

Kent and Medway NHS and Social Care Partnership Trust

Substance misuse services

Quality Report

Bridge House
Fant Oast Detoxification Unit
Upper Fant Road
Maidstone
Kent ME16 8DE
Tel: 01622 724100
Website:

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXYF2	Bridge House at Fant Oast	Bridge House at Fant Oast	ME16 8DE

This report describes our judgement of the quality of care provided within this core service by Kent and Medway NHS and Social Care Partnership Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Kent and Medway NHS and Social Care Partnership Trust and these are brought together to inform our overall judgement of Kent and Medway NHS and Social Care Partnership Trust.

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We found that Bridge House was a safe, effective, caring, responsive and well-led service.

There were enough qualified and skilled staff who ensured staff were both physically and emotionally safe. The environment was maintained to a high standard with environmental risks identified and managed. There was good management of risk, including physical risk such as risk of seizures.

There were good nursing and medical assessments and staff delivered care in line with NICE guidance. Staff were trained and experienced and understood their role. There was excellent multidisciplinary working and links to other teams.

Patients felt safe, respected and cared for. Staff were respectful and kind whilst maintaining professional boundaries. They understood patients' needs and encouraged contact with families.

The environment was excellent, both internally and externally, furnished to a high standard with landscaped garden. The service took pride in the cleanliness of the unit and the standard of the food. There was commitment to meeting the varied needs of patients whether socially, dietary or cultural.

Staff were proud of working at the unit and enthusiastic. They felt supported by, and part of, the wider organisation. There was effective governance of the service and staff were supported and encouraged to develop. The service had developed innovative care pathways to divert inappropriate admissions to mental health beds.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We found the service to be safe because:-

- The environment was of high standard; it was spotless and well-maintained.
- There were enough qualified and skilled staff.
- There was good management of risk.
- Staff maintained patients' psychological, emotional and physical safety.

Are services effective?

We found the service to be effective because:-

- There were good nursing and medical assessments.
- Handovers were well-structured and comprehensive.
- The service followed NICE guidelines on good practice.
- Staff were skilled and experienced.
- There was effective multidisciplinary team working.

Are services caring?

We found the service to be caring because:-

- Staff demonstrated kindness, warmth and respect within professional boundaries.
- Staff understood patients' needs and involved patients in their care.
- Patients were very positive about the staff team.
- Families and carers were encouraged to visit.

Are services responsive to people's needs?

We found the service to be responsive because:-

- The environment was comfortable, well-maintained and designed to meet peoples' needs safely.
- The food was excellent and catered for diverse dietary needs.
- The service met the individual needs of patients in respect of physical health and psychological needs.
- The service responded to feedback from patients and families.

Are services well-led?

We found the service to be well-led because:-

- The service had close links to the trust and shared the vision and values.
- There was effective governance in place.

Summary of findings

- Staff morale was high, staff were enthusiastic and proud.
- The service was developing innovative care pathways.

Summary of findings

Background to the service

Bridge House at Fant Oast is an 10 bed inpatient unit for men and women with substance misuse problems.

Our inspection team

The team was made up of: a CQC inspector, a specialist advisor who was a nurse with expertise in addictions and senior management experience and an expert by experience.

Why we carried out this inspection

We inspected this core service as part of our on going comprehensive mental health inspection programme.

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited Bridge House and looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with all six patients who were using the service;
- reviewed three sets of patient notes;
- spoke with the managers for the unit;
- spoke with five other staff members; including nurses, support workers and ancillary staff;
- interviewed the consultant psychiatrist with responsibility for the service;
- attended and observed a hand-over meeting.

What people who use the provider's services say

Patients told us that staff were very caring and that they felt safe. Patients were very complimentary about the environment and food, and the staff attitude.

Summary of findings

Good practice

The service had introduced a care pathway to take patients from both the crisis team and local hospital who needed substance misuse treatment, ensuring patients received the most suitable treatment for their needs.

Areas for improvement

Kent and Medway NHS and Social Care Partnership
Trust

Substance misuse services

Detailed findings

Name of service (e.g. ward/unit/team)

Bridge House at Fant Oast

Name of CQC registered location

Bridge House at Fant Oast

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

We found the service to be safe because:-

- The environment was of high standard it was spotless and well-maintained.
- There were enough qualified and skilled staff.
- There was good risk management.
- Staff maintained patients' psychological, emotional and physical safety.

Our findings

Safe and clean ward environment

- The service was housed in a converted oast house. Not all areas could be observed from the nursing office. However there was good staff presence which maintained safety.
- An assessment of ligature points had been undertaken and where they could not be removed the risk was managed safely.
- The service complied with guidelines on same-sex accommodation.
- The clinic room was fully equipped and emergency medicines were in date. Resuscitation equipment was readily available, in working order and checked regularly. We noted that the clinical waste bin was overfull and that a member of staff did not close and label this bag according to trust infection control procedures. We raised this at the time of the visit and it was immediately addressed.
- All areas throughout the unit were spotless. The unit was furnished to a high standard. A recent PLACE assessment of the unit had scored 98%.
- Regular environmental risk assessments had been undertaken.

Safe staffing

- The provider ensured there were sufficient numbers of qualified nurses on each shift. Mandatory training was at 95%.

- Bank nurses were used appropriately. The service had specific bank staff who were familiar with the service and the needs of patients.
- The ward manager could adjust staffing levels as needed.
- There was always a qualified nurse on the unit.
- There were enough staff to provide one to one time for patients as well as deliver the group program.
- All leave off the ward was escorted and there were enough staff to facilitate this.
- There was excellent medical cover available from the part-time consultant three days a week. A speciality doctor who had been recruited did not take up the post so agency doctors were used. One agency doctor had recently been asked to leave by the service.

Assessing and managing risk to patients and staff

- The admission process was thorough, with both a nursing and medical assessment which checked both physical and psychological needs and risks.
- Staff used the risk assessment tool on the electronic records system.
- There were clear rules and boundaries on the ward. All patients consented to these as part of their treatment contract. These rules and boundaries were in place to maintain safety on the unit.
- All patients were informal and could leave at any time.
- There was good use of observation, both of patients' whereabouts on the unit and observations of their physical health.
- There was no use of restraint, rapid tranquilisation or seclusion.
- Staff were trained in and understood safeguarding.
- There was good management of medicines. Staff were supported in this by the pharmacy. We noted good practice with photographs of patients attached to their medicines cards to reduce the risk of identification errors. However, not all charts had a recording for allergies and coding on charts was not consistent. We noted that two prescriber signatures were missing.
- There were safe procedures for children to visit and staff were very conscious of the importance of these visits to patients.

Track record on safety

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- There had been very few serious incidents. Following a recent incident the service was waiting to hear the outcome of an investigation.
- Where the need for improvements was identified these were followed up. We saw that following a fall by a patient a step had been highlighted and a hand rail put in place.
- Staff knew how to use the incident reporting system and all incidents that needed to be reported were reported.
- Staff were open and transparent. They admitted mistakes and gave explanations.
- Information was available to staff on incidents both within their own service and across the trust.
- There was evidence of change as a result of feedback. One patient wanted more information about their medicines and staff produced a diary of what medicine and when to help.

Reporting incidents and learning from when things go wrong

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

We found the service to be effective because:-

- There were good nursing and medical assessments.
- Handovers were well-structured and comprehensive.
- The service followed NICE guidelines on good practice.
- Staff were skilled and experienced.
- There was effective multidisciplinary team working.

- Staff used recognised rating scales to assess physical health and withdrawal. There was good assessment of patients prior to medicine administration to ensure any additional medication required was given.
- A range of audits were undertaken by staff including gap analysis and regular monitoring of the environment. A care plan audit had taken place. Figures for successful completion of treatment were available and the friends and family test had scored 100% for the last four months.

Skilled staff to deliver care

- There was a range of staff to meet patient needs which included nurses, consultant psychiatrist, pharmacists, a GP, therapists and staff with lived experience.
- Staff were experienced and qualified. Staff had regular supervision and told us that this was of good quality; they felt supported and had access to additional training. There was time available within the team for more experienced staff to deliver training and one member of staff was being given time off for additional training. Three support workers had been trained in auricular acupuncture which some patients found relaxing and helpful in relieving their withdrawal symptoms.
- There were no staff performance issues at the unit.

Multi-disciplinary and inter-agency team work

- There were very effective structured handovers. Patients' current situation, sleep, medicines and physical health was discussed. It was evident that staff had an excellent knowledge of individuals and demonstrated a positive attitude within the handover.
- Regular team meetings for the whole team took place every four to six weeks. Minutes of these meetings were available.
- There were excellent working relationships with community teams and other providers. The service had developed an innovative care pathway with a local mental health hospital, admitting patients who needed detoxification. A care pathway had also been developed to accept transfers of patients needing detoxification from the local acute hospital once patients were well enough to be transferred.
- Members of the staff team met regularly with community substance misuse services. They were also available to meet with people using these services to discuss the treatments on offer.

Our findings

Assessment of needs and planning of care

- On admission patients underwent a thorough nursing and medical assessment. We observed a nursing assessment and noted it was carried out to a high standard.
- All patients had a physical examination on admission and a local GP visited the unit weekly. When additional physical needs were identified the service ensured these were attended to.
- Care records were up to date and contained suitable care plans for each patient's treatment. Length of stay was short and for specific treatments which was reflected in the care plans. Progress notes were clear and contained accurate information about patients.
- Information was stored securely on the electronic patient records system. All staff could access records. Medicine charts and records of physical observations were stored in the clinic room.

Best practice in treatment and care

- Audits had been carried out against NICE guidance and gap analysis undertaken. The consultant for the unit maintained close links with peer consultants in addiction.
- Psychological therapies recommended by NICE were available within the group program. In addition, the service offered complementary therapies such as Reiki and ear acupuncture.
- Where physical health problems were identified the unit accessed appropriate additional support such as the GP or transfer to an acute hospital. There was evidence of staff offering additional support to patients who had physical health problems diagnosed whilst on the unit.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Adherence to the MHA and the MHA Code of Practice

- We did not inspect this area as the ward does not admit detained patients.

- Ten of the twelve staff at the unit had received training in the MCA. Staff had an excellent understanding of consent.

Good practice in applying the MCA

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

We found the service to be caring because:-

- Staff demonstrated kindness, warmth and respect within professional boundaries.
- Staff understood patients' needs and involved patients in their care.
- Patients were very positive about the staff team.
- Families and carers were encouraged to visit.

Our findings

Kindness, dignity, respect and support

- Staff demonstrated high levels of respect, warmth and kindness when interacting with patients. We noted staff that staff were very skilled at behaving therapeutically whilst remaining professional, natural and friendly with patients. Staff ate meals with patients and we observed that, whilst low key and relaxed, staff engaged in positive and patient-focused interactions.
- We observed a nursing admission assessment and were impressed by the ability of the nurse to discuss emotionally painful subjects in a supportive and facilitative manner.
- Patients were very positive about the staff. All of the six patients on the unit told us they felt safe, secure and cared for. Patients were very positive about staff attitudes and knowledge. There was further evidence of this in the 100% score for the friends and family test and the number of positive comments received by the service. There were three volumes of 'thank-you' cards available in the patient lounge.
- Staff had an excellent understanding of the needs of patients. This was evidenced in the handover and also

in the way we observed staff talk with and about patients. It was apparent staff understood patients' emotional and psychological needs as well as their physical needs. Staff demonstrated commitment to meeting these needs, for example, when one patient felt unsafe following an altercation staff put immediate measures in place to increase support.

- There was understanding on the unit about the additional vulnerability of female patients and we were told about the importance of maintaining an environment where women felt safe and supported.

The involvement of people in the care they receive

- The admission process was structured to ensure patients were orientated to the service as well as having the appropriate assessments. There was a welcome pack available which set out clear information about the unit. This included very clear guidance on the rules and boundaries within the house. Information on treatment and medicines was included in the pack. All the patients knew their discharge plan.
- Patients were involved in their care planning and everyone knew what their plan was. Patients were involved in running some day to day aspects of the service such as managing the cleaning, activities and television rotas.
- The service worked with families and carers. There were set visiting times. However, where visitors could not attend at these times the service was flexible. The service actively encouraged patients' children to visit and ensured safe arrangements were in place.
- Patients were able to give feedback both during and at the end of their admission. A community meeting was held daily where patients could raise any needs or issues. The service had produced, 'you said we did' in response to patient requests.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary of findings

We found the service to be responsive because:-

- The environment was comfortable, well-maintained and designed to meet peoples' needs safely.
- The food was excellent and catered for diverse dietary needs. Interpreting services were available, there was disabled access and a separate lounge for women.
- The service met patient's individual needs in respect of physical health and psychological needs.
- The service sought and responded to feedback from patients and families and made changes in response.

Our findings

Access, discharge and bed management

- Beds were available on a referral basis, at the time of our inspection there were beds available. The service had also developed links with two hospitals to admit suitable patients within 24 hours if the service had capacity.
- Patients did not move from the unit following admission unless they needed to be transferred to hospital for medical reasons. Their bed remained available for them to return to when medically fit.
- Patients had discharge plans in place with a known date. The service could discharge patients for therapeutic or disciplinary reasons if they put the safety of the unit at risk.

The ward optimises recovery, comfort and dignity

- The unit had the full range of rooms required including clinic room, lounge, female-only lounge, dining room and quiet areas. The unit was furnished to a very high standard, was in excellent repair and spotlessly clean. Both staff and patients took pride in the environment.
- Quiet areas were available where patients could meet visitors. Patients had asked for more flexibility about visiting times and staff told us that they aimed to be as flexible as possible to allow visitors whilst maintaining the safety of the unit.

- Patients were able to make private phone calls and the payphone was available throughout the day. Patients could use the office phone for official calls. In addition, a shared laptop with internet access was available.
- Patients had access to landscaped gardens which were lovely.
- The food served at the unit was excellent. The had been awarded a certificate by PLACE for the best food service across the trust. The on-site chef was able to deliver a range of meals for different dietary needs.
- There were facilities for patients to make hot food and snacks whenever they wished. Patients also had access to a washing machine, tumble drier and an iron.
- Patients had individual bedrooms with separate male and female bathrooms.
- There was access to activities besides the group program. Activities were available at weekends.

Meeting the needs of all people who use the service

- The service was accessible to patients with compromised mobility.
- Whilst the service was primarily focused on specific interventions agreed with patients pre-admission the service was able to respond to additional needs. For example, staff had identified physical health issues, followed these up and developed treatment plans to support patients.
- Staff were able to provide additional support if needed, one patient told us they had felt very anxious overnight so night staff had sat in the corridor nearby to help them feel safe.
- The service was able to support patients who spoke other languages. One patient did not spoke English and staff had used both trust interpreters and also 'Google translate' on a laptop.
- On admission patients met a member of nursing staff who advised patients on what to expect and arranged for them to be shown around the unit. There was information on the ward about services available and how to complain.
- The service was able to provide food to meet a range of dietary needs. Food was prepared on the premises which meant that dietary needs could be discussed with the chef.
- There was access to spiritual support. The chaplain visited regularly and additionally Narcotics and Alcoholics Anonymous held weekly meetings on the unit.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Listening to and learning from concerns and complaints

- There had been minimal complaints on the unit. There was a forum on the unit to listen to complaints. For example, patients had requested more exercise and the unit had made daily walks available and was considering converting the garage to a gym.
- 'You said, we did' information was available. For example, in response to patients requesting electronic items such as laptops and iPods in their bedrooms the unit policies were changed to allow this.
- Staff understood how to handle complaints, there was an escalation process following the community meeting if anything was raised. Staff were able to explain this process to us.
- The only complaint available to track had been made three years previously. This had been followed up but not upheld.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

We found the service to be well-led because:-

- The service had close links to the trust and shared the vision and values.
- There was effective governance in place.
- Staff morale was high, staff were enthusiastic and proud.
- The service was developing innovative care pathways.

Our findings

Vision and values

- Staff were able to tell us about the organisation's visions and values. These were prominently displayed in the office.
- Staff told us that the team vision and values were the same as the organisation's and that they always endeavoured to work within these. Evidence gathered on our inspection confirmed this as we saw that the practice, attitudes and behaviour of staff was consistent with the stated values.
- Staff knew senior managers from the trust and told us they had visited. Staff said they felt part of the trust and that they were well-supported.

Good governance

- There were effective governance systems in operation within the unit. All staff had received mandatory training, had regular supervision which they valued, and annual appraisals. There were always sufficient staff to ensure the safety of the patients both physical and psychological. There was always cover from one of the two ward managers who would come into the unit out of hours if necessary.
- Staff had sufficient time to spend with patients, both formally and informally. There was good practice in eating together as a community which helped cement relationships between staff and patients and foster a supportive and caring environment.

- Staff participated in a range of clinical audits and results were fed back to improve the service. Incidents were reported and there was evidence of learning from these and learning and improvements from patient feedback. Safeguarding procedures were followed and the service ensured patients consented.
- The ward managers had sufficient authority and felt supported by the trust. The consultant had sufficient clinical authority and maintained relationships with peers to improve and maintain clinical knowledge.

Leadership, morale and staff engagement

- The sickness rate on the unit was very low. In December 2014 and January 2015 it was zero. Absence figures from the trust demonstrated that there was minimal staff sickness in the previous year.
- There were no bullying or harassment cases.
- Staff were confident they could raise concerns and that these would be taken seriously.
- There was high staff morale. All the staff we spoke with were positive about the unit, the unit management, their role and satisfaction with the job. Staff were proud of the unit and their work and keen to show the inspection team what they did. We found this attitude across all members of staff including the domestic and the chef.
- Staff told us they were supported in their development and told us about how they had developed in their roles. Staff displayed an understanding of the therapeutic context of their work and were able to reflect on this and their learning.
- All the staff we spoke with commented positively on the team working. Staff felt supported and listened to and were confident in their roles.
- Staff told us they were able to discuss ideas within the team.

Commitment to quality improvement and innovation

- The service had developed an innovative care pathway with two local hospitals. This enabled the rapid admission of patients in need of addiction treatment from a local general and a local psychiatric hospital.
- The service had begun working with the local crisis team to divert patients with primarily substance misuse problems to a more appropriate service.