

Brook Drive

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

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 issues that the service provider needs to improve:

- Not all staff had received training in supporting clients with substance misuse or alcohol related seizures, which was highlighted as a concern at our last inspection. Whilst training had been delivered on supporting clients with seizures, a number of staff had changed and this had not been repeated for new staff.
- Staff did not regularly discuss the risks of leaving treatment early with clients.

- Staff did not report all incidents or have regular opportunity for supervision and discussion and learning from incidents.
- Staff did not keep accurate records of the daily client meetings, so could not be assured that feedback was recorded and responded to.
- The governance systems in place were not effective in identifying areas for improvement across the service.

However, we also found the following areas of good practice:

Summary of findings

- There were enough staff to meet the needs of clients and client feedback about staff was mostly positive. Staff involved clients in their treatment. Staff were positive about working at the service.
- Nurses and doctors were available to support clients at all times. Clients were assessed by a doctor before starting their detoxification. Staff completed risk assessments and supported clients with managing any risks they had, including physical health needs.
- Clients said the food tasted good and they could keep their possessions safe. There was a female only lounge on the top floor. Staff responded to formal complaints quickly.
- The service had addressed three of four issues raised at the last inspection, and now completed medicines audits and disposed of controlled drugs safely.

Summary of findings

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Brook Drive

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to Brook Drive

Brook Drive is a residential substance misuse service provided by Equinox Care. The service can accommodate 27 clients and delivers a medically managed detoxification programme for adult men and women requiring assisted withdrawal from addictive substances such as opiates and alcohol. Clients are funded by statutory organisations. The service works in partnership with a local mental health NHS trust as it delivers a number of beds for clients with more complex care needs, such as physical and mental health needs.

The service is registered to provide the following regulated activities:

- Accommodation for persons who require treatment for substance misuse problems
- Treatment of disease, disorder or injury

The service has a registered manager.

Brook Drive has had four previous focused Care Quality Commission inspections between 2012 and 2016. The most recent inspection took place in February 2016.

Our inspection team

The team that inspected the service comprised Natalie Austin-Parsons (CQC inspector, inspection lead), one other CQC inspector, and two specialist advisors, who worked as a nurse and consultant psychiatrist in the area of substance misuse.

Why we carried out this inspection

We undertook this short notice announced comprehensive inspection to find out whether Brook Drive had made improvements since our last inspection in February 2016. Following that inspection we told the service it must take the following action to improve:

- It must provide staff with training on how to support clients having alcohol related seizures to enable staff to safely support clients with substance misuse problems.

- It must ensure the disposal of controlled drugs takes place in accordance with guidance, so that the equipment in the clinic room is safe to use and sterile dressings are within date.
- It must ensure that individual client risk assessments are updated and there are plans to

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?

During the inspection visit, the inspection team:

- visited the unit, looked at the quality of the physical environment, and observed how staff were caring for clients

Summary of this inspection

- spoke with seven clients
- spoke with the registered manager
- spoke with the clinical lead for the service
- spoke with 11 other staff members employed by the service provider, including nurses, team leaders, doctors, psychiatrists, administration leads and volunteers.
- attended and observed two hand-over meetings and a daily meeting for clients
- looked at 17 care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service
- received feedback from three external agencies, including local authorities and commissioners

What people who use the service say

Most clients gave very positive feedback about the staff and the support they received during their treatment. Clients said the service was brilliant and had helped them get back on their feet. They said the staff were approachable and listened to them. Clients said the environment was fine and the food provided was good.

A small number of clients told us that some staff were not very responsive. All clients complained about how staff managed daily medication administration, as there was no information about which order clients would get their medication.

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 issues that the service provider needs to improve:

- Not all staff received training in supporting clients with seizures, general substance misuse training or training for clients with specific needs such as eating disorders.
- Staff did not regularly discuss the risks of leaving treatment early with clients.
- Staff did not report all incidents or have regular opportunity to discuss and learn from incidents.
- Staff did not record the clinic room fridge temperature each day, as they should have done to ensure medicines were stored correctly.

However, we also found the following areas of good practice:

- Medicines were stored appropriately. Since the last inspection in February 2016, the service had changed its process for disposing of controlled drugs. It now disposed of controlled drugs safely.
- Staff completed risk assessments and risk management plans with clients. The service manager was actively working to improve this through audit and teaching.
- Shifts were filled and there were enough staff to meet clients' needs.
- Medical staff were on site or contactable at all times.
- Mandatory training rates were high.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- At the last inspection in February 2016, we told the provider it must deliver training in seizure management to ensure staff had the skills to meet the needs of patients. During this inspection, we found the service had not put processes into place to ensure all staff, including new staff, received this training.
- Staff did not receive regular monthly supervision or appraisals.

Summary of this inspection

- Staff did not always record daily and nightly progress notes on the electronic record system in line with service policy. These records were brief and did not always contain important information about the client's treatment.

However, we also found the following areas of good practice:

- Since the last inception in February 2016, the service changed the admissions process to ensure medical staff assessed all clients before they prescribed detoxification medicines.
- Staff assessed client's physical and mental health needs and supported them with these.
- Staff involved clients in the developing care plans on admission and updated these throughout a client's admission.
- The rate for clients who successfully completed their detoxification programme was 83%. External agencies, such as local authorities, gave positive feedback about the treatment outcomes for their clients.
- Staff completed clinical audits, including medicine audits, which were introduced since the last inspection in February 2016.
- Staff took account of the protected characteristics under the Equality Act 2010 during the referral and treatment process.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Most client feedback about staff was very positive.
- Staff involved clients in their care and treatment.
- The service collected client feedback questionnaires each month and the results were generally positive.
- Clients said staff liaised well with their families and supported them to keep in touch with them.

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

- Staff did not share information with clients about the order and waiting time for medication administration, which led to long waits and frustration amongst clients. Client fed this back as an area for improvement, but staff did not have plans to address this.
- A small number of clients said not all staff were responsive to requests for support with daily tasks like providing new bed sheets.

Summary of this inspection

- Internal client feedback showed staff did not always show clients around the service when they arrived, which they should have done in line with their admissions process.
- Staff did not keep accurate records of the daily client meetings, so could not be assured that client feedback was recorded and responded to.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients said they felt they had a safe space to keep their possessions.
- Clients said the food tasted good.
- At the last inspection in February 2016, we found there was a limited range of activities at weekends. During this inspection, we saw there was a seven day activity timetable in place and clients said there were generally things to do.
- Clients were aware of how to make formal complaints and staff responded to these promptly.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- The service had a governance system in place to respond to issues, but did not effectively identify areas for improvement themselves. There were some areas the governance systems were not effective, such as ensuring supervision and appraisals took place. There was no clear framework in place for unit staff to discuss and learn from incidents and complaints.
- The service did not have systems in place to assure themselves that new staff had received the training needed to meet the needs of the clients.

However, we also found the following areas of good practice

- The service had addressed three of four issues raised at the last inspection and now completed medicines audits and disposed of controlled drugs safely.
- The service completed statutory notifications to external bodies where necessary, such as when police were called to the service.
- Staff said they enjoyed working at the service and that management staff were very supportive and approachable.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service did not deliver training in the Mental Capacity Act 2005 (MCA), but staff had an understanding of capacity and how this affected their work. Staff we spoke

with said clients' capacity could fluctuate under the influence of drugs or alcohol and they would speak with a client repeatedly to gather consent to treatment if they queried their capacity.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- The service was situated across three floors. Clients who needed the most intensive care and observation had bedrooms on the ground floor nearest to the nursing office. Staff used closed circuit television cameras to observe communal areas and carried out regular observations to ensure that clients were safe in their bedrooms.
- The service managed ligature risks. The manager assessed the environment for ligatures using a standardised form from the provider. The ligature risk management plan involved observation of clients assessed as a risk of self-harm, which staff completed. Staff kept ligature cutters on the ground and first floor that were clearly labelled and easily accessible.
- The service could offer a female only space. The top floor of the service had three bedrooms for women and a female only lounge.
- The service had a wall alarm system fitted in all communal areas and client bedrooms. This meant clients and staff could use an alarm in any of these rooms to request assistance. The alarms were at accessible height for someone in a wheelchair.
- The service environment was clean but in need of refurbishment. The premises was suitable for delivering care to clients. Cleaning staff worked each day and followed a cleaning schedule. Clients were allocated tasks for keeping the service tidy each day as part of their daily schedule.
- Not all areas of the service adhered to infection control standards, but the service was addressing this. The

urine and drug screening room had carpet on the floor, which was an infection risk due to the clinical activities that took place there. For example, giving vaccinations and screening urine samples. The work to replace the carpet with linoleum was due within six weeks of the inspection. The service also had carpet in several corridors and most client bedrooms which was worn and stained in some places. The client fridge in the dining room was not clean and food was not labelled appropriately with expiry dates, meaning clients and staff could not be sure if it was safe to eat. Food in the catering fridge was stored and labelled appropriately and catering staff checked and recorded the fridge temperatures daily.

- The service had a clinic room on the first floor where staff stored medicines appropriately. The washbasin and taps were not lever operated and did not comply with guidance for handwashing facilities. This increased the risk of spread of infection. At the last inspection in February 2016, we found that the staff did not routinely maintain the equipment in the clinic room and had out-of-date dressing packs. During this inspection, we saw staff had addressed this. All dressings and equipment was in date and regularly cleaned and calibrated. Boxes for disposing of needles were assembled correctly with staff signing the date this was done.
- Records showed staff did not record the clinic room fridge temperature each day to ensure medicines were being stored at the correct temperature. Between February 2017 and July 2017 staff did not record the fridge temperature between two and seven times each month. This meant they could not ensure medicines were stored in the temperature range recommended by the manufacturer.
- The service had three first aid kits and their contents were within date.

Substance misuse/detoxification

- All staff received training in fire safety and two staff acted as fire wardens each day. Staff could explain how to evacuate the building if the fire alarm sounded. Fire extinguishers were placed throughout the service and had been serviced in 2017.
- Staff audited and stored hazardous items such as laundry detergent securely.
- At the last inspection in February 2016, we asked the provider to consider how it would respond to clinical emergencies going forward as more clients with complex needs were admitted. This included ensuring the correct emergency equipment and medicine was in place. During this inspection, we found that the provider now had a defibrillator and oxygen available on the ground floor and emergency drugs available in the first floor clinic room.
- Records showed the service completed a criminal records check and received references for each member of staff. Criminal record checks were updated every three to five years.
- Medical staff attended the service every morning between Monday and Friday. Outside of these hours medical staff were contactable on the telephone at all times.
- Staff received mandatory training in 12 areas, including information governance, infection control, complaints and conflict management. Compliance was 92% across the team. This training was all face-to-face. Basic life support was a practical training session.

Assessing and managing risk to clients and staff

Safe staffing

- The service employed enough staff to meet the needs of the clients. There was one service manager, two team leaders and 12 members of unit based staff. This was made up of nine nurses and three recovery workers. There was one vacancy for a nurse, which was an improvement since the last inspection, when there were five nurse vacancies.
- Three nurses worked each day and two worked at night. In addition, the service manager, two team leaders, a nurse contracted from a local NHS trust and a project worker worked from 9am to 5pm. Two volunteers worked from 8am to 4pm, two days a week. A sample of staff rotas from the three months before the inspection showed shifts were filled and the amount of staff who should be working were present. Clients said there were always staff available to speak with.
- If needed, the service manager employed additional staff on shifts. For example, for clients requiring enhanced observation. The manager used a system to request staff who had worked at the service before and who were familiar with the client group. Between April 2017 and July 2017, agency staff use was between 8% and 13%. This was an improvement since the last inspection, where 26 % of shifts were filled by bank or agency staff in the three months before the inspection. Clients said there were enough staff to do the activities that were on the timetable, for example, daily walks.
- Staff collected background information about a client's needs when they were referred to decide whether they could support the client appropriately. Where they could not do this, they would not accept a referral.
- All case records we looked at contained a risk assessment. Where risks were identified, 15 out of 17 clients had individual management plans to address each risk. For one client, who was at risk of self-harm, there was no self-harm management plan in their notes. For another with diabetes, there was no diabetes management plan. Both these clients had management plans for their other needs. This was an improvement from the last inspection in February 2016, where records were not comprehensive and did not include detailed management plans. The service manager audited case records regularly, including risk assessments and management plans. Audits showed there were improvements to be made, but management staff were addressing this through in-house training and regular re-audit. Where relevant, records showed that staff recorded a history of seizures as an identified risk and created management plans for this.
- Records showed staff assessed clients for specific risks such as falls and pressure ulcers and had management plans in place for these.
- There were enough staff available to care for clients, but they did not all receive comprehensive and specialist training to care for the client group.
- Staff did not regularly discuss the risk of early exit from treatment with clients. The risk of overdose after a

Substance misuse/detoxification

period of detoxification is due to a person's tolerance for drugs decreasing during treatment. The risk to health if leaving an alcohol detoxification in the early stages is that they could have severe withdrawals which could lead to death. Staff confirmed this was not done with each client and one of 17 records had evidence that the member of staff had discussed the risk of overdose with a client if they left treatment early. Three nurses said if clients were detoxing from opiates and made it clear they were going to leave, they would offer them naloxone which is a medicine which reverses the effects of an opiate overdose, but this was not recorded.

- Training certificates showed 92% of staff were trained in safeguarding adults and children levels one and two. Staff could describe how to identify abuse, how to highlight concerns internally and make an external referral if needed. Case notes showed that staff assessed and acted appropriately to ensure the safety of clients' family members on assessment, including vulnerable adults and children under 18. One member of staff showed a clear understanding of the specific vulnerability of clients who were sex workers and how to support them.
- The service had appropriate arrangements for child visits. The service allowed clients' children to visit to maintain relationships whilst the parent received treatment. This was individually risk assessed, and children entered the visiting room using a back entrance of the service so they did not pass through any other areas.
- We reviewed the medicine cards of all clients and found staff administered medicines in line with the service's detoxification regime and national guidance in most cases. However, for one client, we found that staff had not administered their morning dose of detoxification medicines as the client was asleep. There was no recorded rationale as to why staff did not wake the client up, as missing a dose could cause harm to a client.
- At the last inspection in February 2016, we found that staff did not complete audits of medicines administration and stock medicines or carry out the destruction of stock controlled drugs in accordance with

legislation. During this inspection, we saw these issues had been addressed. A pharmacist now attended the service to destroy controlled drugs and staff completed medicines audits.

- Staff ensured clients knew what medicines they were taking, the reasons they were taking them and provided information about them.

Track record on safety

- Since the last inspection in February 2016 there has been one serious incident. This was the death of a client soon after admission. The service reported this, carried out an internal investigation and was taking part in an external investigation at the time of this inspection. Following the internal investigation, an action plan was put in place. Some of the actions had been met at the time of this inspection, but the action plan did not include sharing any learning with the staff group.

Reporting incidents and learning from when things go wrong

- We found that staff were aware of how to report an incident, but had failed to report two medicine errors in July 2017. One was for a client who missed one dose of medicine. One was for a client who was given the wrong dose of medicine. Although staff identified this, they did not report it as an incident.
- Monthly clinical governance meeting minutes showed senior staff reviewed incidents and discussed learning and actions, but there was no clear or recorded mechanism for the unit staff to meet to discuss incidents and learning regularly. Team meetings took place every eight weeks, meeting minutes showed that staff discussed medicines errors, but not other incidents. One staff member said incidents would be discussed at handover, but there were no records to evidence this and subsequent learning and changes.

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

Assessment of needs and planning of care

- Nursing and medical staff completed a comprehensive assessment for all clients on admission. This included

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past treatment, past and current drug and alcohol use, physical and mental health needs, current living and family situations, forensic history, and other significant events like bereavement.

- Data provided by the service indicated that 83% of clients entering the service successfully completed their treatment programme.
- Staff used appropriate assessment tools to monitor clients detoxing from different substances. This included the benzodiazepine withdrawal scale and the alcohol withdrawal scale to measure withdrawal symptoms to indicate actions staff should take to keep the client safe.
- Records showed that where clients had physical health needs, staff assessed this need, and provided appropriate support, including support to access specialist medical services. At the time of the inspection, there was one client with complex physical mobility needs that the service recognised it could not meet. Staff were communicating with external organisations to find a suitable placement for this client. In the meantime, additional staff were employed to provide the daily support this client required.
- Records showed staff developed care plans for client's assessed needs that were specific, measurable, achievable, realistic and had a set timeframe (SMART). Staff updated these throughout a client's admission.
- The SMART care plans included feedback from clients and their own goals and preferences in their care and recovery.
- Staff assessed client's nutrition and hydration needs. Staff closely monitored these where necessary and the service provided food in line with client's needs.
- Staff participated in clinical audits of medicines management and case notes. Where issues were highlighted, action was identified and a staff member made responsible for completing this.
- Staff recorded daily and nightly progress notes on the electronic record system, these were brief and not always entered consistently. For two of 17 clients, staff had not included self-reported seizures from the previous day in the clients' progress notes. For one client, daily progress notes were missing on three consecutive days in July 2017. Internal audits reflected this pattern, with between one and four night entries missing for 13 clients between May 2017 and July 2017. This means it would be difficult for other staff to have a full picture of the client's needs and it would be difficult to review the care needs of the client.
- Each day clients were allocated a member of staff who was their keyworker. Staff did not keep clear records of when one-to-one sessions took place, but clients said these took place regularly.

Skilled staff to deliver care

Best practice in treatment and care

- The medicines and detox regimes delivered by the service were based on best practice guidance and were set out in the medication procedure. Clients could also access psychosocial and educational support whilst at the service through a structured weekly programme. This included groups focussed on topics like triggers, cravings and relapse management strategies. There were also two mutual aid groups held at the unit each week.
- Clients could access complementary therapies during their treatment, including massage, shiatsu and reflexology.
- The service did not provide all staff with standardised training in substance misuse and detox. Staff said information was learnt through "on-the-job" training and during team meetings. Team meetings took place every eight weeks and lasted for a whole day. The meeting agenda that covered in-house training sessions such as types of recreational drugs, boundaries, sleep hygiene and diabetes.
- At the last inspection in February 2017, we found that staff had not received training on how to safely support a client having a seizure. During this inspection, seven of ten unit based staff we spoke with had not received this training as they had started after the one-off training date in August 2016. Although nursing staff were able to describe how to identify and support withdrawals from alcohol and substances and alcohol related seizures, the service could not assure itself through a training regime that staff had the suitable skills and knowledge to support patients safely. At the time of the inspection, the service did not have a strategy in place to deliver this

Substance misuse/detoxification

training to new staff. Between January 2017 and July 2017, staff reported seven seizures. During the inspection, one client reported a further three seizures that staff had not yet reported as incidents.

- The service accepted clients with an eating disorder, but staff did not receive formal training in how to support these clients. This meant these clients may not be receiving the most appropriate care and treatment to meet their needs.
- Clients said there could be verbal disagreements amongst clients but staff were trained in how to deal with this and usually prevented it escalating. Two staff said they felt the team would benefit from further training as not all staff could do this well.
- Staff received a two week induction to the service, and staff files showed they signed an induction checklist.
- Staff did not receive regular supervision. Seven records showed staff received between one and three supervision sessions in the seven months before the inspection. Staff confirmed supervision did not take place regularly, and said it would be helpful if they had it more often. The service manager was aware of this and, following the appointment of two team leaders one month before the inspection, had created a supervision tree. This meant there were now allocated supervisors for each staff member.
- Not all staff received an appraisal in the last year. The service manager introduced a new system for supervision and appraisals which was not yet embedded.
- Nursing staff said they needed more protected time for teaching and reflective practice.

Multidisciplinary and inter-agency team work

- The nursing and support worker staff met three times a day for 30 minutes to discuss new admissions, client needs and to hand over important information after shifts. We observed two meetings and saw staff read through a list of current clients, and highlighted their needs and immediate issues. This included discussing clients' history of seizures, mental health and any associated risks, physical health and communication needs. The lead identified actions, but responsibility was not explicitly given to individual members of staff so there was no way to record when these were done.

- Electronic care records were accessible to all staff including regular bank and agency staff. Staff had access to four computers in the nursing office and team leaders and managers had offices with their additional computers.
- Staff said there were positive and effective relationships with external organisations. We saw evidence of communication with referrers, commissioners and GPs in case records.
- Feedback from external organisations, including local authorities and referrers, was very positive. They said the service provided a high standard of service to clients, commissioners and referrers. They reported that staff were flexible, the manager and admissions team were responsive and many clients had positive outcomes. Feedback was that the referral process and acceptance criteria were clear. External agencies said Brook Drive identified all of the client's needs during their assessments.

Good practice in applying the Mental Capacity Act 2005 (MCA)

- Staff had not received training in the Mental Capacity Act 2005 (MCA) from the provider, but staff had an understanding of capacity and how this was relevant in their work. Staff followed the MCA in assuming clients had capacity to make decisions.
- Staff were aware that capacity for someone under the influence of drugs or alcohol fluctuated. They said they would speak with a client repeatedly to gather consent to treatment if they were querying their capacity. They said when a client could make decisions for themselves, they would support them to do this.

Equality and human rights

- Staff could describe the protected characteristics under the Equality Act 2010 and discussed how this was taken into account during the referral and treatment process. The welcome pack for clients explicitly explained that access to the service was not denied on the basis of any of the protected characteristics and had a clear equal opportunities statement.
- The service had some restrictions in place for the clients. These were based on reducing risk and creating environments for recovery. Staff explained the restrictions to clients on admission. For example, clients

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were not able to keep their mobile phones with them and were asked not to leave the grounds for the first four days of treatment. After this, they could access the local area with staff accompanying them. Clients could give the office number to friends and family who could use it to contact them. Clients said they were able to keep in touch with friends and family this way, but there could be a delay as some people took a long time on the phone and there were only two phones.

Management of transition arrangements, referral and discharge

- The service provided short admissions for clients to complete their detoxification before moving to another service or back to the community.
- The service accepted up to four new admissions a day. One member of staff managed all referrals and ensured background information was available for each client in order for clinical staff to make a decision about the appropriateness of the placement. Admissions were allocated for the morning, but staff accepted clients if they turned up outside of this time.
- Where clients needed ongoing care, this was arranged by commissioners. Staff spoke with clients about their ongoing care after leaving Brook Drive and most clients we spoke with knew where they were going and had agreed to the treatment.

Are substance misuse/detoxification services caring?

- We observed positive interactions between staff and clients. Staff spoke with and about clients in a respectful and caring way. We saw staff were welcoming and patient with new clients during admission.
- Most client feedback about staff was very positive. They said staff were always available to speak with and provided very good support. They said staff listened to them and spoke to them respectfully. One client said they had not had one bad experience at the service and it was brilliant. Another said the staff were amazing.
- Two clients said a small number of staff were unhelpful and spoke in an aggressive or rude way to clients and that not all staff were responsive to requests for support with daily tasks. For example, when new bedsheets were

requested, some staff were dismissive or took several days to provide new bed sheets after they requested them. Three other clients said the agency staff were not as good as the regular staff and they did not engage with clients as much.

- Staff kept client records on secure systems and maintained client confidentiality. There was a list of clients and their named contact for each day outside the office on the ground floor. This was only client's first names, and provided helpful information without breaching their confidentiality. The welcome pack for clients explained their rights about confidentiality and the circumstances in which the provider would share confidential information with other stakeholders.

The involvement of clients in the care they receive

- Clients received medicines two to three times a days and said there could be tension amongst clients as they waited in the dining room for their medicines. Staff did not make it clear to clients the order they would administer medication and some clients waited up to two hours each time. There were no plans in place to address this.
- Staff were responsible for giving new clients a tour of the unit when they arrived and introducing them to other clients. The clients we spoke with said staff had done this, but one formal complaint and minutes from a client feedback meeting in July 2017 indicated staff did not always do this.
- The service gave a welcome pack to clients when they were admitted. This contained information about what the service did and outlined the service rules. There was one out of date piece of information which stated that clients could smoke in their rooms, which was no longer the case. We fed this back to the service at the time.
- Records showed staff involved clients in developing their care plans. Staff recorded client views and feedback in these documents. One client said the staff were good at involving them in all aspects of their detoxification.
- Clients were able to give feedback on the service using a suggestions box which was located on the ground floor corridor. The service did not keep a record of feedback they received and changes they made as a result.

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- Staff said there was a daily meeting for clients to discuss their progress and bring up any feedback about the service. However, minutes from 19 days in July 2017 were not available. We observed one meeting and saw staff were skilled at facilitating it but did not keep accurate records of the meetings. Staff did not record all issues clients brought up in the meeting we observed. For example, clients said the dishwasher was not clean and staff did not record this or any related action to be taken. Another client said night staff were not responsive to a concern they had. This was not written down or passed on as service feedback.
- The service collected service user feedback questionnaires each month. Of the 36 responses we looked at between May and July 2017, the majority gave positive scores regarding the service they receive.
- Clients said staff liaised well with their families and supported them to keep in touch with them where appropriate.
- The service provided a range of rooms to support the care and treatment of clients. Each client had their own bedroom and access to a shared bathroom. There were three lounges, one of which was just for women. There was a dining room and three clinical rooms for a range of clinical activities. Clients could access the garden at any time. Clients could also access the laundry room or be supported by staff to do laundry.
- Some areas of the building were in need of redecorating. For example, one lounge needed repainting and had a hole in the ceiling. The service manager said there were plans in place to repaint some rooms.
- Medicines were stored and administered in the clinic room on the first floor, accessed through the dining room.
- Clients were not admitted to the service for long periods of time, but could personalise their bedrooms if they wished to.
- The service allowed pets and could accommodate up to one client with a pet at a time. During this inspection, we saw one client had their dog with them.
- Clients had a safe in their bedroom where they could keep their belongings. The clients we spoke with told us they felt their possessions were safe.
- Clients had access to two telephones in the communal area to stay in contact with friends and family. There were also two computers that clients said they used to do this.
- Clients said the food tasted good, although the vegetarian options could be improved. Clients could prepare snacks and hot and cold drinks at any time in the dining room. They said there was a lot of fruit available all the time. One client said the fridge for client use wasn't always big enough for everyone's food and sometimes their food went missing, either because it was thrown away or someone ate it.
- At the last inspection in February 2016, we found that clients and staff said there was a limited range of activities at weekends. During this inspection, we saw the service had put a seven day activities timetable in place. A small number of clients said there could be more activities, but not specifically at the weekends. One client said there were enough activities off the unit

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

Access and discharge

- Between April 2017 and July 2017, the average occupancy rate for the service was between 62% and 71%.
- The service accepted clients classified as complex and non-complex, which meant people with additional needs in addition to their detoxification needs, such as physical or mental health difficulties. The service had a partnership with the local NHS trust to supply staff to support the clients with complex support needs.
- The service had a website that clearly set out the aims of the service and how to get in contact to make a referral.
- Detox lengths were fixed between seven and 28 days and related to assessments.
- Clients we spoke with were aware of what plans were in place around their discharge and ongoing care.

The facilities promote recovery, comfort, dignity and confidentiality

Substance misuse/detoxification

on the weekends, like visits to museums. Another client said the detoxification programme was exhausting and they didn't need more activities. Feedback from internal questionnaires showed one client of 36 said they would like more to do on the weekends.

Meeting the needs of all clients

- The service had a lift and was able to accommodate clients in a wheelchair or with mobility issues.
- Records and observations of handovers showed that staff knew which clients needed interpreters and would book them for meetings with the clients. One staff member also described how staff would try to engage clients by using signs and translation services. The welcome pack was available in two languages other than English, based on the most common languages spoken by referred clients. Contact details for the local translation service was available in the nursing office.
- Catering staff prepared food in line with ethical and religious needs that clients had.
- Staff supported clients to access spiritual support. During the assessment process staff asked clients about this and knew which clients needed support at the time of this inspection.

Listening to and learning from concerns and complaints

- The service had information about how to make a complaints available in the communal area outside the nursing office.
- Clients we spoke with were aware of how to make formal complaints about the service.
- Staff knew the complaints process and how to support clients to make a formal complaint.
- Management staff discussed complaints and compliments at the monthly clinical governance meetings. However, team meeting minutes for the wider staff group did not record that complaints and compliments, as well as any learning from them, were discussed regularly.
- The service received four complaints in the 12 months before the inspection. Records showed the service

manager or team leader provided a written reply outlining their actions to address the complaints within one to three days. All areas of the complaint were addressed and responded to.

Are substance misuse/detoxification services well-led?

Vision and values

- The service aimed to provide recovery focused care and offer support to clients with specific needs that other services might not meet. It aimed to support clients with a dual diagnosis, poly drug use and/or.
- Staff we spoke with said they were committed to providing a supportive and caring environment for recovery.

Good governance

- The service had governance systems in place for information, such as incidents, complaints and audit outcomes, to reach senior staff for review and discussion. For example through monthly governance meetings. There were less effective systems in place for the sharing of information and learning with unit staff. For example support workers and nurses. Team meetings did not regularly include discussions of learning from recent incidents or complaints.
- The management team were able to respond effectively to areas identified at the last inspection, but had not successfully identified other areas of improvement. For example, embedding a formal process for providing the necessary and specialist training to meet the needs of the client group and ensuring clients had information about the risks of leaving treatment early.
- The service manager and team leaders had used clinical audits effectively to monitor and improve care records and medicine management.
- Staff had access to the equipment to carry out their work such as computers and office space.
- The service manager ensured notifications to external bodies were completed where necessary.

Leadership, morale and staff engagement

Substance misuse/detoxification

- There was a service manager who was supported by a divisional lead who visited the service frequently.
- The leadership structure on the unit was visible and the manager had just recruited two team leaders. One was a nurse and one was an operational lead. The service manager had a good understanding of service they managed.
- Staff said they enjoyed working in the team and that management staff were approachable, very supportive and always available. Two members of staff said the team were respectful to one another and open to change. One member of staff said they were proud to work there and support clients in their recovery. One staff member said there was some tension in the staff team as staff who had worked there longer had to do more tasks whilst others settled into their role.
- Staff were aware of how to raise concerns about the service or care if they wished to. For example, feeding information back to the team or service manager.
- Nursing staff said there could be some frustration that their knowledge and skill was not utilised as much as it could be because some work was outsourced. For example, taking bloods and doing blood borne virus testing.
- The service manager kept the characteristics of the Equality Act 2010 in mind when recruiting staff and supporting clients. Unit staff were also aware of their responsibilities in relation to this Act and providing equal care to people with protected characteristics.
- The service did not calculate staff sickness as a percentage over time, but sickness rates were low with nine occasions in 2017 where staff had short term illnesses lasting one to two days. The provider supported staff with longer term health needs.

Commitment to quality improvement and innovation

- The service took part in a study led by a King's College London looking at improving adherence to the medicine acamprosate in alcohol dependence. Acamprosate is a medicine that can stabilize the chemical balance in the brain that would otherwise be disrupted by alcohol withdrawal. Staff explained the medicine and its effects to clients and asked if they wanted to be involved in the study about adherence to it.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure staff discuss the risk of early exit from treatment with clients.
- The provider must ensure staff receive the specialist training required for the client group they support, for example supporting patients with seizures, general substance misuse and eating disorders.
- The provider must ensure staff receive supervision regularly and have annual appraisals.
- The provider must ensure progress notes are completed in line with service policy and contain all relevant information about patient care.
- The provider must ensure staff report all incidents, including medicine errors, and have regular opportunity to discuss and learn from incidents and complaints.
- The provider must ensure staff record all seizures, including self-reported seizures, in client notes.

- The provider must ensure they record the temperature of the clinic room fridge on a daily basis.

Action the provider **SHOULD** take to improve

- The provider should ensure staff administer all doses of medicine to clients as required on their medicines charts, unless there is a clinical reason not to.
- The provider should ensure the clients daily meeting takes place regularly and staff keep accurate records.
- The provider should ensure all food in the clients' fridge is stored and labelled appropriately and the fridge is kept clean.
- The provider should ensure they assess the taps in the clinic room for infection control risk.
- The provider should ensure all clients are orientated to the unit on admission, in line with service policy.
- The provider should ensure staff take on board client feedback and make changes where needed. For example, in making the order of medicine administration clearer to clients each day.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that care and treatment was provided in a safe way for service users.</p> <p>Staff did not record the temperature of medicines fridge each day to ensure medicines were stored in accordance with manufacturer guidance.</p> <p>Staff did not regularly discuss the risks of early exit from treatment with clients.</p> <p>Staff did not report all incidents or meet regularly to discuss learning from incidents.</p> <p>Staff did not always complete accurate and detailed daily progress notes.</p> <p>This was a breach of regulation 12(1)(2)(b)(d)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The provider had not ensured that staff received appropriate training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p>

This section is primarily information for the provider

Requirement notices

Staff did not receive regular supervision.

Staff did not receive annual appraisal.

The provider did not provide staff with the specialist training required for the client group they supported.

This was a breach of Regulation 18(2)