

# Passmore House

## Quality Report

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

### 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 clinical team carefully considered and planned the admission process before the client entered Passmore House, working with community services to gather information. There was evidence of detailed admission and risk assessment before and on admission. A doctor undertook comprehensive medical assessments with the client the day they arrived.
- There was a qualified nurse present daily to assist clients in managing symptoms of withdrawal from substances or alcohol, and staff received adequate training to manage these safely. The clients had consistent access to a prescribing doctor Monday to Friday. There was also an out of hours on call system for medical support.
- The provider told us that the doctor prescribed medication as described by Department of Health guidance, drug misuse and dependence: UK guidelines on clinical management (2007) for alcohol and opiate detox. A prescribing policy was in place that followed national guidance. The provider used nationally recognised treatment outcomes profiles (TOPS), opiate withdrawal scales and severity of

# Summary of findings

alcohol dependence questionnaire (SADQ) to measure outcomes of people's treatment and to monitor detoxification whilst in the residential setting.

- Care plans were recovery focussed and demonstrated close working with the client. Staff treated clients with kindness and respect. We observed positive interactions that were meaningful and supportive. Staff understood individual client's needs.
- The service had a clear policy around unplanned exit from services should a client decide to leave unexpectedly. All clinical records reviewed had a documented plan, specific to the client, in case of such an eventuality.
- Staff understood the principles of safeguarding and how and when to report a suspected safeguarding concern. Safeguarding children was an integral part of clients care plans.
- The clinic room was well maintained and stocked. Staff carried out regular audit to ensure equipment was fit for purpose. There were effective medication management systems relating to transport, storage, dispensing and medicine reconciliation processes. Medicine reconciliation is a process where the provider checks with the GP that medications received by the client are still valid and against a

current prescription. Staff had access to a fully equipped emergency bag, which contained resuscitation equipment and emergency drugs, which staff checked regularly.

- People with disabilities were able to access the service, there was an adapted bedroom and most facilities were on the ground floor. There was no lift in the building to get to upper levels but this did not restrict people with disabilities accessing services.

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

- The provider did not complete risk assessments for staff with previous convictions. Whilst a conviction would not necessarily exclude someone from working in a substance misuse service, a risk assessment would identify and mitigate any risks to ensure that people using the service were kept safe.
- The service did not have a clear, transparent system for learning when things went wrong.
- Mandatory training is training the provider had said all staff must attend. Attendance rates were variable. The provider target was 90% of staff to attend mandatory training sessions. The lowest attendance was 42% and the highest 100%.
- Staff received supervision but not consistently and not in line with their own policy.

# Summary of findings

## Our judgements about each of the main services

### Service

### Rating

### Summary of each main service

**Substance  
misuse/  
detoxification**

Inspected but not rated

# Summary of findings

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# Location name here

**Services we looked at**

Substance misuse/detoxification

# Summary of this inspection

## Background to Passmores House

Passmores House is a recovery community for men and women aged 18 years and above with drug or alcohol problems and all levels and types of dependency. Passmores house is registered with the Care Quality Commission (CQC) to deliver detoxification and residential rehabilitation programmes.

Passmores House is registered to provide the following regulated activities:

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

The service has a registered manager and a nominated individual. Westminster Drug Project (WDP) are the registered provider.

Passmores house is a mixed sex 23-bedded unit. During inspection there were 12 clients accessing their service.

The high vacancy was due to the house undergoing major improvement work to their environment at the time of inspection. Clients were waiting to access the service once work was completed.

The beds are split into 13 detoxification and 10 rehabilitation beds; however, there is some flexibility to this if required. Beds are funded by community drug team referrals. Passmores house is currently working with 32 agencies across the country. There are approximately two private clients admitted per month.

We last inspected Passmores House in 2014. At this time we noted a breach of Regulation 13 HSCA (2008) Regulated Activities Regulations 2010 Management of Medicines.

During this inspection, we found that the provider had addressed the regulatory breach and was now compliant.

## Our inspection team

The team that inspected the service comprised CQC inspector Jane Crolley (inspection lead), and a further two inspectors.

## 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?

# Summary of this inspection

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

During the inspection visit, the inspection team:

- visited the location and looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with five clients
- spoke with the registered manager and the lead nurse
- spoke with the lead pharmacist
- spoke with the Lead Consultant Psychiatrist
- spoke with five other staff members employed by the service provider.
- spoke with the medical clinical lead who was also the nominated individual
- attended and observed a medical review
- collected feedback using comment cards from three clients
- looked at six care and treatment records, including medicines records, for clients
- looked at six staff personnel files
- carried out a specific check of the medication management arrangements
- looked at 12 treatment cards
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

Clients said they felt safe using the service and were happy with the treatment they were receiving. Clients completed three comment cards and provided positive feedback. Clients reported staff were respectful, listened and were caring in approach. Staff were responsive to requests and always available. When clients needed extra support, staff were on hand to provide it. A client said there was good medical support and were able to see a doctor when they wanted to.

Clients felt involved in their care and were able to suggest changes to daily activities, which were acted upon.

Clients knew how to complain and staff gave this information upon admission.

# 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 completed a risk assessment with clients on admission. We looked at six client care records. All had risk assessments. One was overdue for review. The assessments were detailed, informative and updated according to client changing need.
- Staff completed emergency discharge plans for clients, which included contact details.
- A doctor medically reviewed detox clients daily during weekdays. There was a qualified nurse present daily to assist clients in managing their symptoms of withdrawal from substances or alcohol, and staff received adequate training to manage these safely.
- Staff completed a comprehensive physical health screen on admission, which staff reviewed regularly. There was a doctor on site 5 days a week. There was doctor on call cover available out of hours and weekends.
- The service employed 17 whole time equivalent staff. At the time of inspection there were 2.4 vacancies, all of which were covered with regular agency staff. Staff turnover was low for the last 12 months with two staff leaving and retention of staff was good.
- Staff described the type of event that would require reporting as an incident. They were aware of the new reporting system and said they felt confident to use it.
- The clinic room was well maintained and stocked. Staff carried out regular audit to ensure equipment was fit for purpose.
- There were effective medication management systems relating to transport, storage, dispensing and medicine reconciliation processes. There was a fully equipped emergency bag with accessible resuscitation equipment and emergency drugs. Staff audited the bag to ensure all items were in date and fit for purpose.
- Managers completed and reviewed environmental and ligature audits.
- Bedrooms were fitted with alarms that could be used in an emergency situation. There were no alarms in other interview and communal areas. Staff did not carry alarms but said they felt safe when at work.
- All staff had received fire training and fire drills took place every two months. There were designated, trained fire wardens.



# Summary of this inspection

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

- The provider did not complete risk assessments for staff with previous convictions. Whilst a conviction would not necessarily exclude someone from working in a substance misuse service, a risk assessment would identify and mitigate any risks to ensure that people using the service were kept safe.
- Staff had not fully completed all of their expected mandatory training. Figures ranged from 100% completion for First Aid to 42% for breakaway training. Failure of staff to complete mandatory training meant that not all staff had the required skills to carry out their role safely.
- There was no evidence of lessons learned being cascaded by the wider organisation. Staff were able to describe lessons learned from local incidents, however there was just one record of a discussion of lessons learned taking place within a team meeting.

## Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff completed comprehensive assessments prior to admission and upon admission. Staff used the assessment to ensure care required could be provided and it helped to formulate the plan of care.
- Staff carried out holistic assessments, considering the clients mental and physical wellbeing in addition to their addiction.
- Doctors completed medical assessments within 24 hours of admission. All records we reviewed showed medical assessments completed on the day of admission. Staff carried out ECG screening at Passmores on admission and the local hospital emailed the results back to staff promptly.
- Staff documented information regarding client progress within the clients' personal files. Upon discharge, staff archived information and a comprehensive discharge summary was saved on the computer system. There were measures taken to reduce the risk to clients if they wished to discharge prior to the end of their treatment. This included useful telephone numbers so other services could be informed of the situation.
- Care plans were recovery focussed and demonstrated close working with the client.

# Summary of this inspection

- The doctor prescribed medication as described by Department of Health guidance, drug misuse and dependence: UK guidelines on clinical management (2007) for alcohol and opiate detox. The provider prescribing policy followed national guidance.
- The provider used nationally recognised treatment outcomes profiles (TOPS), opiate withdrawal scales and severity of alcohol dependence questionnaire (SADQ) to measure outcomes of people's treatment whilst in the residential setting.
- There was a range of skilled staff including clinical service manager, senior recovery practitioner, recovery practitioners, admissions coordinator, staff nurses, non-medical prescriber, consultant, chief pharmacist, volunteers, cook, housekeepers and facilities coordinator.
- There are regular multi-disciplinary meetings held weekly where there was a clinical review of client progress and care.
- Staff had detailed handovers at the start of each shift to ensure they were up to date with individual treatments.
- Staff assessed clients' capacity in the community prior to admission, via the community drug teams and directly with the client on admission.
- All referrals were reviewed by the clinical team and assessments carried out prior to accepting clients into the service.

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

- Staff did not receive regular and effective supervision in line with their policy.
- Staff did not have regular team meetings to discuss team issues such as learning from incidents, complaints, good practice or contribute to the risk register. There was no structured system of sharing wider corporate learning with the staff team.
- Sixty-four per cent of staff had completed Mental Capacity Act training that included Deprivation of Liberty (DoLS) Training. This was lower than the provider target of 90%. Staff were required to attend an update every three years.
- Staff had not received an appraisal in the last 12 months. The provider had recently developed a new appraisal, which inspectors saw, and there was a time line for completion.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients met as a group and were able to influence change. Staff actioned suggestions made by clients.

# Summary of this inspection

- Staff treated clients with kindness and respect. We observed positive interactions that were meaningful and supportive. Staff understood individual client's needs.
- Clients reported being involved throughout their stay.
- Clients were involved in the development and implementation of their recovery plan. We saw evidence of staff offering clients copies of their care plans.
- There were specific arrangements for children's visits on set days.
- The clients reported feeling able to complain if they wished to do so.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had a clear policy around unplanned exit from services should a client decide to leave unexpectedly. All clinical records reviewed had a documented plan, specific to the client, in case of such an eventuality.
- Staff met clients immediately upon arrival and clients said they were made comfortable. Welcome packs were available and an assessment took place promptly.
- When a client was due for discharge on a Sunday, the service agreed to extend this by a day to ensure safe arrangements without charging the client for an extra nights accommodation.
- Clients could access drinks at any time, and at weekends, they were involved in making their own food. They could input into the menu for the week. There was a range of food choices provided in the menu that catered for clients' dietary, religious and cultural needs.
- Clients had access to activities and therapy throughout the week, including weekends.
- People with disabilities were able to access the service, there was an adapted bedroom and most facilities were on the ground floor. There was no lift in the building to get to upper levels but this did not restrict people with disabilities accessing the services.
- Many of the bedrooms had ensuite facilities. Where this was not available, a bathroom would be shared between a maximum of two clients.
- Staff provided discharge information to the clients GP and any other services involved in the clients care.
- There was a range of leaflets available in reception, which included mental health leaflets, health leaflets such as hepatitis awareness leaflets and other health information.

# Summary of this inspection

- Staff supported clients to meet their spiritual needs within the local community.
- Clients knew how to complain. There were noticeboards around the service, which had information on how to complain displayed. There were complaint leaflets available also.
- The provider was unable to give precise figures on complaints however; the provider introduced a new reporting system in August 2016 to improve reporting.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were aware of who the most senior managers of the service where. One of the joint chief executive officers (CEO) was based at Passmores house for two days per week as he was also the Consultant Psychiatrist for Passmores House. Staff reported seeing senior board members visit, which they welcomed.
- We saw the team working well together with the common goal of providing an excellent service to clients.
- There were no cases of bullying or harassment.
- Staff turnover was low.
- Staff said they had good levels of job satisfaction and they enjoyed their jobs. We saw positive team relationships and strong management support. Staff spoken to knew how to whistle blow if they had any concerns.
- Staff we spoke to were aware of their responsibilities to be open and honest with clients and families when things went wrong.
- The Consultant for Passmore is also a joint chief executive officer (CEO). He is a member the Royal College Addiction Faculty and chairs meetings across the UK. A colleague at Passmores is also a member of the faculty. Both have input into the new Drug Misuse and Dependence UK guidelines on clinical management, also known as the Orange Book.

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

- Disclosure barring system (DBS) checks were still being processed and staff were working without an organisational risk assessment prior to the DBS arriving.
- The provider did not complete risk assessments for staff with previous convictions. A conviction would not necessarily exclude someone from working in a substance misuse service; a risk assessment would identify and mitigate any risks to ensure that people using the service were kept safe.

## Summary of this inspection

- The systems and processes for reporting incidents were not robust. Staff told us that there was no forum for sharing lessons learnt.
- Mandatory training completion was variable.
- Staff received supervision but this was not consistent and not in line with their own policy.
- There has been no appraisal tool used which meant staff did not receive an appraisal in the last 12 months. The provider had recently developed a new appraisal, which inspectors saw, and there was a time line for completion.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental capacity was assessed prior to and on admission and we saw this was visible in all files checked.
- Sixty-four percent of staff had completed Mental Capacity Act training. This is a low figure for completion. Staff attended updated training every three years. All new staff were required to undertake training.
- Staff were unable to identify the five key principles of assessing capacity, however they were able to access that information easily. Information regarding the Mental Capacity Act was also posted on notice boards.

### Notes

# Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse/detoxification services safe?

### Safe and clean environment

- Accommodation was safe and clean. There was a cleaning record on display and clients actively participated in keeping the environment clean.
- The clinic room was well maintained and stocked. Staff carried out regular audit to ensure equipment was fit for purpose.
- Medicines were stored securely and staff completed monthly audits for safe storage.
- There was a fully equipped emergency bag with accessible resuscitation equipment and emergency drugs, which staff checked regularly.
- There were clear plans to manage events such as fire. All staff had received fire training and fire drills took place every two months. There were designated, trained fire wardens.
- Furnishings in areas accessed by service users were clean and some areas were best described as worn and dated. Passmores House was undergoing a comprehensive plan of improvement, which included redecoration of bedrooms, interview areas, and communal areas as the provider recognised the need to improve the poor state of décor.
- Staff completed infection control mandatory training and there were handwashing posters on notice boards in the clinic room.
- Managers completed and reviewed environmental and ligature audits and staff were familiar with these.

- Bedrooms were fitted with alarms although there were no alarms in other interview and communal areas. Staff did not carry alarms but said they felt safe when at work.

### Safe staffing

- The service employed 17 whole time equivalent staff. At the time of inspection there were 2.4 vacancies, all of which were covered with regular agency staff.
- There was a qualified nurse present daily to assist clients in managing their symptoms of withdrawal from substances or alcohol, and staff received adequate training to manage these safely.
- Staff said one nurse for up to 23 clients could be challenging when the clients acuity was high. The managers said there was flexibility to increase staffing at these times.
- There was no staff sickness recorded during the inspection. The manager reported low levels of sickness.
- There were three vacancies (one part time), all actively being recruited into.
- Two staff had left the organisation in the last 12 months which is a low turnover of staff and retention of staff was good.
- Four volunteers supported the team and clients. Two of the volunteers were able to provide peer support to clients.
- The provider used agency staff to cover vacancy shortfall of on average four shifts per week. The agency staff were regular, knew the service well and received adequate training to carry out their role safely.
- The clients had consistent access to a prescribing doctor Monday to Friday. There was also an out of hours on call system for medical support.

# Substance misuse/detoxification

- Staff were trained in administering naloxone in the event a client required emergency clinical intervention.
- Staff had not fully completed all of their expected mandatory training. The provider target for attendance was 90%. Figures ranged from 100% completion for First Aid to 42% for breakaway. Failure of staff to complete mandatory training meant that not all staff had the required skills to carry out their role safely.
- The provider did not complete risk assessments for staff with previous convictions. Whilst a conviction would not necessarily exclude someone from working in a substance misuse service, a risk assessment would identify and mitigate any risks to ensure that people using the service were kept safe.

## Assessing and managing risk to clients and staff

- Staff completed a risk assessment with clients on admission as part of the comprehensive assessment. We looked at six client care records. All had risk assessments. One was overdue for review. The assessment was detailed, informative and updated according to client changing need.
- Client observation levels were established based on clinical need and were reviewed regularly.
- Staff completed emergency discharge plans in all reviewed clients records, which included contact details.
- The doctor medically reviewed detox clients daily on weekdays. At weekends there was always a qualified nurse on site and access to an on call doctor.
- Staff completed a comprehensive physical health screen on admission, which staff reviewed regularly. There was a doctor on site five days a week. There was doctor on call cover and there were local GP, dentist, optician services that staff would support the clients to access if required.
- Safeguarding training completion was 92%. Staff understood the principles of safeguarding and how and when to report a suspected safeguarding concern. Safeguarding children was an integral part of clients care plans.
- There were effective medication management systems relating to transport, storage, dispensing and medicine reconciliation processes.

- There was currently a waiting list. This was primarily due to the environmental work currently being undertaken which meant fewer beds were available. Client's admission was based on clinical need.
- There were arrangements to support children visiting at set times based on individual assessment.

## Track record on safety

- There were two serious incidents reported in the last 12 months. The provider carried out an investigation for each incident and implemented lessons learned identified from the investigation report. The incidents related to unexpected death and staffing.

## Reporting incidents and learning from when things go wrong

- The provider recently changed the reporting system having acknowledged the previous system was not fit for purpose.
- Staff described the type of event that would require reporting as an incident. They were aware of the new system and said they felt confident to use it.
- Staff were able to describe lessons learned from local incidents; however there was just one record of a discussion of lessons learned taking place within a team meeting.
- There was no evidence of lessons learned being cascaded by the wider organisation.

## Duty of candour

- The manager was able to outline responsibilities under the duty of candour. We saw evidence of an incident where the client was immediately informed. Not all staff understood the terminology duty of candour, but those asked knew to be open and honest with clients.

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

**Assessment of needs and planning of care** (including assessment of physical and mental health needs and existence of referral pathways)



# Substance misuse/detoxification

- Comprehensive assessments were completed prior to admission and upon admission. Staff were able to use this assessment to ensure the care required could be provided and helped to formulate the plan of care.
- Staff carried out holistic assessments, considering the clients mental and physical wellbeing in addition to their addiction.
- Doctors carried out medical assessments within 24 hours of admission. All records we reviewed showed medical assessments completed on the day of admission. Staff completed ECG screening at Passmores on admission.
- All clinical records were paper based and kept together in individual client folders. These were appropriately stored and accessible to all staff, who were able to locate all the clients' information in one place.
- Staff documented information regarding client progress within the clients' personal files. Upon discharge, staff archived information and staff saved a comprehensive discharge summary on the computer system.
- Care plans were recovery focussed and demonstrated close working with the client.
- All clinical records were paper based and kept together in individual client folders. These were appropriately stored and accessible to all staff, who were able to locate all the clients' information in one place.
- Clients had access to local GP, dental and optician services and where appropriate, staff helped clients to register temporarily with the GP.
- Staff carried out local clinical audits linked to medicines management, medical equipment, care records and cleanliness.

## **Skilled staff to deliver care**

- There was a range of skilled staff including clinical service manager, senior recovery practitioner, recovery practitioners, admissions coordinator, staff nurses, non-medical prescriber, consultant, chief pharmacist, volunteers, cook, housekeepers and facilities coordinator. There was access to a community GP, dentist and optician services that clients could access if required.
- There was a qualified nurse on duty 24 hrs a day and access to a doctor at all times.
- Staff had not received an appraisal in the last 12 months. The provider had recently developed a new appraisal, which inspectors saw, and there was a time line for completion. Staff did not receive regular and effective supervision in line with the providers policy.

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

- There were regular multi-disciplinary meetings held weekly to clinically review client progress and care.
- Staff had a positive working relationship with other teams outside of the organisation, such as local councils, general practitioners (GP) and social services. Staff routinely referred clients to the local GP so they were able to access local health care.
- Staff had handovers at the start of each shift to ensure they were up to date with individual treatments.
- Staff did not have regular team meetings and did not have any other forum to discuss, as a team, issues such as learning from incidents, discuss complaints, share good practice or contribute to risk register. There was no structured system of sharing wider corporate learning and discuss, due to the inconsistency of team meetings.

## **Adherence to the MHA**

- Staff did not accept clients detained under the Mental Health Act.

## **Best practice in treatment and care**

- The service followed good practice in managing and reviewing medicines, including following British National Formulary (BNF) recommendations.
- The service told us that the doctor prescribed medication as described by Department of Health guidance, drug misuse and dependence: UK guidelines on clinical management (2007) for alcohol and opiate detox. A prescribing policy was in place, which followed national guidance.
- The provider used nationally recognised treatment outcomes profiles (TOPS), opiate withdrawal scales and severity of alcohol dependence questionnaire (SADQ) to measure outcomes of people's treatment whilst in the residential setting. However, after clients were discharged from the service there was no follow up on the success of treatment.

# Substance misuse/detoxification

## Good practice in applying the MCA

- 64% of staff had completed Mental Capacity Act training. This is a low figure for completion. Staff refreshed this training every three years. All new staff were required to undertake training. Staff asked were unable to identify the five key principles of assessing capacity, however, were able to access that information easily. Information regarding the mental capacity act was posted on notice boards.
- Clients' capacity had been assessed in the community prior to admission and on admission.

## Equality and human rights

- < >  
Gender reassignment clients accessed services and care was delivered in line with their wishes.
- There was access for people with disabilities. Although there was no lifts, there were bedrooms on the ground floor adapted to ensure it was accessible.
- Passmores House were able to support clients unable to self-care, extra staff were provided in these instances.

## Management of transition arrangements, referral and discharge

- All referrals were reviewed by the clinical team and assessments carried out prior to accepting clients into the service.
- There were measures taken to reduce the risk to clients if they wished to discharge prior to the end of their treatment. This included useful telephone numbers so other services could be informed of the situation.
- Community Drug Teams (DAT) made most referrals, however clients could also self-refer privately.
- Staff provided discharge information to the clients GP and any other services involved in the clients care.

## Are substance misuse/detoxification services caring?

## Kindness, dignity, respect and support

- Staff treated clients with kindness and respect. We observed positive interactions that were meaningful and supportive. We saw that staff understood individual client's needs.
- Clients spoke highly of the staff. They reported that staff new them and one client described staff as 'polite, attentive and considerate to my every need'.

## The involvement of clients in the care they receive

- Clients reported being involved throughout their stay.
- Clients were involved in the development and implementation of their recovery plan. We saw evidence of staff having offered clients copies of their care plans.
- There were specific arrangements for children's visits on set days.
- Clients met as a group and were able to influence what was happening. Suggestions made by clients were implemented.
- The client reported feeling able to complain if they wished to do so.

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

## Access and discharge

- The service had a clear policy around unplanned exit from services should a client decide to leave unexpectedly. All records reviewed had a documented plan, specific to the client, in case of such an eventuality.
- Staff met clients upon arrival and made them comfortable. Welcome packs were available and an assessment took place promptly.
- Staff arranged admissions with the client and worked with both the client and community drug services prior to admission.
- When a client was due for discharge on a Sunday, the service agreed to extend this by a day to ensure safe arrangements were without charge.

# Substance misuse/detoxification

- The provider rarely cancelled appointments or classes due to staff shortages or sickness. When staff were not available to facilitate sessions, alternative sessions were provided.

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

- There was a range of rooms available so that clients could have privacy whilst receiving treatment, counselling or visits. Most of these rooms were located downstairs so accessible to all.
- There was a policy around the use of mobile phones, which staff agreed with the client, at the start of treatment. This restricted the use of phones in the early stages of treatment to enable the clients to settle and concentrate on their treatment plan. Access to mobiles would be reviewed as treatment progressed. There were designated areas for clients to make private phone calls.
- Many of the bedrooms had ensuite facilities. Where this was not available, the bathroom would be shared between a maximum of two clients.
- Clients could access drinks at any time, and at weekends they were involved in making their own food.
- Clients could input into the menu for the week.
- Clients had access to activities and therapy throughout the week, including weekends.

## **Meeting the needs of all clients**

- People with disabilities were able to access the service, there was an adapted bedroom and most facilities were on the ground floor. There was no lift in the building to get to upper levels but this did not restrict people with disabilities accessing the services.
- The service provided a range of leaflets in reception that included mental health leaflets, health leaflets such as hepatitis awareness.
- There was a range of food choices provided in the menu that catered for clients' dietary, religious and cultural needs.
- Staff supported clients to meet their spiritual needs within the local community.

## **Listening to and learning from concerns and complaints**

- Clients knew how to complain. There were noticeboards around the service, which had information on how to complain displayed. There were complaint leaflets available also.
- The provider was unable to give precise figures on complaints; however, the provider introduced a new reporting system in August 2016 to improve reporting.

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

### **Vision and values**

- Staff were aware of who the most senior managers of the service were. One of the joint chief executive officers (CEO) was based at Passmores house for two days per week as he was also the Consultant Psychiatrist for Passmores House.
- We saw the team working well together with the common goal of providing an excellent service to clients.
- Staff asked were not able to quote the vision and values of the service.

### **Good governance**

- The systems and processes for reporting incidents were not robust. Staff told us that there was no forum for sharing lessons learnt.
- Disclosure barring system (DBS) checks still being processed and staff were working without an organisational risk assessment prior to the DBS arriving.
- The provider did not complete risk assessments for staff with previous convictions. A conviction would not necessarily exclude someone from working in a substance misuse service, a risk assessment would identify and mitigate any risks to ensure that people using the service were kept safe.
- Mandatory training completion was variable. Completion of specific training ranged from 42% for breakaway training to 100% for first aid. Mandatory training is training that the provider has said must be undertaken by all staff.
- Staff received supervision but this was not consistent and not in line with their own policy.

# Substance misuse/detoxification

- Staff had not received appraisals. The provider had recently developed a new appraisal, which inspectors saw, and there was a time line for completion.

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

- There were no cases of bullying or harassment.
- Staff turnover was low.
- Staff said they had good levels of job satisfaction and they enjoyed their jobs. We saw positive team relationships and strong management support. Staff spoken to knew how to whistle blow if they had any concerns.
- Staff said that they would benefit from regular team meetings.

- Staff reported seeing senior board members visit, which staff welcomed.
- Staff we spoke to were aware of their responsibilities to be open and honest with clients and families when things went wrong.

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

- The Consultant for Passmore is also a joint Chief Executive Officer (CEO). He is a member the Royal College Addiction Faculty and chairs meetings across the UK. A colleague at Passmores is also a member of the faculty. Both have input into the new Drug Misuse and Dependence UK guidelines on clinical management, also known as the Orange Book.

# Outstanding practice and areas for improvement

## Areas for improvement

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

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- The provider should ensure that staff complete mandatory training.
- The provider should ensure there are risk assessments for staff in place where a disclosure barring system (DBS) identifies previous convictions.
- The provider should ensure Mental Capacity Act training is effective and that staff understand the principles and processes of assessing someone's mental capacity.
- The provider should ensure staff receive regular and effective supervision.
- The provider should ensure there is a system to enable lessons to be learned regarding incidents and untoward events.