

Clouds House

Quality Report

East Knoyle

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

Overall summary

- There were very few staff vacancies at Clouds House. Remaining vacancies had all been recruited to.
- The environment was clean and well maintained. Staff were aware of infection control procedures.
- The mixed sex environment was well managed.
- Medicine management procedures were improving due to better incident reporting when errors had occurred. In addition, the provider now had in place the correct procedures related to the storage of controlled drugs. This had not been the case previously.
- Group and individual therapies were being delivered in line with national guidance.
- There were regular staff meetings through the day that ensured clear handovers of detailed client information.
- Prescribing arrangements were in line with national guidance and best practice.
- All patients received a physical health assessment within 24 hours of admission
- Clients described feeling extremely well cared for and supported by the staff. Clients were involved in their care and treatment throughout their stay.
- Clouds House made adjustments for clients who had specific needs in order to ensure they could provide treatment.
- Community meetings were held weekly.
- Family members were involved in the treatment process when this was appropriate and with clients consent.
- Clients with specific needs, including people who were pre and post-operative transgender, were being fully supported by staff.
- There were various routes for admission. Where people were unable to self-fund or were not referred by the NHS, Action on Addiction would financially support client's admission. The admission assessment process was thorough and explored the client's needs in their entirety.
- There was a range of recreational activities available for the clients.
- The environment and location were set in grounds that promoted privacy, relaxation, comfort and recovery.
- There were very few complaints received from clients but all were dealt with and responded to appropriately.

Summary of findings

- Staff told us that senior staff were visible and accessible and that they provided guidance and support.
- The service had a clear vision and set of values that staff understood and staff morale was very high.
- There was a risk register which was subject to review through the clinical governance group.
- Statutory and mandatory training figures were high.
- Safeguarding issues were followed up, recorded and reported to the appropriate agencies, such as the police and local authorities. There was a process for the reporting and managing of incidents at Clouds House.
- Clients who required high dose methadone were assessed prior to admission and underwent a longer period of detoxification.
- However, we also found the following issues that the service provider needs to improve:
- Although a plan had been formulated to ensure that moving forward staff received supervision, at the time of our inspection, not all staff were not receiving regular clinical or line management supervision.
- Care records we reviewed did not contain comprehensive, detailed and holistic care plans for clients. Generic care plan templates were being used. In addition, where physical health issues had been identified during the assessment, these did not translate into care plans.
- There were many ligature points around Clouds House. The organisation had not undertaken a ligature risk assessment at the time of the inspection. This has since been completed and submitted to the CQC. Assessments relating to individual risks were being completed prior to and during the admission process.
- Clouds House were not reporting any incidents or safeguarding events to the CQC as is their statutory responsibility.
- Post inspection, Clouds House submitted evidence to show that catering staff had completed food hygiene training and bank staff were trained in life support. However this was not clearly reflected on the training matrix at the time of our visit.

Summary of findings

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Clouds House

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to Clouds House

Clouds House is in the Wiltshire countryside, providing residential treatment for people with addictions, including alcohol and drug dependency. Clouds House also provides medical detoxification and a therapeutic programme based on the 12 step model.

Clouds House has provided treatment for substance misuse problems since 1982. In 2007 Clouds House merged with two other organisations to form the charity Action on Addiction.

Cloud House was last inspected in January 2014 and was compliant with regulations.

Our inspection team

The team that inspected the service comprised CQC lead inspector Lesley Whittaker one other CQC inspector named Lisa McGowan, a CQC Pharmacist and an expert by experience (a person with experience of using services or caring for someone using services).

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with four clients
- spoke with the registered manager
- spoke with nine other staff members employed by the service provider, including medical staff, nurses and managers.
- spoke with one ex-service user
- observed one house meeting
- observed morning handover
- looked at six care records and three medicine records for clients

Summary of this inspection

- looked at policies, procedures and other documents relating to the running of the service.

Information about Clouds House

Clouds House provides residential substance misuse treatment for people over the age of 18.

It has the capacity to treat and care for 38 men and women at any one time. However rarely runs at full capacity.

Clouds House offers a 24-hour service for men and women. Clients receive medical detoxification, therapeutic treatment and aftercare.

Clouds House treats private paying clients, those with private medical insurance and those in receipt of NHS funding. Some clients without means described above, were treated by Clouds through bursaries provided by the provider Action on Addiction.

There is a CQC registered manager in post.

What people who use the service say

All clients we spoke with told us that they felt very safe at Clouds House. They said there were always enough knowledgeable staff available to provide the care and support they needed.

Clients told us that the therapeutic groups were safe and run by competent staff. They felt staff were able to manage difficult and challenging group situations.

All clients we spoke with confirmed that the needs of their families were also considered by staff.

Detailed findings from this inspection

Mental Health Act responsibilities

- The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health were to deteriorate, staff were aware of who to contact. Some of the nursing staff had been trained as registered mental health nurses which meant that they were aware of signs and symptoms of mental health problems.

Mental Capacity Act and Deprivation of Liberty Safeguards

- The mental capacity act and deprivations of liberty safeguards were reviewed during this visit. We found that all clients were considered to have capacity by staff and that clients were supported to make decisions for themselves. Independence, autonomy and ownership was actively encouraged by staff.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- Clouds House was a large mansion type property spread over several floors accessed by staircases or a lift. Clients' bedrooms were on the first and second floors with the first floor for women only. However, staff arranged accommodation for any clients with mobility issues, regardless of gender, on the first floor.
- The environment and furnishings were clean, comfortable and welcoming. Clients were encouraged to keep their own bedroom space clean and tidy. Other cleaning duties were the responsibility of employed domestic staff.
- Staff could not observe the entire environment at all times. However, the provider had not completed a ligature assessment of the building at the time of our visit, but has since done a full and comprehensive assessment and submitted to the CQC as evidence. However staff monitored clients dependent on their assessment of individual risk.
- Clients had shared single-sex bedrooms in order to ensure they were supported by their peers during treatment. Clients were informed in advance about sharing rooms and consented to this prior to coming in to the service.
- Single bedroom facilities were available for clients with specific protected characteristics. The hospital was able to provide an example of providing single room accommodation for clients who were transgender.
- Some of the rooms had en-suite facilities but not all. There were separate bathing facilities where en-suite was not available and these were gender specific.
- The provider took additional security measures in order to provide a safe mixed sex environment. For example at night the only stairs between the male and female floors was past the staff night base and all doors leading into male and female corridors were alarmed.
- The clinic room was referred to as the medical centre. It was clean, tidy, secure, and well equipped to meet clients' needs. The room contained a locked drugs cupboard. Controlled drugs (medicines that require additional security) used for opiate detoxification were kept in a locked cabinet in the medical centre.
- The service kept a number of stock medicines, as well as clients' own medicines. These were appropriately stored and safely managed. Medicines were kept at suitable temperatures to maintain their quality.
- Staff carried out daily temperature checks of refrigerators holding medicines. Records showed that these were within the correct range.
- Staff were clear about the correct procedures for administering medicines. All medicines were administered by nurses. Healthcare assistants sometimes supported this process. Staff administered medicines in the medical centre in a way that maintained clients privacy. We saw that medication records were completed correctly.
- Staff were aware of what action to take in the event of a medicines error. Nursing staff told us how medicines incidents were reported, investigated, and how actions to prevent reoccurrence were implemented. We saw incident records which supported this.
- Staff reported a good service from their medicines supplier, and medicines were available for clients in a timely manner.
- The provider had recently introduced checks to monitor medicines management at the service. For example,

Substance misuse/detoxification

staff had completed monthly controlled drugs audits for the past three months. Monthly visits had recently been started by a pharmacist to review the management and storage of medicines.

- In the event of a medical emergency, 999 assistance would be called and staff would apply basic life support whilst they waited for emergency services to arrive. Medical emergency equipment was kept in the medical centre and records showed this was checked weekly. Staff had access to a wall-mounted defibrillator outside of the medical centre. Emergency medicines were available on site, easily accessible to qualified staff, were in date and suitably stored.
- Staff we spoke with were able to explain how they would manage clients with blood borne virus in line with the service infection control policy.
- There were clear fire alarm and evacuation procedures. Emergency exits were clearly marked and staff had completed fire safety training.
- Staff were aware of the risks of overdose for clients who left early or who were asked to leave. Staff told clients about the risks of overdose and were able to describe information they would share with clients to help reduce this risk. Doctors at the service ensured clients had enough medication until they were able to go to their GP the day after leaving. The specialist GP who worked at the service told us they were developing the prescription of Naloxone (a drug to reverse opiate overdose) to clients leaving the service early.

Safe staffing

- Minimum staffing levels are one registered nurse and one HCA during the day and night shifts. The registered manager had recently reviewed staffing levels at night and recruited additional staff in order to increase staffing levels at night from two staff to three. Rotas for the past two months showed that staffing requirements were met.
- Three vacancies (one registered nurse and two HCA staff) had recently been filled and staff were waiting to start.
- The hospital used regular bank and agency staff. During the month of September 2016 an agency registered nurse was used to cover a series of night shifts. Post

inspection, Clouds House submitted evidence to show that bank and agency staff were adequately trained in life support skills. However, this information was not available at the time of our visit.

- Recruitment procedures were effective. All staff had disclosure and barring service (DBS) and reference checks. We reviewed six staff records which showed that the service completed risk assessments for any individual with a conviction prior to offering employment (as staff in residential services are often in recovery themselves it is not unusual to have an offending history). Staff underwent new disclosure and barring service (DBS) checks every three years and six staff records showed this happened.
- As of August 2016, Clouds House reported that there had been 5% staff sickness overall.
- Statutory and mandatory training completion rates were high, with most subjects achieving 100%. Training included health safety and fire, data protection, safeguarding adults and children, infection control, food hygiene level 2, fire evacuation, information governance, resuscitation, Mental Capacity Act (MCA) including deprivation of liberties (DoLs) and consent and control of substances harmful to health (COSHH).
- Clients sometimes disclosed a history of abuse to staff. We reviewed two records relating to this and found that safeguarding procedures had been followed. However, the registered manager had failed to maintain their statutory duties with regards to reporting any allegations of abuse to the CQC.

Assessing and managing risk to people who use the service and staff

- Staff carried out comprehensive risk assessments of all clients referred to the service before admission. The admissions team followed up any risks on the client's referral by contacting their GP, and where necessary other services such as the client's community mental health team or probation service.
- Action on Addiction employed a local GP on a sessional basis. The GP had an interest in and additional training in substance misuse. The GP carried out a thorough physical assessment of every client before they commenced detoxification. The GP and nursing staff had excellent understanding of the risks associated with

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alcohol detoxification and were skilled at assessing risk. They listed the circumstances which would indicate a high risk client. The GP told us that they would not admit a client at high risk of complications as the service was in an isolated and rural location which meant a long response time by ambulance.

- Clouds House employed a consultant psychiatrist from a local mental health trust on a sessional basis. Staff were able to request an assessment by the psychiatrist if they had concerns about a client's current mental health or suitability for the service. Assessments could be carried out prior to admission or during admission if staff were concerned a client's risk had increased. However, we noted that while there was effective and comprehensive assessment of both physical and mental health risks there were no risk management plans available. This meant that staff could potentially be unaware of a client's increased risk and how to manage it.
- All clients were registered with a local general practitioner (GP) who looked after clients' general health needs separate from substance misuse or mental health. Staff we spoke to understood the individual needs of each client. The consultant psychiatrist employed by the service was able to carry out a mental health assessment if staff felt that a client's risk was increasing. Staff arranged a transfer to a more suitable service should this be needed.
- We reviewed four client care records and found that all had received a full physical health assessment, including bloods, on the day of admission. However, where physical health complications had been identified, for example risk of epileptic seizure during withdrawal, these had not been care planned. However, the GP employed by the service prescribed an anti-seizure drug, carbamazepine, to reduce this risk.
- None of the four records we reviewed contained physical health care plans. The registered manager told us they were aware of this. They told us that the hospital planned to introduce an electronic record system and they planned to use this opportunity to address problems with care planning.
- Clouds House receives medicines management support from a senior pharmacist employed by Action on

Addiction and a local external pharmacy. This was to ensure compliance with requirements of the Medicines Act 1968 and the Misuse of drugs Act 1971 and their associated regulations.

Track record on safety

- Clouds House reported no serious incidents in the 12 months prior to inspection. Other than an issue relating to the hospital's legal position regarding the storage and administration of controlled drugs, we found no evidence to show that any serious clinical incidents had occurred.
- We discussed two previous incidents with the registered manager. A client had self-harmed (non-life-threatening) and following an investigation the policy had been updated to better manage any future incident.
- On another occasion a client told staff they had considered trying to hang themselves with a scarf from a fire escape inside their bedroom. The staff immediately closed off this room and it was no longer in use.
- Clients we spoke with told us they felt safe in Clouds House, and they had confidence that the staff managed risk quickly, professionally and discreetly.

Reporting incidents and learning from when things go wrong

- Clouds House reported incidents through an electronic system called Datix. All staff had access to this. Incidents were reviewed by clinical governance board and we saw minutes of the past three months meetings to show that this was the case.
- Until approximately three months prior to the inspection, Clouds House had previously stocked and dispensed controlled medicines for which they did not have the correct home office authorisation. Upon realising, they have since changed their supplier, who in turn holds the correct home office authority to dispense controlled medication. The hospital was also now completing controlled drug audits and we saw records for the past three months to show that this was the case.
- Due to several medication errors, the hospital had introduced checks to monitor the management of medicines at the service.

Duty of candour

Substance misuse/detoxification

- Staff understood the need to demonstrate duty of candour and explain to clients and or family members of things went wrong. The incident reporting log also showed actions of where clients had been informed and or involved following an error in treatment: for example medication issues.

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

Assessment of needs and planning of care

- We reviewed four client care records. We found that all four records were written as instructions by the staff as opposed to in collaboration with clients. Two of the four care plans were replicas of each other just name changes made.
- Clouds staff carried out a detailed assessment prior to admission. Pre-admission assessments included personal details, professionals involved, health and mental health issues, medication, history of substance misuse, legal issues, social/cultural needs, financial situation and a full risk screening. Clouds House used this information to decide on whether the admission was suitable.
- Staff thoroughly assessed and monitored clients' physical health. The GP employed by the service completed the initial assessment for physical health. Staff reported any physical health concerns to GP. Staff were able to contact the consultant psychiatrist at any time to discuss any mental health concerns. All assessments were carried out within 24 hours of admission. Clients were not prescribed detoxification medication until an assessment had taken place.
- All care records were in paper form at the time of our inspection. Clouds House stored records securely in locked cabinets. The service was currently looking into purchasing an electronic record system, which would replace the paper system.
- Out of hours, there was a senior nurse, a GP, a consultant psychiatrist and a counsellor on-call. The GP and the psychiatrist were on call seven days a week continuously.
- Medicines prescribed at Clouds House for detoxification from drugs and alcohol were prescribed in line with best practice. Prescribers adhered to the guidance set out in 'Drug Misuse and Dependence: UK guidelines on clinical management' for detoxification from opiates. Clients withdrawing from alcohol were prescribed medicines in line with National Institute of Clinical Excellence (NICE) guidelines. Clients were prescribed diazepam to alleviate withdrawal symptoms and those at risk of withdrawal seizures were prescribed carbamazepine (an anti-convulsant medication). Clients also received a course of vitamin B injections to reduce the risk of developing a condition known as Wernicke's encephalopathy. Clients who had a compromised liver were prescribed Oxazepam, an alternative medicine which is metabolised by the kidneys rather than the liver.
- The GP employed by the service was qualified in the Royal College of General Practitioners part two course in substance misuse. The GP was supervised by a specialist consultant psychiatrist in substance misuse.
- Clouds House employed a non-medical prescriber (NMP) who was supervised by the GP employed by the service.
- All clients were registered with a local GP when they arrived at the service.
- We looked at three prescription records for clients at the service, and saw that medicines were prescribed as recommended by national guidance.
- During our inspection we observed medicines being given to clients undergoing alcohol detoxification. Clients were assessed by staff for alcohol withdrawal symptoms using the clinical institute withdrawal assessment – alcohol, revised (CIWA-Ar) tool, to help decide the most suitable dose of medicines.
- Clients had their pulse and blood pressure checked before medicines were administered.
- Clients who required high dose methadone were assessed prior to admission and underwent a longer period of detoxification.
- The service had a process in place to allow nurses to administer certain medicines if required by some clients

Best practice in treatment and care

Substance misuse/detoxification

when they first arrived at the service, without the need for a prescription. However, this framework had not been signed by a pharmacist and therefore did not meet the legal requirements for its use.

- The service had a remedies protocol in place at the service, so that staff could use certain medicines to respond in a timely way to clients' minor ailments. We saw the administration of these medicines was recorded and monitored.
- Auditing of client records, including drug therapy records, had only recently been introduced at the service.
- Clouds delivered psychosocial interventions in line with NICE guidance. The service offered both individual and group interventions based on the 12 step model. This is an internationally recognised abstinence-based model which supports clients to access self-help groups narcotics anonymous (NA) and alcoholics anonymous (AA)
- Clouds House also offered mindfulness groups, art therapy, individual counselling and family work.

Skilled staff to deliver care

- There was a range of staff to provide treatment at Clouds House. This included a contracted part-time GP and a consultant psychiatrist. The GP had the Royal College of General Practitioners (RCGP) certificate in the management of drug misuse (part 2). The service employed registered nurses, qualified counsellors and psychotherapists, and health care assistants. There was a range of administrative staff who undertook specific roles, for example assisting the client admissions process. Clouds House provided placements for counselling students from Bath University. Clouds also had a range of ancillary staff including maintenance, catering and domestic staff.
- All staff we spoke with demonstrated a high level of skill, knowledge and experience in substance misuse treatment. All staff had received a corporate induction. Clouds House held monthly training sessions for clinical staff including health care assistants on key areas such as detoxification protocols and medicine management.

- Post inspection, Clouds House submitted evidence to show that catering staff had completed food hygiene training, although this was not clearly reflected on the training matrix at the time of our visit.
- Ninety five per cent of permanent staff had an appraisal in the last 12 months.
- The registered manager told us that staff were receiving regular group supervision but there was no written evidence available. The registered manager informed us that staff had not received regular line management supervision. Nursing staff were not receiving regular supervision.

Multidisciplinary and inter-agency team work

- Clouds House worked closely with local authorities who purchased placements with them. Clouds kept care managers (the local authority employee responsible for the client's placement) informed. Staff were able to contact care managers and ask for an extension of funding if a client needed to stay longer
- Staff informed clients' care managers and GPs if clients left early or were discharged by the service.
- Clouds House held two multi-disciplinary meetings per day in the morning and afternoon. Nurse handovers occurred three times daily. The multi-disciplinary team meetings discussed clients, any issues arising, allocated tasks and discussed strategies for managing difficult situations.
- We observed one multi-disciplinary team meeting. The meeting had a clear structure and staff worked collaboratively to make appropriate decisions. Staff delivered clear and detailed information which covered physical and mental health and any changes or concerns. Staff demonstrated an in-depth knowledge of needs and risks, and spoke about clients with warmth, understanding and kindness

Good practice in applying the MCA

- Staff worked upon the basis that all clients had capacity, unless clients were intoxicated. Staff would wait for clients to recover from an intoxicated state before any assessment relating to capacity was undertaken. Staff actively encouraged independence, autonomy and ownership amongst the clients.

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- Staff had basic understanding of the Mental Capacity Act (2005) and its principles. Staff told us how to check if someone had the capacity to consent to treatment.
- Clinical and medication records showed that staff had sought consent to treatment as well as consent to share information.

Equality and human rights

- There was evidence to suggest that the service met the needs of clients with specific characteristics, including transgender. Equally, the hospital was able to demonstrate how it met the needs of people with disabilities, gender requirements, religious preferences, hearing and visual impairments and reading and writing difficulties.
- Blanket restrictions including limited access to visitors and mobile phones were in place to reduce the opportunity to obtain illicit substances that would compromise their treatment and recovery whilst at Clouds House.

Management of transition arrangements, referral and discharge

- Clouds House treated private paying clients, those with private medical insurance and those in receipt of NHS funding. Some clients without means were treated by Clouds through their charitable funds. Referrals were taken from GP's and NHS trusts. The admissions team handled referral information and pre-admission assessment was undertaken by nurses and qualified counsellors. Clouds aftercare programme supported clients to make the transition away from residential treatment by encouraging clients to remain in contact with others who were also recovering from addiction.
- Each client had an unexpected discharge from treatment plan. Staff would try to get clients to leave in the morning rather than at night. Where possible staff contacted clients' local services to arrange support on return to their local area. Staff warned clients about the risks of relapse and that they were at risk of overdose.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed that all interactions between clients and staff were respectful, warm and courteous.
- Clients felt respected and not judged. Family members received the same level of support and kindness throughout the duration of the treatment.
- All staff we spoke with had a good knowledge of individual needs. There was a genuine impression of warmth throughout the staff team.
- Clouds House made adjustments for clients who had specific needs in order to ensure they could provide treatment.

The involvement of people in the care they receive

- Clients told us they had been involved in their care and treatment throughout their stay. A welcome pack was given to clients and they were familiarised with all house rules. For example no telephone contact was allowed in the first week of admission, visitors must stay with clients at all times, and clients must treat each other with respect.
- Community meetings were held weekly.
- Family members were involved in the treatment process when this was appropriate and with clients consent.

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

Access and discharge

- The service reported a total of 260 discharges in the 12 months prior to inspection. Within the same time period there were 27 potential clients who were referred to the service who did not attend for their scheduled appointment at the time it was offered.
- The service does not provide a seven day follow up service as this is undertaken by the referring body but clients can attend for aftercare. Every year Clouds House has a reunion which is attended by over 300 former clients and families.

Substance misuse/detoxification

- Staff carried out thorough pre-admission assessments of substance use, physical and mental health history. There was a multi-disciplinary referrals / admissions meeting chaired by the manager held weekly where all potential clients were discussed.
- The service provided treatment based on group and individual therapy for a flexible period based on individual needs and funding.

The facilities promote recovery, comfort, dignity and confidentiality

- Clouds House provided a homely, comfortable warm atmosphere situated in large grounds. The house was very clean and well maintained. Clients had access to several rooms which provided privacy for groups and individual meetings.
- The service provided a laundry room with a washing machine, tumble dryer and ironing facilities in the basement and clients took care of their own laundry needs.
- Clients could receive visitors within strict boundaries. All clients were aware of the policy and had consented to this. This agreement ensured privacy, safety within the service, and no disruption to therapy.
- Clients shared bedrooms and had consented to this before admission. The service had a clear rationale for shared rooms, the reason being that clients could support each other. All bedrooms had privacy screens separating the beds.
- Clients had access to their own personal belongings and locked storage within their bed space to store possessions.
- Clients told us the food was excellent. Clients had lots of choice and the hospital catered for all dietary needs. Clients had access to hot and cold drinks 24 hours a day. Clients were encouraged to eat healthily and could have snacks throughout the day outside of mealtimes.

Meeting the needs of all people who use the service

- Clouds House had facilities available for clients with mobility issues. The first floor landing where the female bedrooms were located would be used for clients with mobility issues, regardless of gender.

- Single bedroom accommodation had been provided for a client who was pre-operative transgender and located on the floor with the gender with which they identified.
- Other clients had been assisted with aids, such as a Dictaphone and other additional support where reading and writing issues existed. Clouds House provided information in formats that helped clients with visual difficulties.
- Staff planned activities daily and this information was on display. Clients we spoke with were pleased with the activities programme and told us they felt staff worked with them to meet their needs.
- Activities offered included walks, gym, Zumba, shopping trips, access to places of worship, external self-help groups and fellowship meetings. Clients told us they found engaging in these activities alongside the structured group work were a positive balance.
- Clouds House could provide multi lingual counsellors when they had clients admitted who needed this. Clouds House provided reading materials in different languages.
- Clouds House used one local advocacy service, who could be contacted if clients required or requested additional support during their inpatient stay.
- Staff supported clients to access religious support for all denominations upon request.
- Clouds House provides written information at the pre-admission stage regarding detoxification regimes and on admission regarding prescribed medication.
- Clients discharged early from the service received 24 hours medication and the service contacted their GP to ensure continuity of care.

Listening to and learning from concerns and complaints

- Clouds House received 374 compliments from clients and their families in the 12 months prior to inspection.
- Action on Addiction had a complaints procedure. Staff attempted to resolve issues before they escalated. The manager initially dealt with any complaints received. However the chief executive of the service had overall responsibility for the complaints process and the

Substance misuse/detoxification

treatment and care director conducted all investigations into complaints received. All responses to complaints were reviewed and signed off by the chief executive within 20 working days of the complaint being received.

- Clients received an admission pack that contained details of how to make a complaint. This information was also on display on the house notice board. Clients we spoke with told us they knew and understood the complaints procedure.
- Clouds House received three complaints in the 12 months prior to inspection. Two related to the referral and admissions processes and both of these were upheld. The third related to treatment and care and investigations are on-going.

Are substance misuse/detoxification services well-led?

Vision and values

- Clouds House values aimed to provide commitment, independence, integrity, optimism, art, science, compassion and excellence to all the people that they treated and came into contact with.
- Staff understood the overarching principles (help, hope and freedom) of the organisation and the main objectives of the work the service carried out. They were proud of the service provided and of their team.
- Staff told us the principal objective of the staffing teams was the rehabilitation of clients and a life free from addiction. Staff we spoke with said that they agreed with this objective and it helped lead to positive outcomes.
- Staff and clients knew the senior managers who were described as visible and accessible.

Good governance

- Senior managers and internal quality auditors not directly located at the service undertook a total of four quality visits to assess the quality of the care provision in the 12 months prior to inspection.
- Clouds House had a risk register detailing risks to the service and clients. The top three risks related to serious injury, harm or death to clients, staff recruitment and a failure to comply to governance arrangements.

- Incidents staff reported through Datix were investigated. For example, where medication errors and information governance breaches had occurred.
- Staff received mandatory training and most staff were up to date with this training. Some training provided was role specific.
- Cloud House had a process in place to allow nurses to administer certain medicines if required by some clients when they first arrived at the service, without the need for a prescription. However, this framework had not been signed by a pharmacist and therefore did not meet the legal requirements for its use.
- Auditing of client records, including drug therapy records, had only recently been introduced at the service.

Leadership, morale and staff engagement

- All staff were committed to the people who used the service.
- Staff told us that senior managers were visible and accessible and provided guidance and supported when required.
- Morale was very high. Staff told us the manager was supportive and that working conditions were very good. Staff said that they enjoyed working at Clouds House and that their main satisfaction was helping people to recover.
- Staff said that they knew how to use the whistle-blowing process and they felt confident in raising concerns with senior management.
- Staff development was provided by way of e learning, face to face classes and monthly workshops that focused on different topics each time.

Commitment to quality improvement and innovation

- Clouds House has achieved accreditation from the Healthcare Accreditation and Quality Unit (HAQU), which is a programme that assists healthcare organisations to apply quality standards to improve patient care, whilst addressing key challenges such as risk management, clinical effectiveness and patient safety.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all care plans, including those that detail physical health needs are reflective of individual needs and risks and that they are client centred, holistic and created in partnership with clients.
- The provider must ensure that where processes are in place to allow nurses to administer certain medicines without a prescription when clients first arrive at the service, that the framework that allows this practice to happen lawfully is signed by a qualified pharmacist.

- The provider must ensure that it reports all relevant incidents and safeguarding events to the CQC as is their statutory responsibility.

Action the provider **SHOULD** take to improve

- The provider should continue with their proposed plan to ensure that staff are adequately supervised.
- The provider should ensure that since its completion, the ligature assessment for clouds house is subject to regular review and that actions are completed.
- The provider should ensure that where specific training is required that they keep an up to date record of those details.

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 Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Care records we reviewed did not contain comprehensive, detailed and holistic care plans for clients. Some care plans for different clients contained the same information, were generic and not patient centred. In addition, where physical health needs had been identified this did not translate into care plans.</p> <p>This is a breach of Regulation 9 1(a, b and c) and 3 (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The framework that was in place to allow staff to administer medicines without a prescription had not been signed by a qualified pharmacist, therefore did not meet legal requirements for its use.</p> <p>This is a breach of regulation 12 1 and 2 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p>

This section is primarily information for the provider

Requirement notices

Clouds house were not notifying the CQC of any incidents or safeguarding events in line with their statutory responsibilities.

This is a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.