

# Fleming House

## Quality Report

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

## Ratings

### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

# Summary of findings

## Overall summary

We rated Fleming House **good** because:

- The service had enough staff to safely meet client's needs. Staff at all levels of the organisation had appropriate skills, knowledge, and experience to provide the right care and treatment.
- The service had clearly defined and embedded processes to keep people safe. Staff understood their responsibility to report incidents and managers took actions to improve safety.
- The service had clear and robust policies in place for safeguarding adults and children. Staff received safeguarding training. Staff identified safeguarding concerns and took steps to prevent abuse from occurring. Management had established links with the local authorities safeguarding team and reported concerns.
- Staff received training in the Mental Capacity Act 2005 and applied this in practice.
- The service took a holistic approach to assessing, planning and delivering care. Clients received a comprehensive assessment before entering treatment. Clients personal preferences, strengths and goals were reflected in care plans. Clients were involved in developing their own risk assessment and crisis plans. Staff supported clients to develop timely, holistic and personalised discharge plans. Clients records were clear, up to date and were accessible for staff.
- The service provided care and treatment in line with national guidance. The service provided treatment for clients, which included medication, psychological therapies, and occupational activities intended to help patients acquire living skills. There were a range of activities for patients to take part in including gardening, games, acupuncture, bowling, and classes in computer skills and digital photography.
- The service monitored and reported client treatment outcomes. Staff used structured assessment tools to regularly review client's recovery and needs.
- The service sought to work collaboratively with other providers and agencies to promote high quality care and positive treatment outcomes. The service exchanged knowledge and skills with other providers. The service worked in collaboration with other providers to develop a 'treatment loop' which allowed clients to continue their recovery at another centre after breaching specific treatment requirements.
- Staff displayed positive attitudes and behaviours when interacting with clients. Clients described staff as approachable and helpful. The service sought to accommodate client's preferences and needs, such as dietary, cultural, religious, communication, and needs arising from disability.
- The service sought feedback from people using its service and had a clear policy for managing complaints. Managers promptly investigated complaints, apologising and acting on them where required. Management involved clients in resolving complaints.
- The service had suitable premises and equipment and looked after them well. The premises provided separate floors of accommodation for male and female clients. The premises provided a range of private and communal areas for socialising, individual and group therapies. Clients had access to a garden and spaces to meet visitors.
- The service had a manager in post with the right skills, knowledge and experience who was approachable and visible for staff and clients.
- The service had governance systems that collected, analysed and used information to monitor and improve care. The service had effective systems for identifying and managing risk.

However:

- The service maintained thorough cleaning records for the environment but held no cleaning records for medical equipment, such as sphygmomanometer, also known as a blood pressure meter. This is posed a potential infection control risk. However, on visible inspection these devices appeared clean and staff told us they cleaned them regularly.

# Summary of findings

- The service was not using disposable breathalyser mouthpieces. However, the service was sterilising breathalyser mouthpieces between use.
- The services ligature risk assessments identified areas of concern but did not adequately document how risks were mitigated or removed.
- The service did not have a written procedure for managing bathing safety for clients undergoing detox. Clients who are detoxing from alcohol can be at higher risk of experiencing seizures.
- The service did not maintain records of whether clients had been offered copies of their care plans.

# Summary of findings

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Good



# Fleming House

**Services we looked at**

Substance misuse/detoxification

# Summary of this inspection

## Background to Fleming House

Fleming House offers a 10 day to 12 week residential abstinence based treatment programme for alcohol and drug addiction. The service can accommodate up to 29 clients. Fleming House offers individually tailored detoxification programmes, group and individual therapy sessions

The service provides medically monitored detoxification which is where 24-hour care and monitoring is provided by trained support workers and a doctor supervises, evaluates, and prescribes when necessary.

Fleming House accepts clients funded by the NHS and local authorities, as well as those self-funding for admissions.

Fleming House was registered for the accommodation of people who require treatment for substance misuse. Fleming House had a registered manager in post at the time of this inspection.

We last inspected this service in May 2018, and published the report 6 July 2018. The last inspection was focused, reviewing requirement notices from an earlier comprehensive inspection completed in December 2017. At our inspection in May 2018, we saw evidence that the provider had met all the requirements identified at the previous inspection.

## Our inspection team

The team that inspected the service comprised of two CQC inspectors, and a specialist advisor with experience of working as a nurse 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

Since July 2018 the CQC has powers to rate substance misuse services. This was an unannounced comprehensive inspection to provide a rating for Fleming House.

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

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

- Is it well-led?

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

During the inspection visit, the inspection team:

- visited the centre, looked at the quality of the environment and observed how staff were caring for clients
- spoke with five clients who were using the service
- spoke with the registered manager

# Summary of this inspection

- attended the GPs onsite clinic
- spoke with five staff members, including the admissions coordinator, chef and counsellors
- attended one client graduation ceremony, and a therapeutic group
- looked at four staff human resources files
- looked at six patient records
- looked at client, family, and carer feedback
- looked at records of incidents which had occurred in the 12 months prior to the inspection
- looked at records of complaints which had occurred in the last 12 months prior to the inspection
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with five clients using the service. We reviewed local records of client, family and carer feedback.

All the clients we spoke to were happy with the service. Clients told us that staff were knowledgeable and

thorough. Clients felt staff were non-judgemental and involved them in decisions about their care. Clients reported staff were approachable and responsive to their needs.

# 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 rated safe as **good** because:

Good



- The service assessed and managed the risks associated with clients care and treatment. The service encouraged client participation in identifying, reviewing and managing risk. Where client's risks changed, the service responded promptly and updated documents to reflect this. The service had an early exit protocol and sought to reduce harm for clients who did not wish to remain in treatment.
- The service only admitted clients whose care and treatment needs could be safely met. A doctor, manager, and member of the therapy team reviewed all referrals to assess their safety and suitability.
- The service kept detailed, clear and up to date client records. These could be easily accessed by staff.
- The service had staff with the skills, knowledge and experience to meet the needs of service users. The service provided mandatory training and ensured staff completed it. The service had recruitment procedures which meant that clients were protected from the risk of receiving unsafe care or treatment. Vacancy rates, turnover and sickness absence were all low. The service had contingency plans to manage unforeseen staff shortages.
- The service provided staff with training on how to recognise and report abuse and staff knew how to apply it. The service worked effectively as a team, across services, and with other agencies to promote client safety. The service had systems and practices for information sharing.
- The service prescribed, administered, recorded and stored medicines well.
- The service had suitable premises and equipment and looked after them well. The service had a proactive approach to health and safety and sought specialist advice when needed. The service maintained comprehensive cleaning records for the building.
- The accommodation for males and females was provided on separate floors of the building.
- The service dealt with issues of harm or risk thoroughly. The service conducted reviews and investigations of incidents and acted promptly to reduce risk of reoccurrence and future harm. The service shared learning from incidents. When something went wrong staff demonstrated openness and honesty.



# Summary of this inspection

However:

- The service did not maintain cleaning records for medical equipment. Although, at the inspection we found medical equipment appeared to be clean and in a good state of repair. Staff reported that they cleaned medical equipment regularly.
- The services approach to decontamination of reusable breathalyser mouthpieces did not appear to be fully in line with best practice guidance. The service did not have a decontamination lead. Although, reusable breathalyser mouthpieces were sterilised between use in line with a written protocol. The client group may be at higher risk of contracting infectious disease due to health complications and risk-taking behaviours related to substance misuse.
- The services ligature risk assessment identified all potential ligature points but did not document mitigations in use. However, staff could describe how they would seek to mitigate risks for clients at risk of self-harm. Staff reported they took an individualised approach to managing ligature risks which would be documented in client's records
- The service did not have a written protocol for managing detoxing clients wishing to use the bath who were at higher risk of seizure. However, staff were aware of who was bathing and reported they would check on a client's welfare if there were known concerns.

## Are services effective?

We rated effective as **good** because:

- The service comprehensively assessed all clients before starting their treatment, including their physical and mental health needs. The doctor always met with clients face-to-face before prescribing any medicines. Clients had personalised and holistic care plans.
- Treatment pathways followed "Drug misuse and dependence: UK guidelines on clinical management (2017)" and the relevant National Institute for Health and Care Excellence (NICE) guidelines.
- The service completed outcome measures and the results were used to guide clients care and treatment.
- The service promoted the continuing development of staff skills, competence and knowledge. Staff received regular supervision in line with the providers policies and most staff had received an appraisal in the last 12 months. The service holds partnerships with other providers and academic institutions to support staff to acquire new skills and share best practice.

**Good**



# Summary of this inspection

- The service actively works with other agencies to support and plan for client's discharge. The service seeks to work in a joined-up way with community agencies such as addiction support groups, housing providers, health and social care agencies to promote positive outcomes for clients.
- The service provides training on the Mental Capacity Act 2005 and staff applied this in their practice. Staff showed good awareness of how substance misuse can impact on a client's ability to provide informed consent. Consent practises and records are monitored and updated when necessary.

## Are services caring?

We rated caring **good** because:

- Staff treated clients with dignity and respect. Staff were compassionate and provided support for clients at times of emotional distress.
- Clients were involved in decisions about their care and treatment. Staff sought to work in partnership with clients to develop recovery plans. Clients reported feeling fully involved in their treatment. Clients records were person centred and reflected their personal preferences, strengths and goals.
- Clients could provide feedback via weekly community meetings, quality questionnaires and feedback sheets. The service had a 'you said, we did' board which displayed actions taken by the provider in response to client feedback.
- The provider actively engaged the families and carers of clients receiving treatment. The service offered families education on substance misuse, gave support and sign posted to community agencies, such as AL-ANON. The provider sought feedback from families and carers via surveys.

However:

- Staff did not record when clients had been offered copies of care plans. Although, clients reported they were involved in the development of care plans and the care plans we looked at were signed by clients. Sharing copies of care plans helps clients to understand their care and treatment.

**Good**



## Are services responsive?

We rated responsive **good** because:

- The service took account of individual's needs and preferences. The service worked with other agencies to meet the needs of clients who were vulnerable or who had complex needs.

**Good**



# Summary of this inspection

- The service belonged to a 'treatment loop' which enabled clients to continue treatment at another centre for no additional cost when they had breached specific treatment requirements.
- The service planned clients discharge and had a protocol for managing unplanned exits from treatment. The service offered free aftercare for life, allowing clients to access groups and support at the centre following discharge.
- The service worked flexibly with clients and commissioners when needed. Staff would collect clients by car from anywhere in the country when they started treatment.
- The service had a clear complaints policy which supported staff to respond effectively to concerns. The service made improvements where necessary and acknowledged when things went wrong. Clients were involved in the review of complaints. Clients were aware of how to complain and felt able to do so if needed.
- The service employed a chef who provided clients with regular, varied and nutritious meals. The service had adapted the menu in response to client feedback and worked with individual clients to ensure their religious, cultural or other dietary preferences were met.
- The facilities and premises are appropriate for the services being delivered. The service had one wheelchair accessible bedroom, toilet and shower. The building had a range of private and communal spaces to facilitate individual and group work.

## Are services well-led?

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

- The service had a clear statement of its vision and values. This statement was developed by staff at all levels of the organisation.
- The service had leaders at all levels with the right skills and abilities to run a service. Managers were visible and approachable to staff and clients.
- The services senior staff could demonstrate knowledge of the depth and breadth of the service provided and sought to provide high quality care.
- Staff felt able to raise concerns without fear of consequences
- The services operating strategy and performance were monitored, and the sustainability and quality of the service regularly reviewed. The service had effective measures in place to identify, monitor and adapt to future risks.
- The service had a clear management structure, processes and systems of accountability and governance.

**Good**



# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards






- Managers ensured Mental Capacity Act training was provided to staff. Staff were competent in applying the principles of the Mental Capacity Act, and understood how substance misuse can affect mental capacity and the ability to consent to treatment. Consent was clearly and consistently documented in client's notes.

## Overview of ratings

Our ratings for this location are:

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

# Substance misuse/detoxification

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

## Are substance misuse/detoxification services safe?

Good 

### Safe and clean environment

The environment was safe and well equipped. The accommodation and treatment facilities were within one building. Facilities appeared well managed and maintained. Clients could access a well-kept garden.

Management regularly inspected the cleanliness of the environment. Staff maintained comprehensive cleaning records for the building. Staff deep cleaned curtains and carpets in the accommodation in-between client discharges and admissions.

The service did not maintain cleaning records for medical equipment. This is a potential infection control risk. However, medical equipment appeared clean and in a good state of repair. Staff told us they regularly cleaned medical equipment.

The services approach to decontamination of reusable breathalyser mouthpieces was not fully in line with best practice guidance, for example the Medicines & Healthcare Products and Regulatory Agency, Managing Medical Devices Guidance for healthcare and social services organisations, April 2015. The service did not have a named decontamination lead. Reusable breathalyser mouthpieces were sterilised between use in line with the services written protocol. The client group may be at higher risk of contracting infectious disease due to health complications and risk-taking behaviours related to substance misuse

The service prioritised the health and safety of staff and clients. Management completed weekly health and safety checks of the building and its contents. Clients could raise concerns with equipment or the facility at community meetings held every Monday. Where possible, staff quickly addressed issues with the building or furnishings.

The service had up to date health and safety environmental risk assessments, including fire risk assessments. The service commissioned specialist annual reports for fire safety and water hygiene. Staff completed regular fire alarm testing. There was clear fire evacuation information displayed. Emergency fire equipment was recently serviced. Staff took regular water temperature readings to monitor for risk of legionella bacteria.

The services environmental risk assessment identified ligature risks but did not clearly document the actions taken by staff to mitigate or remove ligature risks. However, staff knew of potential ligature points and could explain how to mitigate risks to clients who might try to harm themselves. Staff reported they assessed and managed ligature risk in line with client's individual need, which would be reflected in client's records. Clients receiving treatment for substance misuse are at increased risk of suicide. Identification and management of risks in the environment can help to promote client safety.

Staff had access to portable emergency alarms. Staff either carried a personal alarm with them when they interviewed clients or there was a portable alarm available in the interview room. The service had a lone worker policy in place.

# Substance misuse/detoxification

The service had a wheelchair accessible room on the ground floor. The room and washing facilities had a call bell system which a client could use to notify staff of their need for support.

Accommodation, toilets and washing facilities were single sex. Accommodation for male and female clients was housed on separate floors of the building. The rear stairway between the floors was alarmed, allowing staff to quickly respond to any potential breaches.

Hazardous cleaning products were stored in a cupboard which only staff had access to.

Staff adhered to infection control practices such as hand washing and disposal of clinical waste in designated bins. Hand washing posters were visible above some basins. A non-alcoholic hand sanitising gel dispenser was present at the entrance to the building.

## Safe staffing

The service had established safe staffing levels and ensured these were implemented. A manager or deputy was onsite seven days a week between 09:00-17:00. An on-call rota allowed staff to access management support outside of these times. Therapy staff worked Monday to Friday between 09:00-17:00. Two support staff were on shift every day. One support worker was on site between 22:00-08:00.

The provider did not use agency workers. The provider had several regular bank staff who supported with covering shifts. Bank staff were provided with an induction and training to orientate them to the service.

The service had systems in place at the point of recruitment to ensure that all staff underwent Disclosure and Barring Service (DBS) checks. All new staff were required to have two reference checks.

The provider employed a GP qualified to provide care for drug and alcohol users. A weekly GP clinic was held on site. The GP was available for emergency consultation. The GP reviewed and advised on the medical suitability of all clients referred to the service.

## Mandatory training

The service provided mandatory training to all staff in modules required to carry out their role. The service used a training dashboard to ensure all staff completed it. Mandatory training included safeguarding adults and children, infection control, emergency first aid, food safety,

fire safety, Mental Capacity Act and Deprivation of Liberty Safeguards, equality and diversity, health and safety, and manual handling. At the time of the inspection there was 100% compliance with mandatory training for clinical staff. However, two chefs were due to attend a refresher for food safety training.

## Assessing and managing risk to patients and staff

Staff completed and updated risk assessments for each client and used these to understand and manage risks individually. Clients consented to any restrictions which formed part of their treatment, such as the services requirement for clients to be escorted when in the community. Staff regularly reviewed risk assessments and management plans with clients. Staff supported clients to develop personalised crisis plans.

The service had a protocol for supporting clients who were at risk of self-harming. Staff completed increased observation checks with clients during the day and night when concerns were identified. Staff provided additional one to one time for clients when needed. Staff worked with clients to identify and remove items which might be used for self-harming.

The service had a protocol for clients who wished to exit treatment prematurely. Staff provided clients with a harm reduction information pack if they were unable to dissuade a client from leaving prematurely. Staff notified third parties, such as GPs or care managers when a client made an unplanned exit from treatment. In accordance with national best practice guidance (Drug misuse and dependence: guidelines on clinical management, Department of Health [DH], 2007) staff ensured opiate users left the service with Naloxone, a medicine that can reverse the effects of an opiate overdose.

We reviewed six records of clients undergoing detoxification. Staff regularly monitored clients physical and mental health. Staff used structured tools to assess client's health and wellbeing while detoxing, for example the Clinical Institute Withdrawal Assessment for Alcohol (CIWA), Clinical Opiate Withdrawal Scale (COWS) and Glasgow Coma Scale. Staff sought immediate medical advice if they were concerned about a client.

The service had emergency procedures and staff were aware of these. The service had basic emergency

# Substance misuse/detoxification

cardiopulmonary resuscitation equipment available for staff use, such as a defibrillator and face shield. Staff checked and recorded the condition of emergency medicines and medical equipment every week.

Staff had received training in the use of Buccal Midazolam, a medicine used to treat seizures. Clients undergoing detoxification can be at increased risk of seizures.

The service did not have a policy or procedure to manage bathing safety for clients undergoing detox. Clients who are detoxing can be at higher risk of experiencing seizures. Staff were aware of who was using the bath and reported that they would check on client's welfare if there were known concerns.

Staff had received training in the use of Naloxone. Staff could access Naloxone in an emergency.

The provider offered smoking cessation advice to clients. Smoking was not permitted inside the premises. An outside smoking area was accessible to clients to the rear of the building.

## Restrictive practices

The service had "house rules" in place to ensure the safety and well-being of clients. This included clients opening their post in front of staff to ensure that illicit drugs were not brought into the premises, restrictions on phone calls early in a client's treatment and the searching of client's belongings on entry into the service. Clients understood and consented to these restrictions.

## Safeguarding

Staff knew how to protect clients from abuse and the service worked well with other agencies to do so. Staff had annual training on how to recognise and report abuse, and were able to apply it. Management had established links with the local authorities safeguarding team and reported concerns as required. The service had a safeguarding policy.

The provider had clear procedures for children visiting the premises, this included ensuring children were always supervised, and restrictions to areas children could visit. Children's visits had to be planned with staff.

## Staff access to essential information

Staff kept detailed records of patients care and treatment. Records were clear, up-to-date and easily available to all

staff providing care. The provider gathered information from partner agencies as part of its initial assessment. Information recorded on paper was locked away securely in accordance with the providers policies.

## Medicines Management

Staff followed best practice for medicines management when storing, administering and recording administration. All prescribing was completed and monitored by a GP trained to provide care for drug and alcohol users. The service had patient group directions for administering emergency medicines and homely remedies.

Staff received annual training on medicines administration. Staff completed a weekly medicines audit. An independent pharmacist completed an audit of Fleming House's medicines management every six months.

Medicines were stored securely in a locked cupboard in the clinic room. Scheduled medicines controlled under the Misuse of Drugs legislation (and subsequent amendments) were managed in line with best practice guidance. Staff completed daily monitoring of storage temperatures.

Staff could access medicines advice from a local pharmacist in working hours.

The service could administer naloxone in accordance with national best practice guidance (Drug misuse and dependence: guidelines on clinical management, Department of Health [DH], 2007).

## Track record on safety

Between August 2017 and July 2018, the service reported zero serious incidents. Lower severity incidents had been categorised and discussed at management governance meetings. Most incidents recorded were self-discharges, and appropriate action was taken in line with organisational policy.

We reviewed minutes from the management meeting. We found the registered manager took appropriate actions to reduce the risk of reoccurrence when incidents had occurred. For example, a medication administration error was made by a staff member, managers held a debrief, and produced an action plan. The staff member received additional training and supervision until they were assessed as being safe to administer medications.

## Reporting incidents and learning from when things go wrong



# Substance misuse/detoxification

The service managed patient safety incidents well. Staff recognised incidents and reported them using paper forms which would be uploaded to an electronic system. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

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

Good 

### Assessment of needs and planning of care

We looked at the care and treatment records of six clients. All the care plans we looked at were holistic, recognising the full range of a client's needs. All the care plans we looked at were recovery orientated and personalised, reflecting the views of the client and recognising their strengths and goals.

Staff regularly reviewed care plans with clients. All the care plans we looked at were signed by staff and the client. We spoke to five clients who told us they understood their care plan. Clients reported feeling happy with their care plan. However, staff did not keep a record of when they offered a copy of the care plan to clients. Sharing copies of care plans helps clients to understand their care and treatment.

Staff completed a comprehensive admission assessment. This included a mental and physical healthcare assessment and assessment of the clients current and historic substance misuse. Staff acquired a GP medical history and medication list for all clients.

Staff reviewed the results of all new assessments in the weekly multidisciplinary team meeting to ensure the service could meet their needs. Staff developed care plans that met the needs identified during assessment.

Staff regularly monitored the physical health of clients. Staff checked and recorded the pulse, blood pressure, and respirations of detoxing clients and knew what to do if they had concerns.

Staff used structured tools to assess clients, such as the Clinical Institute Withdrawal Assessment for Alcohol (CIWA),

Clinical Opiate Withdrawal Scale (COWS), and the Outcomes Star for alcohol misuse. Staff shared findings with the services GP. Clients could access a GP clinic which was held on site every Tuesday. GP appointments could also be arranged outside of this clinic if required.

The recovery plans identified the client's key worker. Clients had fortnightly meetings with their key worker during treatment. If a client was distressed, additional key worker sessions were offered.

Staff developed a risk management plan for those people identified as being at risk. Staff had a clear protocol for managing requests from clients to exit treatment early.

The service offered clients recovery orientated group work and one-to-one sessions. Topics of group work included relapse prevention, understanding addiction, relationships, and self-esteem. The service also offered family workshops and gender specific groups.

### Best practice in treatment and care

We looked at six client medication records and interviewed the GP who prescribed medicines for the service. The doctor followed detoxification medicines regimes recommended by the National Institute for Clinical Excellence (NICE). Rapid or accelerated detoxification regimes were not provided.

Staff supported clients in line with "Drug misuse and dependence: UK guidelines on clinical management (2017)" and guidance from the National Institute for Health and Care Excellence. The service provided treatment for clients, which included medication and psychological therapies, training, and occupational activities intended to help patients acquire living skills.

Staff did not administer Pabrinex on site to clients undergoing an alcohol detoxification. Pabrinex is an injectable medication that replaces essential vitamins that are lost through alcohol dependence. Clients requiring Pabrinex would be supported to access this via a local GP. Oral vitamins were prescribed when required.

Staff supported clients to live healthier lives – for example, through participation in exercise groups, via healthy eating advice and in dealing with health issues relating to substance misuse.



# Substance misuse/detoxification

The service offered clients acupuncture and mindfulness. The service offered sessions on basic computer skills, gardening and digital photography. At the weekends activities would be offered to clients, for example games, planned walks, and activities such as bowling.

The service offered clients support with accessing housing and benefits. The service employed a part time benefits adviser who supported clients.

Whilst the service did not offer Blood born virus (BW) testing on site, BBV testing by the clients GP or other stakeholder was required by the provider as part of the pre-admission information request.

## Monitoring and comparing treatment outcomes

Staff regularly reviewed care and recovery plans with the person using the service. Staff used outcome tools such as 'The Outcomes Star for alcohol misuse' to support clients to evaluate their own recovery.

The provider exchanged knowledge and skills with other local addiction and mental health services. The provider offered staff from other organisations the opportunity to shadow work at Fleming house. The provider offered their own staff the opportunity to observe and learn from the work of other providers.

## Skilled staff to deliver care

The service included a full range of staff to meet the needs of clients. The service employed 17 clinical staff, one registered manager, two deputy managers, an admissions coordinator, four counselling staff, a lead counsellor and seven client support workers. The service also employed a finance director, two chefs, a part time minibuss driver, housekeeping staff and a part time benefits support worker.

The service provided all staff with a comprehensive induction.

Staff were experienced and qualified. Therapy staff had received training in counselling, group therapy and cognitive behavioural therapy (CBT). Managers had attended management and leadership courses relevant to their role.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills

and knowledge. Clinical staff undertook additional learning to enable them to safely and effectively meet the needs of clients, for example a course in diabetic awareness, dual diagnosis, and suicide prevention training.

The provider had links with a local university and students were supported to deliver psychological interventions for addictions at Fleming House. Staff from Fleming House had completed accredited therapy and assessment modules at the university.

The service had links with a local college, volunteers were trained and supported to provide supplementary groups for clients, such as basic computer skills and digital photography.

Staff received regular supervision that was recorded in line with the providers policies. The service offered staff reflective practice groups every six weeks. A therapist told us they received fortnightly externally facilitated supervision. Most staff had received an appraisal in the last twelve months.

Poor staff performance was addressed promptly and effectively. We looked at four staff records and interviewed the registered manager, concerns about staff performance were promptly addressed where required.

## Multi-disciplinary and inter-agency team work

The team held regular and effective multidisciplinary meetings. There were handovers at the beginning and end of each shift to discuss each client's presentation and progress.

Therapy and medical staff reviewed each new referral with management to assess its safety and suitability.

Staff were able to access and discuss changes in people's needs with a doctor.

The service worked with commissioners and referrers to ensure that a client's care pathway and discharge plans were clear. The service had developed good links with partner agencies. The service had undertaken an improvement project with partner agencies to review the way it shared information and updates on client care. Improvement projects were put forward by those working for the provider, or would be organised in response to feedback or incidents. The impact of change was assessed and feedback sought.

## Good practice in applying the MCA

# Substance misuse/detoxification

The service had a policy on the Mental Capacity Act which staff were aware of and could refer to.

Training compliance for the Mental Capacity Act was 100% for clinical staff.

Staff ensured service users consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner. Staff showed a good understanding of how substance misuse could impact on a client's capacity and ability to consent to treatment. Staff routinely assessed and reviewed client's capacity in relation to specific decisions.

## Are substance misuse/detoxification services caring?

Good 

### Kindness, dignity, respect and support

We observed staff displaying positive attitudes and behaviours when interacting with clients. We observed a client's graduation ceremony during which staff provided a client with appropriate and practical advice. We observed a group therapy session, staff listened, were respectful, supportive, and promoted client recovery.

We spoke with five clients who described staff as approachable and helpful. Clients told us staff went the extra mile to help them.

Staff collected clients from anywhere in the country when they began treatment. Staff provided transport and supported clients to attend court, hospital and dental appointments.

Staff directed patients to other services when appropriate and, if required, supported them to access those services. For example, staff supported clients to link with Alcoholics Anonymous, Cocaine Anonymous, and Narcotics Anonymous in their own local areas before discharge.

Staff sought to accommodate individual client's needs. For example, dietary needs such as halal, vegan and vegetarian were catered for. We found that Muslim clients could attend Friday prayers when requested. Staff supported clients to attend a local church once a week.

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

The service had a record that confidentiality policies have been explained and understood by people who use the service. Staff provided clients with information about confidentiality, general data protection and information sharing. Staff sought clients consent to share information with other agencies, such as GPs, pharmacies, housing, legal representatives, and social services.

### The involvement of people in the care they receive

We found that clients were oriented to the service and were given information on what help they would receive. Clients told us they were made to feel welcome by staff when they arrived. Clients were shown around the service and were buddied up with other clients who had been there longer.

Clients told us they were actively involved in developing their care plans and understood their care and treatment. Clients told us they felt able to approach staff to ask questions and raise concerns. We saw evidence that staff had sought the support of interpreters to translate documents for clients for whom English was not their first language.

Clients were encouraged to provide feedback on the care and treatment they received. We found that staff took on board feedback and acted upon it. For example, clients had reported there was not enough variety in the menus, the chef worked with clients to develop a new menu which changed every four weeks.

All clients had a recovery and risk management plan in place which reflected the individual's preferences, recovery capital and goals.

### Involvement of families and carers

Staff provided families and carers with educational and support groups. Staff encouraged feedback from families and carers on the service they received. Staff worked with other organisations such as AL-ANON to support the families and carers of clients.

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

# Substance misuse/detoxification

Good 

## Access, waiting times and discharge

The service had no waiting list for female beds at the time of our inspection. There was a waiting list for male beds of approximately four weeks. The service regularly contacted clients on the waiting list.

The service sought to complete the assessment process for new clients within one week of receiving the referral. If required, the service could respond to urgent referrals quickly.

The service accepted referrals from local and national commissioners including social services and NHS providers. Most clients were funded by commissioners. The service also accepted privately funded clients.

The service had a clear system for screening and assessing referrals. This ensured the client met the providers criteria for clients they could safely treat. All referrals were reviewed by the doctor, therapy and management staff.

The service provided transport for clients entering treatment. The service would collect clients from anywhere in the country.

Admissions were only accepted Monday to Friday, this was to ensure that clients would be well supported and could be reviewed medically if required. Management sought to stagger new admissions so that new clients could be safely inducted and introduced to the service.

The service offers detoxification programmes of between 10-28 days and addiction treatment from 4-12 weeks. Length of stay depended on the complexity of clients' needs and their funding arrangements.

The service belonged to a 'Treatment Loop' which enabled clients who had breached specific treatment requirements to potentially re-enter treatment at another facility at no extra cost. This programme helped clients to continue treatment while maintaining the integrity of the service.

Staff worked closely with care managers and other community agencies to ensure clients' needs were met on discharge. Staff worked with substance misuse services in the community to support clients who received funding for brief detoxification programmes. Staff worked closely with

housing providers, benefits agencies, health and social care providers to meet clients' needs on discharge. Where appropriate, staff involved families and carers in discharge planning.

Staff completed discharge planning with their clients. Staff worked with clients to develop individualised discharge plans. Staff would hold meetings with clients and their family to plan for discharge when appropriate.

The service offered clients access to free aftercare groups for life.

## The facilities promote recovery, comfort, dignity and confidentiality

The service had 27 bedrooms, 21 of these were single occupancy, and six were double occupancy. At the time of our inspection no clients were sharing a bedroom. The manager told us that the sharing of bedrooms was part of the model of care at the service which aimed to promote peer support. Clients could request a single room if this best suited their individual needs. Bedrooms were not shared by males and females.

Clients could personalise their bedrooms. During the inspection we found that clients had personalised their bedrooms with cards, pictures, or small personal items.

Clients had somewhere secure to store their possessions.

Staff and clients had access to the full range of rooms and equipment to support treatment and care, including a clinic room, group rooms and therapy rooms.

There were quiet areas within the building and a room where clients could meet visitors. Clients had access to outside space.

The food was of a good quality and reflected client preferences as well as their cultural and dietary needs. Clients could make hot drinks and snacks between structured activities.

## Meeting the needs of all clients

Staff demonstrated knowledge and understanding of clients' protected characteristics and vulnerability. For example, staff spoke informatively of the support that had been provided to clients who had experienced abuse, who identified as transgender and those who were homeless.

# Substance misuse/detoxification

Staff adapted the care programme to meet client's needs. For example, staff provided additional therapy time for a client who had a speech impediment and arranged for interpreters to translate documents for clients for whom English was not their first language.

One bedroom on the premises had been adapted to allow wheelchair access.

## Listening to and learning from concerns and complaints

The service had a complaints policy in place. Management kept detailed records of each complaint received. The service had received eight complaints in the last 12 months.

Clients knew how to make a complaint and staff knew their responsibilities in relation to dealing with complaints.

The service had a 'you said we did' board displaying actions taken by staff in response to feedback from clients.

The service investigated and fed back the outcomes of complaints openly and acknowledged when mistakes had been made and where the service needed to improve.

Outcomes from complaints were discussed in team meetings and clinical governance groups to share learning.

## Are substance misuse/detoxification services well-led?

Good 

### Leadership

Senior management provided clinical leadership for staff. Managers had the skills, knowledge and experience to perform their roles.

Staff told us the managers were accessible and approachable. Staff said they felt supported by management.

Senior staff could demonstrate knowledge of the depth and breadth of the service provided. Senior staff could explain how the service worked towards providing high quality care.

### Vision and values

Staff at all levels of the organisation contributed to the development of the mission statement and values for the service. Posters clearly displayed these values.

Staff worked consistently to provide recovery orientated and non-judgemental care that met the needs of a diverse client group, in line with the providers vision and values.

The registered manager could demonstrate examples of where the services commitment to continuous improvement had been applied in practice. The registered manager shared improvements which were being planned and assessed for implementation. Management sought to balance budgetary constraints with service improvement.

Staff held weekly governance, and fortnightly management meetings to discuss strategy and review changes to the service. The service also held fortnightly therapy group meetings, six weekly reflective practice meetings, quarterly board meetings, and six monthly general staff business meetings.

### Culture

Staff we spoke to felt supported and respected. There were high levels of staff retention and low levels of sickness. Staff we spoke to reported feeling proud to work in the service. For example, one staff member described the service as a caring and supportive and a nurturing environment

Annual staff appraisals included a discussion regarding learning needs and opportunities for career progression.

The management team recognised the contribution of staff at all levels in the organisation and wanted staff to feel valued. At the time of our inspection management were looking at options for recognising and rewarding staff.

The team told us they worked together well. Staff told us they felt communication between staff was good. Staff we spoke with said they could raise concerns without fear of reprisal.

Staff told us they were proud of the diversity of the staff group. The service employed people from a diverse range of backgrounds.

Staff told us they felt able to raise concerns to the service without fear of reprisals.

### Good governance

# Substance misuse/detoxification

The manager undertook regular audits of the environment, food quality and safety, medicines, admissions paperwork, care plans and risk assessments. The results were fed back through clinical governance meetings and any issues addressed in a timely way.

The management team undertook a rolling monthly review of the services policies. Management provided training and information to staff when changes to policy were made.

Accidents and injuries were recorded and discussed at the weekly governance meetings and any issues addressed in a timely way.

The management team undertook weekly walk throughs of the facilities to review security, maintenance and safety. The results would be discussed in the weekly governance meetings and any issues addressed in a timely way.

Records showed management provided staff with regular supervision.

## Management of risk, issues and performance

The service had an operational risk register in place. The risk register was updated and added to by the manager of the service when risks were identified. The board of directors had oversight of the risk register and relevant policies. The risk register was shared with the whole team. Staff could escalate concerns to be added to the risk register when required.

The service had effective and comprehensive measures in place to identify, monitor and adapt to future risks. The service identified, discussed and planned for potential risks which might impact on continued operation of the service.

The manager monitored sickness and absence rates. Management were preparing to introduce a system which would allow managers to apply a relative weighting to employee unplanned absences. The service had several bank staff familiar with the service who could cover staff sickness.

The manager dealt with issues with staff performance promptly. Staff had performance management plans in place when needed. Management also sought to recognise positive performance.

Staff reported required data to the national drug treatment monitoring system (NDTMS). National statistics around drug and alcohol use are produced through this system.

## Information management

Information was stored in paper and electronic records. Information was stored in a timely fashion and was accurate. Staff could access information they needed without delay.

Information was stored securely in line with the providers policies. Staff were clear about the importance of confidentiality and this topic was covered in their induction to the service.

The service had developed information-sharing processes and joint-working arrangements with other services where appropriate to do so. Clients signed consent forms indicating who staff could disclose information to.

The manager had access to information they needed to monitor the quality and effectiveness of the service.

## Engagement

Staff encouraged clients to provide feedback on the service they received via discussion, community meetings, quality questionnaires and feedback sheets.

Staff sought feedback from family and carers. Staff gathered feedback from client's families and carers via a specific feedback form.

The management team discussed all feedback received in the fortnightly management meetings and made changes to the service where required.

The management team engaged with external stakeholders for feedback to guide service improvements. For example, care managers were approached for feedback on the services communication with them.

Staff told us management were approachable. Clients told us all staff at the service were approachable.

## Learning, continuous improvement and innovation

The service encouraged staff and clients to make suggestions regarding the development of the services programme. As a result, a range of alternative therapies and activities were available to clients, including acupuncture, mindfulness, gardening and bowling.

The service assessed the quality and the sustainability of changes. For example, clients had fed back that trees in the

## Substance misuse/detoxification

garden were blocking light to the building. Management had approached the landlord for permission, and were seeking quotes for the work, to assess if reducing the height of the trees was affordable.

Managers reviewed and shared learning from incidents with the team via meetings and reflective practice groups.

The service identified the learning needs for staff through regular clinical governance and team meetings. Management arranged for external training when required. For example, the service had been supporting an increasing number of clients with diabetes, and so sent staff for additional training in managing this condition.

# Outstanding practice and areas for improvement

## Outstanding practice

- The service sought to work collaboratively with other providers and agencies to promote high quality care and positive treatment outcomes. The service exchanged knowledge and skills with other providers.
- The service worked in collaboration with other providers to develop a 'treatment loop' which allowed clients to continue their recovery at another centre after breaching specific treatment requirements.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure that cleaning records are maintained for medical devices to enable staff to monitor and address issues related to infection control.
- The provider should consider use of single use mouthpieces for breathalysers to reduce risk of contamination and spread of disease.
- The provider should ensure that their policies and procedures reflect practice for management of ligature risks.
- The provider should ensure that their policies and procedures reflect best practice for the management of detoxing clients wishing to use the bath who are at higher risk of seizure.
- The provider should ensure that records are maintained of when clients receive or decline copies of their care plans.