pressures compromising care.

The service completed annual returns to the National Drug Treatment Monitoring System. This information (along with

Substance misuse services

service records of which clients had been admitted and discharged, and whether they had completed their stay), was used by the service to demonstrate their effectiveness. This information was not available at the time of the inspection. However, the service was able to give a wide range of accounts of successful discharges to the community and transitions to successful careers and family lives.

Information management

The service used systems to collect data that was not over-burdensome for frontline staff.

Staff had access to the equipment and information technology they needed to do their work. The majority of client information was stored on paper records to facilitate access to the information for all staff. The information technology infrastructure that was used by the service, including the telephone system, worked sufficiently well to support the quality of care.

Information governance systems included confidentiality of client records.

The service lead had access to information to support them with their management role. This included information on the performance of the service, staffing and client care.

Information was in a format that was generally accessible to staff, and was timely, accurate and identified areas for improvement. However, this was not always the case, and some information relating to outcome measures and performance of the service could not be found on site at the time of the inspection, although the service lead confirmed they could access this information when needed.

The service had developed information-sharing processes and joint-working arrangements with other services where appropriate to do so.

Staff ensured service confidentiality agreements were clearly explained to clients on admission and throughout their stay, including in relation to the sharing of information and data.

Engagement

Staff, clients and carers had access to up-to-date information about the work of the provider and the service. Clients and carers had opportunities to give feedback on the service they received in a manner which reflected their individual needs. As well as the opportunity to feedback through client feedback surveys, clients had daily meetings with staff, and completed a daily journal entry where they could provide feedback or raise any concerns.

Clients and staff could meet with the service lead to give feedback. The service lead also engaged with commissioners to obtain feedback about the service.

Learning, continuous improvement and innovation

The service encouraged creativity to ensure up-to-date evidence based practice was implemented and embedded as part of individual and group client therapies and support.

The service lead aimed to continually assess the support provided on a daily basis to monitor the quality of the service. The service aimed to treat clients as individuals, offering bespoke programmes of support, with strong relationships with commissioners and partnership agencies, as well as the wider community. The service had a strong community ethos, and was keen to work with clients and the local community to give them an opportunity to develop new skills, while offering something back to the community as a means of social inclusion and to and a sense of inner pride and self-worth.

All staff had objectives focused on improvement or learning as part of their ongoing supervision and appraisal process.

Outstanding practice and areas for improvement

Outstanding practice

The service had been nominated for national awards and gained recognition for their community work, including a therapeutic horticulture award, and a community award with the Carlton Centre. Clients had worked with a local college and the 'Friends of Prince Consort Gardens' to develop a level two horticultural course to enable clients

to gain a recognised qualification while working on the local community garden and were awarded three green flag awards (an award scheme in recognition of well managed parks and green spaces). The service also won a national "festival of learning" award in 2019 for nurturing recovery.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure all clients (particularly those admitted for detoxification), have a clear risk assessment and risk management plan in place that relates to the assessed needs, and that staff are able to access this as needed (Regulation 12).

Action the provider **SHOULD** take to improve

- The provider should ensure that the property is safe and well maintained through ongoing environmental risk assessment and an ongoing maintenance programme (Regulation 15).
- The provider should ensure that their training matrix is up to date and clearly identifies all training completed and highlights any outstanding mandatory training for all staff (Regulation 12).

- The provider should ensure that clients have early exit or discharge plans in their individual records (Regulation 9).
- The provider should ensure that medication audits are sufficient to pick up any medication errors, and there is clear evidence of action taken to address any issues or errors (Regulation 12).
- The provider should ensure that they complete and have access to outcome measures to demonstrate the effectiveness of the service (Regulation 17).
- The provider should ensure that all staff access training on the Mental Capacity Act and have a clear understanding of the principles and the potential implications for their practice (Regulation 12).
- The provider should ensure that all policies contain current and up to date information (Regulation 17).

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
Treatment of disease, disorder or injury	Regulation 12(2)(a)