

Passmores House

Quality Report

Third Avenue,
Harlow,
Essex,
CM18 6YL
Tel: 01279 634200
Website: www.wdp.org.uk

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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

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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

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

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

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

Summary of findings

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service had appropriate numbers of staff on all shifts. Duty rotas showed the service covered all shifts with the appropriate number of staff with the right skills, training, and experience to ensure that clients were safe. Staff compliance with mandatory training was 97%, Staff received regular supervision and compliance was 100%. We observed staff attitudes and behaviours when interacting with clients. Staff treated clients with dignity, compassion, and respect. We spoke to five clients who all told us that the staff were very kind and caring.
- Clients received a comprehensive and timely assessment upon admission. Staff used information gathered during the assessment to complete an initial care plan and determine the detox regime for the client. Staff undertook a risk assessment of every client upon admission; these were detailed and included crisis plans and emergency discharge plans for when clients leave treatment. Clients' records contained up to date, holistic, recovery orientated care plans. Each client had personalised care plans that included a plan for recovery and discharge. Clients had signed their care plans and staff had given them a copy.
- There were good medicines management procedures in place. Medication was stored appropriately, in locked cupboards within the clinic room and the nurse in charge held the keys. Clients had good access to physical healthcare. The GP was available Monday to Thursday, to monitor clients' physical healthcare needs and a psychiatrist was available Monday to Friday. The service was able to refer to local physical health specialist teams, where necessary. The service offered electrocardiograms to clients upon admission to check for cardiac anomalies caused by cocaine and alcohol use.

- The service had a full range of rooms and equipment to support treatment and care. There were group rooms for therapeutic activities. Clients had access to smaller rooms for one to one sessions, quiet time, or to meet visitors. Clients had access to activities seven days a week. These included access to a personal trainer who attended once a week, swimming and therapeutic group activities.
- The provider had systems in place to monitor mandatory training and supervision. Managers kept records of when staff had completed mandatory training and received supervision. These were all up to date. Managers shared lessons learned from incidents and complaints. We reviewed the minutes of team meetings, saw that lessons learned was a standard agenda item, and staff discussed these regularly.

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

- There were ligature points throughout the service (a ligature anchor point is anything which a person could use to attach a cord, rope or other material for the purpose of hanging or strangulation). The provider had completed a ligature risk assessment; however this did not identify all potential ligature anchor points. We highlighted this to the manager who took action to get this rectified.
- Staff had not completed risk assessments for female clients in the mixed sex corridor. The service was able to provide copies of risk assessments they had implemented following the inspection. However, these were generic risk assessments and were not individualised to the client.
- Staff had not documented assessments for clients who they felt had impaired capacity. The service did not have procedures in place to monitor compliance with the Mental Capacity Act.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse/ detoxification		See overall summary.

Summary of findings

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Passmores House

Services we looked at

Substance misuse/detoxification;

Summary of this inspection

Background to Passmores House

Passmores House is a recovery community for men and women aged 18 years and above with drug or alcohol problems and all levels and types of dependency and for complex cases where there may be a co-existing mental health or physical health issue. Passmores house is registered with the Care Quality Commission to deliver detoxification and residential rehabilitation programmes. Passmores House is registered to provide the following regulated activities:

- Accommodation for persons who require treatment for substance misuse
- Diagnostic and screening procedures
- Treatment of disease, disorder, or injury

The service has a registered manager and a nominated individual. Vale House Stabilisation Services is the registered provider.

Passmores house is a mixed sex 23-bedded unit. The beds were divided into 13 detoxification and 10 rehabilitation beds; however, there is some flexibility to this if required. Beds were funded by community drug team referrals, local authorities, and private funding. During inspection there were 18 clients accessing the service.

The Care Quality Commission last inspected the service on 15 September 2016. During that inspection, we found no breaches of Health and Social Care Act regulations (2008).

Our inspection team

The team that inspected the service comprised CQC inspector Lee Sears (inspection lead), two other CQC inspectors, an assistant inspector, and a specialist advisor with experience of working in substance misuse 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 the location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with five clients and one carer
- spoke with the registered manager

Summary of this inspection

- spoke with three other staff members employed by the service provider, including nurses, senior practitioner, and support workers
- spoke with the consultant addiction psychiatrist
- spoke with the pharmacist
- attended and observed one client admission process
- looked at six care and treatment records for clients, including medicines records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with five clients who were all very complimentary about the service they were receiving. Clients told us that the staff were very kind, caring, and compassionate. Clients felt that staff went out of their way to support them and to meet their needs. Clients felt that the food was of good quality and there were sufficient choice. However, two clients felt that the activities needed to be improved, especially at weekends.

We spoke with one carer who was very complimentary about the service. The carer felt that staff treated their loved ones with dignity and respect, they were informed about their loved ones treatment, and had sufficient involvement in their care.

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?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff undertook a risk assessment of every client upon admission. Staff completed risk assessments that were detailed and included crisis plans and emergency discharge plans for when clients leave treatment.
- The service had appropriate numbers of staff on all shifts. Duty rotas showed that the service covered all shifts with the appropriate number of staff with the right skills, training and experience. Staff compliance with mandatory training was 97%.
- There were good medicines management procedures in place. Medication was stored appropriately, in locked cupboards within the clinic room and the nurse in charge held the keys.

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

- There were ligature points throughout the service (a ligature anchor point is anything which a person could use to attach a cord, rope or other material for the purpose of hanging or strangulation). The provider had completed a ligature risk assessment. However, this did not identify all potential ligature anchor points. We highlighted this to the manager who took action to get this rectified.
- Staff had not completed risk assessments for female clients to be in a room next to a male client. The service was able to provide copies of risk assessments they had implemented following the inspection, however these were generic risk assessments and were not individualised to the client.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients received a comprehensive and timely assessment upon admission. Staff used information gathered during the assessment to complete an initial care plan and determine the detoxification regime for the client.
- Clients' records contained up to date, holistic, recovery orientated care plans. Each client had personalised care plans that included a plan for recovery and discharge. Clients had signed their care plans and staff had given them a copy.

Summary of this inspection

- Clients had good access to physical healthcare. The service was able to refer to local physical health specialist teams, where necessary. The service offered electrocardiograms to clients upon admission to check for cardiac anomalies caused by cocaine and alcohol use.
- Staff received regular supervision on a monthly basis and supervision records showed that compliance was 100%.

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

- Staff had not documented assessments for clients who they felt had impaired capacity. We reviewed the care records of clients who lacked capacity and could not find evidence as to how staff made that decision.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff attitudes and behaviours when interacting with clients. Staff treated clients with dignity, compassion, and respect. We spoke with five clients who all told us that the staff were very kind and caring.
- Clients were actively involved in participating in care planning and risk assessments. Care plans showed that clients had discussed their needs with staff who documented their comments in their care plan.
- Clients were able to give feedback on the service they received. Clients completed an exit survey upon discharge. All feedback was very positive regarding the service and the support from staff.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had a full range of rooms and equipment to support treatment and care. There were group rooms for therapeutic activities. Clients had access to smaller rooms for one to one sessions, some quiet time or to meet visitors.
- The food was of good quality. The service employed a chef who cooked fresh food on the premises each day. Clients had a choice of several dishes on the menu. The service was able to meet different dietary requirements such as lifestyle choices, allergies, or due to religious needs.

Summary of this inspection

- Clients had access to activities seven days a week. These included access to a personal trainer who attended once a week, swimming and therapeutic group activities.
- The service had made adjustments for people requiring disabled access. There were ramps into the building, as well as a disabled toilet.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider had systems in place to monitor mandatory training and supervision. Managers kept records of when staff had completed mandatory training and received supervision. These were all up to date.
- The service covered shifts with staff with the right skills, training and experience to ensure that clients were safe. We reviewed the duty rotas for the past three months, which showed that shifts were covered with the right staff mix.
- The service shared lessons learned from incidents and complaints. We reviewed the minutes of team meetings and saw that lessons learnt was a standard agenda item and staff discussed these regularly.
- There was good staff morale throughout the service. We spoke to various staff disciplines who all told us they enjoyed their job and that staff all worked well together.

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

- The service did not have procedures in place to audit or monitor compliance with the Mental Capacity Act so had not identified that staff had not documented formal Mental Capacity Act documentation.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff had received training and were knowledgeable of the Mental Capacity Act. Staff were able to explain how they would support someone to make decisions in their best interests if they lacked capacity. Staff documented in clients' care records if they felt the person did not have capacity to make a decision and the reasons why, but no formal assessment of capacity was completed or documented to show how the decision was made, in accordance with the principals of the Mental Capacity Act.
- The service was able to access independent mental capacity advocates if required.
- The service did not use Deprivation of Liberty Safeguards.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse/ detoxification	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- The service layout did not allow staff to see all areas and there were blind spots throughout the building. However, the service used closed circuit television to monitor communal areas. Staff monitored this in the detoxification office and in reception.
- There were ligature points throughout the service (a ligature anchor point is anything which a person could use to attach a cord, rope or other material for the purpose of hanging or strangulation). The provider had completed a ligature risk assessment. However, this did not identify all potential ligature anchor points. We found ligature anchor points in the bathrooms and the conservatory including soap and paper towel dispensers and coat racks that had not been included in the ligature risk assessment. We highlighted this to the manager who took immediate action to get this rectified. Staff told us that if they identified a client as being at risk of self-harm or suicide, then they would increase observation levels to manage the risk in line with the providers policy.
- The provider had a policy in place for managing mixed sex accommodation which stated staff should prioritise allocation of female clients to female only areas. The service did not have gender specific areas but could separate the upstairs corridors into male and female areas and would change this dependent on the mix of clients at the time. However, in the detoxification unit, there was not a female specific area. This meant that staff could sometimes allocate female clients to a room next to a male client. However, all rooms downstairs were ensuite and therefore female clients would not have to walk past a male bedroom to use a bathroom. At the time of our inspection, staff had not completed

risk assessments for female clients to be in a room next to a male client. Following the inspection, the service was able to provide copies of risk assessments they had implemented, however, these were generic risk assessments and were not individualised to the client. The service did not have a female only lounge. However female patients could utilise one of the quiet rooms if required.

- The service had a fully equipped clinic room. This contained all necessary equipment to monitor clients' physical health. There was also emergency resuscitation equipment that was easily accessible. Staff checked the emergency equipment on a daily basis. We reviewed the records for the previous three months and saw that staff were checking equipment regularly.
- All areas of the service were clean, tidy, and well maintained. All furnishings were in good condition. The service environment was cleaned on a regular basis. We reviewed the cleaning records and found that staff had been completing these appropriately.
- Staff adhered to infection control policies. There were hand washing facilities and disinfectant gel throughout the service. The service had sharps bins and clinical waste bins for the safe disposal on contaminated waste.
- All equipment was clean and well maintained. We checked the cleaning records for equipment for the previous three months. We found that staff were completing these appropriately.
- Clients had access to an appropriate alarm call system. Clients had a nurse call button in their bedroom. There was also an alarm call button in communal rooms for staff to use in an emergency.

Safe staffing

- The service had a staffing establishment of five qualified nurses, five recovery practitioners and two support workers. The service had a sickness rate for the previous 12 months, of 2%.

Substance misuse/detoxification

- The service had a staff turnover rate of 32% for the previous 12 months. This equated to five staff leaving in that period. The provider had an active recruitment programme, and at the time of inspection, there was only one vacancy for a qualified nurse.
- The provider had estimated the number and grade of staff required by looking at the needs of the clients they were admitting. The service had one nurse and three recovery practitioners during day shifts, one nurse and one night support worker during night shifts.
- The service had appropriate numbers of staff on all shifts. We reviewed the duty rotas for the previous three months. We found that the service had covered shifts with an adequate number of staff with the right skills, training and experience to ensure that clients were safe.
- The service used bank and agency staff appropriately. The service had a pool of regular bank staff they used to cover staff shortages. However, if the service were unable to cover shifts with bank staff, they would use a local agency. The manager told us that they had regular staff they used from the agency. All bank and agency staff were expected to undertake an induction prior to commencing work within the service.
- The manager was able to increase staffing levels if staff could not meet clients' needs with the current establishment. We saw evidence in the duty rotas that managers had increased staffing levels due to increased client observation levels.
- There was a qualified nurse present on each shift including nights and weekends. We checked the duty rotas for the past three months and found the service covered each shift with a qualified nurse.
- There was enough staff for clients to have regular one-to-one time. Clients had one-to-one sessions scheduled as part of their activity programme. However, clients told us if they needed to speak to staff at any time outside their scheduled one-to-one time, there was always enough staff to facilitate this.
- The service did not cancel therapeutic activity or escorted leave due to staff shortages. Clients told us they had never had any activities or leave cancelled whilst they had been in the service.
- The service had adequate medical cover throughout the day and night. Staff were able to call the consultant psychiatrist out of hours for advice. The service had access to a GP who was available Monday to Thursday for client's physical healthcare needs. If there was a medical emergency staff would call an ambulance.

- Staff had received, and were up-to-date with mandatory training. We reviewed the training matrix for the service. This showed that staff compliance with mandatory training was 97%. Staff had to undertake 15 mandatory training courses. Out of the 15 mandatory training courses, ten were showing as 100% compliant and the other five courses were over 75% compliant.

Assessing and managing risk to clients and staff

- Staff undertook a risk assessment of every client during the assessment. Staff used the organisational risk assessment tool. We reviewed the care records of six clients. Staff completed risk assessments of clients that were detailed and included crisis plans and emergency discharge plans for when clients left treatment early. Staff updated risk assessments as part of client reviews or if there was a change in risk.
- The service had a blanket restriction around the use of mobile phones whilst in treatment. Clients were not allowed to have their mobile phones whilst receiving treatment at the service. This was to encourage clients to take an active role in their recovery as well as to prevent the risk of clients being contacted by people who may put them at risk of relapse. Clients agreed to this as part of their treatment contract. The service had a telephone room where clients could make private phone calls to contact family.
- There were policies and procedures for the use of observations and searching clients. The service used different levels of observations to manage clients' risks. These included intermittent checks and one-to-one observations. Clients signed a treatment contract agreeing that staff may search them upon return from leave if there was a risk that they may have brought back prohibited items.
- The service did not use physical restraint. Staff received training in de-escalation techniques. Staff told us that if a client became agitated, or aggressive, they would take them to a quiet room and talk to them and try to calm them down.

Track record on safety

- The service had not recorded any serious incidents in the past 12 months.
- The service had recorded two adverse events in the past 12 months. The telephone lines went down from the service and they were without phones for two days. Staff

Substance misuse/detoxification

identified a smell of gas within the building. The service had to have the gas supply turned off until the source of the smell could be found. The service was unable to cook so brought in takeaway meals for the clients.

- Managers identified lessons learned from the adverse events. The service purchased a unit mobile phone to use. If the phone lines were not working, staff could transfer all calls to the mobile phone. The service purchased two small electric cookers for use in case the gas supply was cut off in the future.

Reporting incidents and learning from when things go wrong

- All staff we spoke to knew how to report incidents. The service had an online incident reporting system, to which all staff including bank and agency staff had access. Staff were able to describe what they would report as an incident and what action they would take.
- Staff were reporting incidents appropriately and in line with the organisational policy. We reviewed the incident reporting system. This showed that staff were reporting incidents, they were investigated appropriately, and that lessons learned were being identified.
- Staff received feedback from the investigations of incidents both internally and externally of the service. Staff told us they received lessons learnt through team meetings, supervision and through emails, which contained information on lessons learnt throughout the organisation. We reviewed the minutes of team meetings, and saw that lessons learned was a standard agenda item and that staff were regularly discussing these.
- Managers made recommendations for improvements following investigations of incidents. The service had implemented a procedure to start completing electrocardiograms (an electrocardiogram is a simple test that can be used to check your heart's rhythm and electrical activity) on all clients upon admission to screen for cardiac anomalies that could occur as a result of cocaine and alcohol abuse.
- Staff received a de-brief following incidents. Staff met with the manager to talk through what happened, what went well and what could be done better. The staff also offered a de-brief to clients involved in incidents.

Duty of candour

- Staff were open and honest and explained to clients if something had gone wrong. We saw evidence in the

incident reporting system that staff had met with clients to explain what had gone wrong in the incident of a medication error. All staff were aware of their responsibilities regarding duty of candour.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Assessment of needs and planning of care

- Clients received a comprehensive and timely assessment upon admission. We observed the admission process of one client. The consultant addiction psychiatrist assessed the client and completed a comprehensive and detailed assessment of the client's history. This included a social history, mental health issues, substance misuse history and a physical health examination. Staff used information gathered during the assessment to complete an initial care plan and determine the detox regime for the client.
- Care records showed that clients had a physical examination upon admission which included an electrocardiogram. We also saw evidence of ongoing physical health care monitoring throughout the clients treatment. Staff documented all physical health care monitoring in clients' medication and treatment records.
- Client's records contained up to date, holistic, recovery orientated care plans. We checked the care records of six clients. Each client had personalised care plans that included a plan for recovery and discharge. Clients had signed their care plans and staff had given them a copy.
- Information needed to deliver care was stored securely on an electronic recording system. All staff including bank and agency staff had access to the system. This service also had paper backup files that included important information such as clients' care plans and risk assessments.

Best practice in treatment and care

- Staff told us they followed the National Institute for Health and Care Excellence guidance when prescribing medication. Staff told us they used the National Institute

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for Health and Care Excellence guidance on medication optimisation to support prescribing. We saw evidence in the medication administration charts the prescribers were following the guidance.

- The service offered therapies recommended by the National Institute for Health and Care Excellence. The service employed counsellors on a sessional basis to provide a holistic model of care that incorporated cognitive behavioural therapy and psychosocial group work activities.
- Clients had good access to physical healthcare. The GP was available Monday to Thursday to monitor clients physical healthcare needs and a psychiatrist was available Monday to Friday. Doctors were contactable out of hours for medical advice. The service supported clients to maintain appointments with physical healthcare specialists within the local area where possible. The service was also able to refer to local physical health specialist teams if necessary. The service offered all clients electrocardiograms on admission to monitor for potential cardiac anomalies caused by cocaine and alcohol use.
- Staff undertook assessment of hydration and nutritional needs as part of the initial assessment process. Staff used this information to form a care plan, which stated how staff would meet the client's needs.
- Staff used recognised rating scales to assess and record severity and outcome measures. Staff used the clinical Institute withdrawal from alcohol scale, the clinical opiate withdrawal scale, to monitor the effects of withdrawal from substances. Staff completed these assessments on a daily basis during the withdrawal period and they recorded this in the medication administration records.
- Clinical staff participated in clinical audits. Clinical staff were responsible for completing medication audits, infection control audits, health and safety audits and fire risk assessments. We reviewed the audit files and saw that staff completed these appropriately and in line with the organisations policies.

Skilled staff to deliver care

- The service employed a full range of staff disciplines. This included recovery workers, nurses, counsellors, a doctor, and consultant psychiatrist.
- Staff were experienced and had the necessary qualifications for their role. We reviewed five staff files and saw evidence of staff's qualifications.

- Staff received regular supervision on a monthly basis. We reviewed five staff files and saw evidence that each staff member had received regular supervision. The service's supervision records showed that supervision compliance was 100%. Staff received an annual appraisal of their performance and appraisal records confirmed that all of staff that were eligible had received an appraisal within the past 12 months.
- Staff received specialist training for their role. Recovery workers told us they could access National Vocational Qualification level 3 in Health and Social Care. Staff also told us they received specialist training in substance misuse. We reviewed 5 staff files and saw certificates from specialist training courses.
- Managers addressed poor performance promptly. Managers completed this during supervision and appraisals. We saw evidence in supervision records where staff were working to improve their practice.

Multidisciplinary and inter-agency team work

- There were regular multi-disciplinary team meetings. Staff attended meetings once a week and all grades of staff could attend. We reviewed the minutes of team meetings for the past three months. There was a standard agenda covering topics such as client care, admissions, discharges, and lessons learned from incidents and complaints.
- There were effective handovers within the team at the beginning and end of each shift. During handovers, staff discussed individual client's care during the day and any change in need or risk. Staff also discussed any incidents or any other important details concerning the running of the service.
- There were good working relationships with other services within the organisation. Managers told us that they liaised with other services and shared lessons learnt and best practice ideas.
- Staff had effective working relationships with teams outside the organisation. Staff worked with local services, especially with regards to client discharge planning. The service also supported clients to maintain contact with physical healthcare services in the local area where practicable.

Adherence to the MHA

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- The service did not admit clients who were detained under the Mental Health Act. However, staff were able to explain what they would do if a client's mental health deteriorated such as contact the consultant addiction psychiatrist or the crisis team to assess the client.

Good practice in applying the MCA

- All staff had received training in the Mental Capacity Act. Staff we spoke to had a good understanding of the Mental Capacity Act and were able to explain what they would do if they felt a person did not have capacity to make a decision. Staff told us that they would refer the client to the consultant addiction psychiatrist who would decide if they had capacity.
- Staff had not documented formal capacity assessments for clients who they felt had impaired capacity. We reviewed the care records of a client who staff felt lacked capacity and could not find evidence that staff had completed a capacity assessment. However, we did see documentation in the client's care notes which stated that staff felt the client did not have capacity and the reasons why. If clients' lacked capacity to consent to admission due to intoxication staff made sure they had appropriate support by contacting family and local services to ensure that they would be safe at home overnight. Staff could then readmit the client the following day when they had capacity to consent. We saw evidence in the care records where this had occurred. However, as there was not a formal assessment completed, we were unable to ascertain how staff came to the decision.
- Staff knew how to get advice around the Mental Capacity Act. Staff told us that they would speak to senior staff or the consultant psychiatrist.
- The service did not have a system in place to audit compliance with the Mental Capacity Act.

Equality and human rights

- The provider had an equality and diversity policy in place. This set out how the provider aimed to meet the needs of those with protected characteristics.

Management of transition arrangements, referral, and discharge

- The services had developed a therapeutic programme designed to support transition back into the community. The therapeutic programme included development of life skills, as well as providing clients

with qualifications such as food hygiene certificates that clients could use to gain employment in the community. The service would provide a summary of clients care to other services such as GP's, or community mental health teams.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed staff attitudes and behaviours when interacting with clients. Staff treated clients with dignity, compassion, and respect. We observed throughout the inspection that staff were kind and caring towards clients
- Clients were extremely complimentary about the staff at the service. We spoke to five clients who all told us that the staff were very kind and caring. Clients also told us that staff were always willing to go out of their way to help them and that they were always available should they need someone to talk to.
- Staff we spoke with were very knowledgeable about individual client's needs and how to support them to meet their needs.

The involvement of clients in the care they receive

- The admission process informed and orientated clients to the service. Following the initial assessment, staff showed clients around the service and to their bedroom. Staff gave clients a welcome pack, which contained information about the service, including information about the therapeutic programme.
- Clients were actively involved in participating in care planning and risk assessments. Care plans showed that clients had discussed their needs with staff who documented their comments in the care plan. Clients then signed their care plans to say that they agreed with them.
- We spoke with one carer who was very positive about the service and felt that the service involved them in their loved one's care.
- Clients were able to give feedback on the service they received. Clients completed an exit survey upon discharge. We reviewed the client's feedback for two months. All feedback was very positive regarding the service and the support from staff. Clients also attended

Substance misuse/detoxification

community meetings, and were able to feedback on service issues such as the therapeutic programme and the weekly menu. However, clients were not involved in decisions such as recruitment.

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

Access and discharge

- The service had a bed occupancy rate over the past 12 months of 93%. This was above the services key performance indicator of 90%.
- The service admitted nationally. If the service was full then they could refer to other services.
- The service did not move clients between the detoxification and rehabilitation units unless the client had completed their detoxification and were ready for rehabilitation, or unless there was a need to meet the Department of Health guidance on eliminating mixed sex accommodation.
- Clients' discharge was not delayed unless on clinical grounds or there were issues with finding appropriate accommodation. The service did not have any delayed discharges in the past six months.

The facilities promote recovery, comfort, dignity, and confidentiality

- The service had a full range of rooms and equipment to support treatment and care. There were group rooms for therapeutic activities. Clients had access to smaller rooms for one to one sessions. Clients could also use rooms for some quiet time or for meeting visitors. The clinic room contained all necessary equipment to monitor clients' physical health care.
- Clients could make phone calls in private. Clients could not access their mobile phones but the service had a payphone in a private room that clients could use.
- Clients had access to outdoor space. The service had a garden area which also contained the designated smoking areas for clients to use.
- The food was of good quality. The service employed a chef who cooked fresh food on the premises each day. Clients had a choice of several dishes on the menu. The chef attended the community meetings where clients could make suggestions for changes to the menu.

- Clients had access to hot drinks and snacks throughout the day. There were facilities for making hot drinks as well as a water fountain. There were bowls of fruit available for clients as well as bread and a toaster. Clients could also purchase their own snacks.
- Clients were able to personalise their bedrooms. We saw evidence of clients bringing posters and photographs to display in their bedrooms.
- Clients had somewhere to secure to store their possessions. Clients were able to lock their bedroom doors and gain access using a fob system. There were also lockable cupboards in clients' bedrooms for them to use.
- Clients had access to activities seven days a week. These included access to a personal trainer who attended once a week, swimming and therapeutic group activities. Clients also accessed training in vocational qualifications such as food hygiene and obtained certificates that they could use whilst trying to find future employment.

Meeting the needs of all clients

- The service had made adjustments for people requiring disabled access. There were ramps into the building, as well as a disabled toilet. If the service admitted someone with disabilities, staff allocated them a bedroom on the ground floor, as the service did not have lift access to the first floor.
- The service accessed information in different languages for clients whose first language was not English. Staff told us that although they did not keep information in different languages, they could provide this if required.
- The service provided clients with accessible information on treatments, local services, their rights, and how to complain. Staff provided clients with this information in the welcome pack upon admission.
- The staff were able to access interpreter services if required. Staff told us that if they admitted a client whose first language was not English, they would discuss this with commissioners prior to admission to arrange interpreter services.
- The service was able to offer a choice of food to meet clients' dietary requirements due to personal needs, allergies, or religious or ethnic needs. On the day of inspection, the service was providing halal food for a client.

Substance misuse/detoxification

- The service did not have a faith room for clients to use to meet their faith needs. However, the service was able to access religious support for clients such as Rabbi's, Imam's or priests.

Listening to and learning from concerns and complaints

- The service had received 12 complaints in the past 12 months. The service upheld one of these complaints. No complaints had been referred to the Parliamentary and Health Ombudsman.
- Clients knew how to make a complaint. Staff provided clients with information on how to complain within their welcome pack at the start of their treatment. We saw evidence on the electronic incident reporting system that staff had given clients feedback following a complaint.
- Staff knew how to handle complaints appropriately. Staff we spoke to were able to explain what action they would take if a client made a complaint to them and how they would respond to the client. We reviewed the complaints information on the electronic incident reporting system. This showed that staff were managing complaints appropriately and in line with the provider's policy.
- Staff received feedback on the outcome of investigations of complaints. Staff told us managers shared lessons learned from complaints during team meetings, supervisions, and handovers. We reviewed the minutes of three team meetings, and saw that lessons learned was a standard agenda item and discussed regularly.

Are substance misuse/detoxification services well-led?

Vision and values

- Staff were able to explain how the organisations visions and values underpinned the work they did. Staff told us how they worked in partnership with clients to achieve their potential and how the service was community focused. Staff told us the service worked positively to reduce stigma felt by clients in their recovery.
- The team's objectives reflected the organisations visions and values. Staff's objectives in the annual appraisal were based around the organisations objectives.

- Staff knew who the senior managers in the organisation were. Staff told us that they occasionally visited the service. However, the provider reported that senior staff had visited the service 12 times in the three months prior to the inspection.

Good governance

- The service had systems in place to ensure that staff received mandatory training. The manager kept a log of staff's compliance with mandatory training and this was reviewed on a regular basis. Staff were reminded during supervision when they were due to renew mandatory training.
- The service had systems in place to ensure staff received regular supervision and appraisals. The manager kept records of when staff had received supervision and an appraisal. This was reviewed regularly and staff would be emailed if their supervision or appraisal was overdue.
- The service covered shifts with the appropriate number of staff with the right skills, training, and experience.
- Staff were able to maximise their time on direct care activities. Throughout the inspection, we observed staff in communal areas interacting and working with clients.
- Staff participated in clinical audits. Staff were involved in the health and safety audits, infection control audits, control of substances hazardous to health, and fire risk assessments. The pharmacist was responsible for medication audits and the chef was responsible for the food hygiene audit.
- Staff learnt from incidents and adverse events and complaints. We saw evidence that the service had implemented changes because of lessons learned following adverse events. These included purchasing a mobile phone for the service after the telephone lines were not operational for two days. The service also purchased some electric cookers following an adverse event when gas supply had to be turned off due to a leak.
- The service did not have procedures in place to audit or monitor compliance with the Mental Capacity Act so had not identified that staff had not documented formal Mental Capacity Act documentation.
- Staff were aware of safeguarding procedures within the organisation. However, the service had not needed to make any safeguarding referrals in the past 12 months.
- The provider was using key performance indicators to gauge the performance of the team. These included bed

Substance misuse/detoxification

occupancy rates, unplanned discharge, and referral to admission times. These were rated with a red, amber, green system to highlight whether the service had met the target, close to meeting targets or missed the target.

- The service manager had sufficient authority to perform their role. We spoke to the manager who felt confident that he would be able to address any issues and the organisation would support him to do so. The manager also told us they had sufficient administration support.
- Staff were able to submit items to the organisation's risk register. If staff had concerns about an area of risk, they could escalate this to the service manager who would then assess whether the risk was sufficient for inclusion on the risk register.

Leadership, morale, and staff engagement

- The service had a sickness and absence rate of 2% for the past 12 months.
- The service had not had any cases of bullying or harassment in the past 12 months.
- Staff knew how to use the whistleblowing process. Staff we spoke with told us about the whistleblowing policy.

They told us what they would do if they needed to report any concerns about the service. Staff told us that they felt confident to raise concerns without fear of victimisation and felt that the management team would support them if they had any concerns.

- Staff told us that morale in the service was very good. Staff felt a sense of empowerment and gained a lot of job satisfaction within their role. Staff told us that the team worked well and were very supportive of each other.
- Staff felt there were opportunities for development within the service. Staff told us if they identified an area of personal development, the service would support them where possible to identify and access training such as counselling skills and motivational interviewing.
- Staff were offered the opportunity to give feedback on services and input into service development. Staff told us that they could share ideas for service improvement during team meetings, and that managers would support them where possible to implement changes such as improving the therapeutic activities programme.

Outstanding practice and areas for improvement

Outstanding practice

- The service was able to offer clients opportunity to gain qualifications they would be able to use within the workplace. The chef was able to train clients to obtain food hygiene certificate.
- The service provided clients with training in food hygiene which gave them a qualification they could use when discharged to gain employment.
- The service offered an electrocardiogram to all patients on admission to screen for cardiac anomalies caused by cocaine and alcohol use. This was implemented following a lesson learned from a serious incident.
- The service had nursing cover seven days a week and over the 24 hour period.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that they document mental capacity assessments when they feel the client lacks capacity.
- The provider should ensure that the ligature risk assessment identifies all ligature points and includes an action plan as to how they will mitigate identified risks.
- The provider should ensure that staff complete an individualised risk assessment for clients in mixed sex accommodation