

# Allington House - Bournemouth

## Quality Report

46 Dean Park Road  
Bournemouth  
Dorset  
BH1 1QA  
Tel: 01202 551254  
Website: [www.streetscene.org](http://www.streetscene.org)

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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

### 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.

### Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice.

- The organisation's leadership team was committed to the clients who used the service, were approachable and extremely knowledgeable. They demonstrated care, compassion and went the extra mile to support the clients. They offered unfunded crisis admissions to former clients and fundraising to be able to offer a service to clients who were unable to access statutory referrals or funding.
- The service had experienced staff who received appropriate training and support to enable them to care for clients. All staff demonstrated very high levels of care and concern towards the clients. The staff thoroughly assessed clients. They clearly documented any risks identified and created plans to manage them.

# Summary of findings

- Staff made clients receiving treatment at Allington House feel safe. They understood how to recognise safeguarding issues and make referrals. They followed the organisation's policies when doing so. Staff safely managed medicine using robust systems and the environment was clean and well maintained.
- Clients and staff worked together to formulate effective person centred care plans; these addressed clients' individual needs including access to religious places of worship, there was a comprehensive activity and therapy programme for clients. Staff encouraged clients to access college and work opportunities in the community to develop further skills to help them after discharge.
- There were positive and effective working relationships with the local general practitioner and community mental health team.
- There were systems in place to monitor the quality of the service, which included regular audits and feedback from clients using the service and staff. Staff learnt from incidents that occurred and complaints that clients and carers had made.
- The organisation's leadership team had identified the importance of maintaining staff morale. Staff felt that the senior management always responded to their concerns in a prompt and appropriate manner.

However, we also found areas that the service provider could improve:

- The service did not have an automated external defibrillator (AED) available for use in a medical emergency.

# Summary of findings

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# Allington House

**Services we looked at**

Substance misuse/detoxification

# Summary of this inspection

## Background to Allington House - Bournemouth

Allington House provides both residential rehabilitation and detoxification services based within a large detached Victorian house. It is one of three locations provided by Streetscene Addiction Recovery Service. It opened in September 1996. The Care Quality Commission (CQC) registered the service in January 2011. It is registered to provide accommodation for persons requiring treatment for substance misuse.

Allington House is able to provide treatment for up to 16 clients; these can be either male or female. At the time of our inspection there were 12 clients receiving treatment. Staff assess clients prior to admission and provide clients

with an individual care package tailored to their needs. This can include medical detoxification under supervision from a general practitioner and residential treatment including psychological therapies.

Clients using the service are either self funded or funded by statutory organisations such as local authorities.

CQC previously inspected Allington House on 11 March 2013 and 16 September 2013. On both occasions, the service was compliant with the Health and Social Care Act 2008 (regulated activities) regulations 2010.

## Our inspection team

The inspection team comprised of a lead inspector, Colin Jarratt, and two other CQC inspectors, one of whom was experienced in 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
- held a client focus group
- held a staff focus group
- attended a staff handover meeting
- spoke with the registered manager

# Summary of this inspection

- spoke with four other staff members employed by the service provider
- spoke with two peer support volunteers and a graduate volunteer
- looked at care records for six clients and 12 medicine charts
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with clients individually and as a group and they all praised how the staff worked with them. The clients we spoke to were extremely positive about the service. They found the staff to be exceptionally supportive, kind and caring. They felt that the staff were very interested in their welfare and that they “went the extra mile” to ensure they were happy and able to succeed in their recovery. Clients described the service as

having ‘saved their lives’ and felt that the skills staff taught them would enable them to move back into the community safely. They felt that they had experienced positive social interactions whilst living in a close-knit community. This had taught them to respect others and develop other social skills. Clients felt the team at Allington House had “gone above and beyond” and that “magic happened” in the house.

# 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 thoroughly assessed clients using the service, clearly documented any risks identified and put plans in place to manage them.
- Clients reported feeling safe when receiving treatment in Allington House.
- Staffing levels were sufficient to safely meet the clients' needs.
- Staff understood how to recognise safeguarding issues and make referrals. They followed the organisation's policies when doing so.
- Medicine was safely managed using robust systems.
- The environment was clean and well maintained.
- Staff learnt from incidents and incorporated learning from incidents into practice.

However, we also found areas that the service provider could improve:

- The service did not have an automated external defibrillator (AED) available for staff to use in a medical emergency.

### **Are services effective?**

We do not currently rate standalone substance misuse services.

We found areas of good practice:

- The service employed experienced staff who received appropriate training and support to enable them to care for the clients using the service.
- Clients and staff worked together to formulate effective person centred care plans.
- There were positive and effective working relationships with the local general practitioner and community mental health team.
- Staff received regular clinical supervision.
- The service provided therapies in line with National Institute for Health and Care Excellence (NICE) guidelines.

# Summary of this inspection

## Are services caring?

We do not currently rate standalone substance misuse services.

We found areas of good practice:

- Staff displayed high levels of warmth and empathy when working with clients.
- Clients were overwhelmingly positive about the care they received from the staff.
- Staff and volunteers were all 'dignity champions'; they had made a commitment through the national dignity council to uphold clients' dignity in all situations.
- Clients had access to independent advocacy services if required.
- Staff sought client feedback on their care and acted on suggestions clients had made.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found areas of good practice:

- The service carried out fundraising activities to enable clients who could not access statutory funding to access treatment. The service also offered former clients unfunded crisis admissions.
- A homely atmosphere promoted positive relationships between clients and staff.
- There was a comprehensive activity and therapy programme for clients.
- Staff facilitated clients to access places of worship to practice their religious beliefs.
- Clients were encouraged to access college and work opportunities in the community to develop further skills to help them after discharge.
- There was a clear policy for dealing with complaints and staff were keen to deal with concerns as soon as possible.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found areas of good practice:



# Summary of this inspection

- The organisation's leadership, at all levels, was committed to the clients who used the service; they offered unfunded crisis admissions to former clients and fundraised to be able to offer a service to clients who were unable to access statutory referrals or funding.
- The service had a registered manager in post; clients and staff were positive about how the manager led the service.
- There were systems in place to monitor the quality of the service, which included regular audits and feedback from clients and staff.
- The management team understood the issues faced by the service, for example changes in how substance misuse services were funded, and the steps that were required to meet challenges and make improvements.
- Staff members demonstrated a clear commitment to improving services and working practices across the service.
- The management team had identified the importance of maintaining staff morale; staff felt that senior management always responded to their concerns in a prompt and appropriate manner.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff received basic awareness training in the Mental Capacity Act (MCA). The provider was planning to increase the levels of training for staff in the MCA this year.
- Staff showed awareness of the principles of the MCA.
- Documentation in the clients' notes clearly recorded where the client had given consent to treatment.

# Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

## Are substance misuse/detoxification services safe?

### Safe and clean environment

- There were a number of ligature points (environmental features that could support a noose or other method of strangulation) within the building. These were present in both communal areas and within client bedrooms. Ligature risk assessments were in place as part of the environmental audit for the home. Risk assessments completed by staff included details of clients' risk of self-harm. Staff could increase observation levels if clients were at risk of suicide.
- All bedrooms were singles with the exception of twin rooms used for new clients. When admitted a client's vulnerability would be at its highest. A peer who was further on in their treatment shared a room with them and provided support. Staff informed clients in advance about sharing rooms. Staff went through information about sharing of rooms and signed a contract agreeing to the conditions. If a client objected to this staff provided a single room if available.
- Once treatment had progressed, staff would move clients to single rooms.
- The treatment room was clean, well maintained and contained a locked medicines cupboard. The cupboard was tidy, clean and appropriately fixed to the wall. There was a locked section within the cupboard for the storage of controlled drugs. There were no controlled drugs in stock at the time of inspection. Staff did not receive training to use specialist resuscitation equipment or emergency medicines so none were available at the house. However nominated staff on each shift were trained in basic life support and clearly understood what to do in the event of an emergency.

- The environment was comfortable and welcoming. The clients had responsibility for cleaning the house on a rota basis as part of their rehabilitation programme. They also cooked meals and took part in routine maintenance of the property's garden.
- There were laundry facilities available that clients could use on a rota basis.
- Staff received training on infection control as part of their statutory training. The training completion rate was 100%. They were able to demonstrate clearly the principles that they had learnt. Posters to remind staff of these were present in the building.
- Fire exits were clearly marked and staff received training in fire safety. Each shift would have at least one fire warden within the staffing numbers. There were fire evacuation procedures and staff were able to discuss these with confidence.
- There was a detailed risk assessment completed for the building. This included action plans to reduce any high-risks identified. The manager reviewed and updated this regularly.

### Safe staffing

- Allington House had a permanent staff team of thirteen. This included qualified addiction therapists, support staff who completed administrative tasks and administered medicine and the registered manager.
- Staffing numbers per day depended upon activities taking place or if there was a new admission. There were no staff vacancies at the time of our inspection.
- The provider had not used bank or agency staff to cover sickness or vacancies in the last three months. The sickness rate reported by the provider was 1.7% in the last 12 months. In the previous 12 months three members of staff had left.

# Substance misuse/detoxification

- Staffing levels increased dependant on the risk of the clients to maintain their safety. There was an on-call system out of office hours to support the lone night worker. If risks increased, a member of staff was able to work overnight at short notice in addition to the regular worker already on shift.
- Mandatory training completion rates were above the organisations expected completion rate in the majority of subjects. In subjects where the figure was lower, the impact on clients was minimal due to the client group and the subjects involved.

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

- During the inspection we reviewed the care records of six clients. All had a fully completed risk assessment and staff reviewed the assessments weekly. Staff documented client risks in the written records and care plans were in place to manage them.
- Staff demonstrated excellent knowledge of the risks associated with their clients. They were able to recognise potential problems and discussed appropriate ways that they would manage them. This included how staff used the observation policy of the house to minimise risks.
- All staff received training in safeguarding both adults and children. They were clear about how to make a safeguarding referral. Safeguarding information and procedures were on display. Clients told us that they felt safe within the home and able to disclose safeguarding concerns with staff. There had been four safeguarding concerns raised prior to the inspection, the last one in July 2015. Staff had closed these concerns with no further action required.
- Support staff were trained how to administer medicine if their role required it. There were procedures in place for the storage, handling and disposal of medication. Staff asked clients to bring three weeks of medicine in clearly labelled boxes when admitted. Staff checked these tablets against records from the clients' GP. The local pharmacy provided more medicine in prefilled monthly packs once the initial supply had run out. Each client's supply of medicine had a photo attached to ensure staff gave it to the correct person.

- Medicines for management of substance misuse were stored securely. Only one member of staff had the key to the medicine cupboard during a shift. To ensure the safe administration of medicine, the service changed its working practices to ensure there were two members of staff present during administration. Staff were able to demonstrate their knowledge of the safe administration of medicine. All staff who administered medicine had received training to do this safely.
- The local pharmacy provided medicines management support. This ensured compliance with the requirements of the Medicines Act 1968 and the Misuse of Drugs Act 1971 and associated regulations.
- Two clients had recently completed detoxification treatment. We looked at their medication charts and records. Before giving medicine, staff used rating scales to assess the withdrawals of clients who received detoxification treatment. These were the clinical opiate withdrawal scale (COWS, completed by staff) and the subjective opiate withdrawal scale (SOWS, completed by the client). These scales included guidance for staff on what action to take dependent on the scores recorded. Robust assessment before admission ensured staff did not admit clients at risk of seizure for detoxification treatment. However protocols were in place for staff to call an ambulance if a client unexpectedly suffered a seizure.
- We checked 12 medicine charts and all were correctly completed. Each chart had a photograph of the client attached to reduce the risk of medicine administration error. Staff audited the medicine and medicine administration charts on a weekly basis. Staff documented all incidents involving medicine. These could include adverse reactions, administration errors and near misses. Staff contacted the general practitioner for advice in these situations. The registered manager investigated errors and staff advised the client when these situations occurred.

## Track record on safety

- There had been six serious incidents reported between March and November 2015. One of a client injury, one of client ill health, two medicine errors, one error by the pharmacy and one allegation of abuse. The registered manager had investigated all of these incidents and taken the appropriate action required to close them.

# Substance misuse/detoxification

## Reporting incidents and learning from when things go wrong

- There was a policy in place for the reporting of incidents. This stated what events staff should report and how to report them. Once completed, staff would email the incident report to the manager for review. The manager had the responsibility for investigating the incident. Managers provided feedback and discussed any lessons learnt with their staff, other locations and the organisation's trustees during staff meetings.
- Staff explained to us the procedure for reporting incidents including what situations were reportable. They discussed with us lessons learnt from previous incidents and how practice changed in the organisation. For example following a medication error, policy was changed so that two staff were always present when medicine was administered.

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

### Assessment of needs and planning of care

- There were 12 clients at Allington House at the time of our inspection. We reviewed six care records and all contained a comprehensive person centred assessment of the clients' needs. Clients had a number of individualised care plans that staff reviewed with them weekly and updated if required.
- The assessment covered both physical and mental health needs. It considered the social factors affecting the clients such as financial, legal or family issues. Staff assessed cultural and religious needs. Staff completed a full risk assessment and the client's history of substance misuse recorded.
- The general practitioner (GP) who worked with the service completed an initial physical health assessment within 24 hours of the client's admission, which is good practice. The GP did not prescribe any medicine for detox before they assessed the client. Staff monitored the client's physical health and discussed any changes with the GP.
- Care plans were individualised and reflected the needs of the clients. Clients were involved in writing their care

plans. Staff discussed risks and preferences with the clients and the care plans allowed for these where appropriate. Clients received copies of the care plans for their records.

- The service used paper records at the time of inspection. They were stored safely and securely in locked cabinets.

### Best practice in treatment and care

- The service provided psychological therapies in line with guidance on the treatment for substance misuse published by National Institute for Health and Care Excellence (NICE) and Public Health England. The addiction therapists provided a range of these treatments one to one or they used a group approach. Clients attended groups based on a recognised model of treatment and staff supported them to attend Alcoholics Anonymous and/or Narcotics Anonymous/Cocaine Anonymous meetings. These meetings occurred in the community and at the home.
- The general practitioner was responsible for the prescribing and overall clinical management of detoxification. Staff followed management plans and liaised closely with the general practitioner throughout all the detoxification period.
- The service offered a wide range of treatments. These included one-to-one counselling, skills for parents in recovery, harm minimisation workshops, relapse prevention and interpersonal group therapy. The service also arranged social days out, creative writing groups and drama workshops.
- Clients we spoke to were enthusiastic about the treatment programme they received. They felt that it had helped them in their recovery. Some indicated that they liked having a choice between a 12-step programme and a programme based on cognitive therapy.

### Skilled staff to deliver care

- Staff we spoke to demonstrated a very high level of knowledge, skill and dedication to working with clients having difficulties with substance misuse. Staff received a full induction programme and received training to ensure the service met its statutory obligations. All staff employed from June 2015 had started the care certificate training provided by Bournemouth council.

# Substance misuse/detoxification

- Staff were skilled in identifying all risks around detoxification. They could identify actions to take in the case of a physical deterioration in the client. The provider had clear procedures in place for over a 24-hour period, which ensured should a client deteriorate at any time they could access medical support quickly and safely. The service also provided placements for university students and graduates interested in working with substance misuse. The staff we met on the day of inspection were experienced, skilled, knowledgeable and very professional.
- A number of volunteers worked with the team. They were previous clients who worked with the clients. This involved supporting clients to attend meetings or therapy sessions. Some volunteers acted as “recovery champions”. These volunteers were in recovery and staff encouraged them to support and mentor clients in the home.
- The provider had created a yearly training plan that they were committed to starting in 2016. This covered topics including mental health, motivational interviewing, relapse prevention and level five health and social care diploma.
- All staff that had completed their probation period had received an appraisal.
- All regular staff had received regular supervision in the last 12 months. Staff understood the benefit of supervision and managers were motivated to ensure this occurred

## **Multidisciplinary and inter-agency team work**

- The team maintained good working relationships with a number of agencies to ensure that a robust plan was in place should crises occur. Staff were in regular contact with the clients’ community care managers. The care manager who made the referral to the service provided a community care assessment prior to admission.
- If there were changes to the care a client received, staff discussed this with their care manager. This was to ensure that the client achieved their recovery goals. Staff regularly requested feedback from the clients and care managers. Staff and managers used this feedback to make improvements to the service.
- The house had a good relationship with the local doctor’s surgery. There was a weekly clinic where the

general practitioner (GP) discussed the clients’ physical health issues. The GP was responsible for all medicine prescribing, including detoxification regimes. The GP changed prescriptions if necessary. Staff at the local GP surgery completed physical tests. This included taking bloods.

- If a client had a history of mental health problems, staff would ensure they were referred to the local mental health team (CMHT) before admission. This was to provide clients with additional support. The local crisis team worked with the client if their mental state deteriorated or their risks increased.
- Staff held three house meetings per day, in the morning, lunchtime and afternoon. This was to monitor the day’s progress and be proactive before problems arose. Staff completed the handover book twice each day and documented anything relevant to a client, including issues to be resolved. Staff dealt with problems quickly and efficiently.
- We observed a handover meeting during the inspection. The information given was detailed and informative. Staff discussed clients’ needs including any physical or mental health concerns. Staff demonstrated an in-depth knowledge of the clients within their care. They displayed warmth and kindness when discussing them.
- Directors, managers and trustees of the service shared information at regular meetings. Communication was very good between the house and the wider organisation.

## **Adherence to the MHA**

- Allington House did not admit anyone detained under the Mental Health Act 1983.

## **Good practice in applying the MCA**

- No clients were receiving treatment under the Mental Capacity Act (MCA) at the time of inspection.
- Staff received basic awareness training in the MCA. The provider was planning to increase the levels of training for staff in the MCA this year. Staff showed awareness of the principles of the MCA.
- Documentation in the clients’ notes clearly recorded where the client had given consent to treatment. The

# Substance misuse/detoxification

client had to give consent to take each medicine they were prescribed. Staff had also recorded where clients had given consent in other areas such as to share information with their family members.

## Are substance misuse/detoxification services caring?

### Kindness, dignity, respect and support

- All interactions we witnessed between the staff team and clients were warm, respectful, kind and supportive. Staff were both professional and able to have humorous conversations with the clients which were appropriate.
- Clients told us that the managers and staff were flexible in the care they provided. Examples included clients who received care on a short term, unfunded basis when they were in crisis. The door was always open so that any previous client was able to make contact either by phone or in person. The staff welcomed these clients and they gave them the support they needed.
- Clients told us that they felt staff respected them and did not judge them. If a client was having difficulties with their treatment and used substances, the staff supported them. They tried to find alternative treatment in another centre if necessary.
- Staff had a clear understanding of their clients' needs. During the inspection staff were warm and empathic in their approach to their clients.
- All staff were 'dignity champions'. They had made a commitment through the national dignity council to uphold clients' dignity in all situations. The manager of the home was working to ensure that all new staff did the same.

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

- On admission to the house, staff allocated new clients an existing client to act as their "buddy". This person helped the new client to settle into the house and gave guidance on how the house operated.
- Clients stated that they had been involved in the planning of their care and treatment. Treatment goals were set following discussions between staff, the client

and the client's care manager. Staff and clients reviewed these plans weekly and there was evidence of the client's involvement at all stages. All parties discussed any changes to treatment goals together.

- Clients had information to access an independent advocate through Bournemouth alcohol and drug service user forum (BADSUF). This service worked with clients needing assistance with housing, benefits or other issues.
- Families and carers were involved in the client's treatment if the client gave consent for this. Staff gave the families support and information and interacted with them with kindness and respect. There were rooms available for clients to have visits from family members as part of their treatment plan. These visits were subject to the client signing an agreement that visitors would follow house rules, for example not arriving for visits when intoxicated.
- Staff regularly sought feedback from the clients. This was to ensure staff met clients' needs. As well as qualitative and quantitative surveys done quarterly, there was also a survey completed at discharge. At the daily morning meeting held in the house, clients completed a comments book. The staff used this information to create action plans to change the care provided.

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

### Access and discharge

- The provider had robust admission policies to ensure that staff did not accept inappropriate admissions into the service. Staff referred any client at risk of physical complications, for example seizures, during detoxification to another provider. Staff gave clients very clear information about the service and the restrictions in place before they accepted clients for admission. Examples of these restrictions were no contact with family for the first week of treatment and not leaving the house before clients had completed their detox. Staff advised clients they would share a room with a peer



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whilst receiving medicine for detox so that they had support during this time. If clients were unhappy about this staff facilitated them to have a single room and increased levels of observation of the client.

- Clients signed a contract before admission. This explained the rules and expectations of the service and consequences of their behaviour. If clients used mood-altering substances, e.g. alcohol or street drugs or did not abide by other conditions in the contract, they would have their admission reviewed. This could result in discharge from the service or a transfer to another Streetscene unit in a different town.
- The provider confirmed that 31 organisations commissioned services at Allington House.
- Allington House provided a number of treatment options dependant on the needs of the client. The minimum stay was 28 days but clients stayed for anything up to six months. Treatment provided was a mixture of group work and individual therapy sessions. After treatment, clients had the option to stay within a housing project if funding was available. This enabled them to learn new skills, look for work and attend college. This was for up to a further six months. The clients returned to Allington House to attend groups and access additional support. They were also encouraged to find groups within the local community to create a strong network away from the home.
- In the twelve months prior to November 2015, the service discharged 80 clients. Thirty-four had successfully completed their treatment and received follow-up within seven days. The service transferred 17 clients internally to other locations they managed and 29 clients discharged themselves from treatment.
- Some of the clients we spoke to had not completed their treatment on the first occasion. They had returned to Allington House in crisis and the team had arranged for them to start treatment again. They told us they were grateful that the team had not given up on them. This approach had increased their trust and positive feelings towards the service.
- Allington House offered unfunded crisis admissions to former clients. They also carried out fundraising to be able to offer a service to clients who were unable to access statutory referrals or funding.

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

- The house had a very homely atmosphere that promoted the feeling of positivity and warmth between clients and staff. All areas were clean and tidy. There was a comfortable garden with a separate smoking area. Clients and staff worked together to keep the garden tidy and well maintained.
- There were private rooms where clients met family or received individual therapy. These were well soundproofed. Clients were able to personalise their bedrooms and we saw examples of this. They were able to keep their personal belongings.
- Clients were able to make private phone calls once they had completed the first week of their treatment. During the first week, the clients agreed that they would have no contact with family. This was to ensure that they were able to focus on their recovery. Clients used their personal mobile phone once they reached the second stage of their treatment. Clients had to sign an agreement about the appropriate use of these.
- Clients told us that the food was good quality. There was a wide choice provided and clients were involved in the menu planning group to meet their individual needs. The service catered for clients' individual religious and health needs. Allington House had received a hygiene score of five out of five from the local council. Clients had access to drink-making facilities 24 hours a day. There was also access to snacks between meals. Staff encouraged healthy eating by reducing the number of unhealthy snacks available.
- Staff planned activities on a daily basis. This information was available to all. The programme included structured therapy groups and other more sociable activities. These included walks, shopping trips, tai chi and access to places of worship. They were also able to access self-help groups and fellowship meetings in the community. In the early stages of treatment, staff or peer volunteers facilitated their attendance at these meetings. Clients told us that this mix of activities meant they felt that the treatment they received was very balanced.

## **Meeting the needs of all people who use the service**

- All the clients entering treatment at Allington House were vulnerable with varying complex needs. Care plans



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took into account individual diversities and needs. Policies and procedures were compliant with the Equality Act 2010. This ensured there was no discrimination because of a protected characteristic for example race, gender or sexual orientation.

- Disabled facilities at Allington House were limited. The service only accepted clients with minor mobility issues managed with crutches. If a care manager referred a client with mobility problems, the provider would accept them in another of their locations nearby that was more appropriate for their needs. For example, Cornerways was accessible for clients with wheelchairs. Staff at Allington House placed clients with mobility issues in a room with garden access in case a fire happened. This ensured staff could help the client exit the building safely.
- Staff obtained information leaflets regarding many subjects using the internet. This included information in other languages; we saw examples of information provided to non-English speaking service users. Staff provided a dictaphone for a client with literacy difficulties to record their thoughts and feelings.
- Staff provided support for clients to access places of worship. There was a wide range of religious denominations in the area and staff facilitated access to them. For example, a Sikh temple was closer to another Streetscene service. Staff had offered Sikh clients the choice of admission to this service to allow easier access to a place of worship suitable for them.
- The service provided food that met clients' religious needs such as halal meat. Staff enabled a client to cook their own meals due to the religious beliefs the client had.

## Listening to and learning from concerns and complaints

- There was a robust complaints policy. However, there had been no complaints received within the previous 12 months.
- Clients advised us they received an information pack when admitted that included information on how to make a complaint. This information was also on display within the communal areas of the home. Clients were confident staff would appropriately manage any complaint made.

- Staff told us they were keen to resolve issues as they arose. Clients felt staff dealt appropriately with concerns they raised. Clients were also encouraged to provide feedback on the service. Feedback from clients had led to changes to the way the organisation worked. These included more access to the gym, more creative days out and greater access to mobile phones.

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

### Vision and values

- The values of the service are to empower, give choice, increase self-esteem, protect from harm and treat people with dignity and respect.
- Staff understood the overarching principles of the organisation and the main objectives of the work the service carried out. The principal objective of the staffing teams was the rehabilitation of clients and reintegrating them into society. Staff said that they agreed with this objective and it helped lead to positive outcomes for clients.
- Staff said that they knew who the senior managers were and that these managers regularly visited the service. Trustees carried out inspections of the care given and the chief executive was well known to clients and staff.

### Good governance

- Staff reviewed audits regularly in a variety of meetings to ensure that they responded to issues identified in the audits. A range of staff groups attended these meetings in order to provide input. Meetings included daily multidisciplinary team meetings and a monthly clinical governance meeting open to all members of the multidisciplinary team. Senior staff also discussed audits at board level. The service had carried out various clinical audits during 2015, which covered medicine administration records, medical reviews, care plans, and risk assessments. Staff completed an in-depth audit that analysed clients' care records.
- Robust and comprehensive policies ensured that the organisation operated effectively and safely. Policies ensured that inappropriate admissions did not occur. Staff understood protocols for admission and that

# Substance misuse/detoxification

clients at risk of physical health complications were not suitable. Policies informed staff how to report incidents, make safeguarding referrals and how to work within the Mental Capacity Act (MCA).

- Investigations following incidents were prompt and thorough. Managers identified lessons arising from incidents and took steps to ensure that change in practice was embedded based on learning from incidents. Staff knew how to report incidents promptly. Incident records were up to date.
- The registered manager received appropriate administrative support. They also had sufficient authority to take the necessary steps to ensure effective management and support for and staff. To support staff the manager provided regular supervision. Records showed that the manager addressed issues with practice and staff used sessions to reflect on clinical issues. All staff had received supervision regularly in the last 12 months.
- There were systems in place that ensured staff received mandatory training as well as more role specific training for professional development. This was a good example of the service promoting professional development and responding to demands on the service.
- The provider had systems and processes in place to assess, monitor and improve the quality and safety of the service. These were effective in ensuring staff provided safe care and treatment to clients and that staff responded to clients' ideas and requests.

## **Leadership, morale and staff engagement**

- The staff of Streetscene were passionate about the service. This was driven by the commitment and leadership demonstrated by the chief executive of the charity.
- The senior management team were very committed to clients in their service. They facilitated unfunded admissions when someone could not access normal statutory pathways.
- Senior managers engaged staff in plans and service improvements, staff told us they felt listened to and valued. The registered managers of the three residential rehabilitation services worked together to ensure consistency within the organisation.

- Evidence was available concerning levels of staff sickness absence. Managers reported an annual staff sickness rate of 1.7% at 11 December 2015. This is low in comparison with other services, as is the turnover rate for staff. This reflects well on the morale of the team and the leadership of the organisation.
- Staff said that they knew how to use the whistle-blowing process. Staff said that they felt confident in raising concerns with senior management. No whistleblowing concerns were on-going at the time of the inspection
- Morale was high. Staff said that that staff teams were supportive and that working conditions were good. Staff said that they enjoyed working at Allington House and that their main satisfaction was helping people to recover.
- There were opportunities for staff development and several staff members identified this as a positive feature of the organisation.
- Staff were open and transparent in feeding back to clients when things went wrong. They were able to discuss the principles of the duty of candour.
- Staff felt that they had opportunities through staff meetings and supervision to give feedback on the service and help with service development. Staff felt that they had opportunity to discuss observations with multidisciplinary teams and management.

## **Commitment to quality improvement and innovation**

- We saw plans to update the recruitment protocol for 2016. It included competency questions that mirrored the Care Quality Commission's inspection and regulation methods.
- Staff told us they were working with Bournemouth University on a digital addiction programme. This involved working with a PhD student to design and implement a database specifically for Street Scene. Staff told us this would move them from a paper-based system to a computer-based system.

# Outstanding practice and areas for improvement

## Outstanding practice

- There was a real commitment and positive regard towards the clients admitted to Allington House. The provider went above and beyond to ensure the safety, comfort and support of the clients and created a culture of learning and improvement from listening to the client's voice.
- The service also enthusiastically carried out fundraising activities in order to raise the profile and offer admissions to those otherwise unable to access the service through the usual statutory pathways, and accepted emergency admissions for former clients.
- All staff were 'dignity champions'. They had made a commitment through the national dignity council to uphold clients' dignity in all situations. The manager of the home was working to ensure that all new staff did the same.

## Areas for improvement

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

- The provider should ensure that an automated external defibrillator is available in a medical emergency and staff receive training to use it.