

Cassiobury Court

Quality Report

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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

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

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

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

Summary of findings

Overall summary

We do not currently rate independent standalone substance misuse services.

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

- The clinic room was very small and not fit for purpose. There was no fridge and no examination couch. Physical examinations took place in patients' bedrooms.
- Ten out of 17 staff had completed mandatory training, this included safeguarding of vulnerable adults.
- During the inspection we reviewed the incident log. Since January 2017 there had been 29 incidents recorded with the highest number of incidents being falls. Actions had not been recorded in 14 out of 29 cases.
- The supervision policy stated that staff should receive supervision every four to six weeks. We sampled the supervision records of six staff and found that one had received supervision every four to six weeks. Staff that we spoke with told us that supervision was not regular.
- There had been no complaints received between August 2016 and July 2017. However staff informed us of two very recent complaints. Staff told us they did not always respond to complaints in a timely manner. They were working to improve this.
- Staff had not received training in the Mental Capacity Act and staff had a limited knowledge of capacity issues.

- There was no training budget for leadership training for managers.

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

- Managers estimated the number of staff on a ratio of six clients to one staff member and adjusted this according to client numbers and needs.
- Of the six care records reviewed, all contained up to date, holistic, personalised and recovery orientated care plans. Clients strengths and goals were identified and ongoing discussion in those areas was recorded. Observation levels were recorded and reviewed as clients progressed through their treatment plans.
- In the last 12 months, 100% of eligible staff had received an appraisal.
- All of the clients that we spoke with told us that staff were kind compassionate and supportive. Clients stated that they felt safe within the service.
- The service provided post discharge telephone support and an aftercare service for a period of 12 months after clients had been discharged.
- There was access to a wide variety of activities and groups throughout the day and during the evening seven days per week.
- Staff knew who the most senior managers in the organisation were. Senior managers visited the organisation at least fortnightly for service meetings and quarterly audit meetings.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		See overall summary.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Cassiobury Court	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	7
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	12
Outstanding practice	21
Areas for improvement	21
Action we have told the provider to take	22

Cassiobury Court

Services we looked at

Substance misuse services

Summary of this inspection

Background to Cassiobury Court

Cassiobury Court is a 19 bed, residential service providing drug and alcohol detoxification and rehabilitation. The service supports clients to achieve abstinence.

Staff and external professionals provide treatment groups on a sessional basis for example drama therapy, yoga, acupuncture, recovery groups and harm minimisation groups. Clients are supported to access external support groups in the community such as alcoholics anonymous. The service offers aftercare support for one year following discharge for clients who have completed their treatment programme. These weekly sessions run on a Saturday.

Clients must fund the treatment themselves and most clients would access treatment at the service for 28 days.

The service is registered to provide accommodation for adults who require treatment for substance misuse, and treatment of disease, disorder or injury. The service manager registered with the CQC during October 2015.

The service accepts male and female clients. On the day of the inspection, there were 19 clients admitted of mixed gender.

Clients with mobility issues are provided with en suite bedrooms on the ground floor. Clients have a key to their own room, and sign a contract covering a code of conduct and boundaries during their stay.

The CQC inspected the service on 10 January 2014 and 6 July 2016. At the last inspection, the CQC issued a requirement notice under Regulation 13: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment: This was because the provider did not have robust systems in place to ensure that all staff received their mandatory safeguarding training.

This had partially been addressed at the recent inspection.

The CQC also identified the following areas that the provider should improve at the previous inspection:

- The provider should ensure that each client is given a copy of their care plan containing their recovery goals.
- The provider should ensure that all client risk assessments are signed by relevant staff.

These areas for improvement had been addressed at this inspection.

Our inspection team

The team that inspected the service comprised CQC inspector Amber Wardleworth (inspection lead) and two other CQC 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.

Summary of this inspection

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information, and gathered feedback from staff members in response to an email we asked the provider to send to them.

During the inspection visit, the inspection team:

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

- spoke with four clients
- spoke with the service manager and the lead nurse
- spoke with three other staff members employed by the service provider, including project workers and support workers
- spoke with one senior manager
- looked at six care and treatment records, including medicines records, for clients
- looked at eight personnel files
- observed medicines administration at lunchtime
- carried out a specific review of incidents
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with four clients during the inspection. All clients said that staff were kind, caring and supportive and that they felt safe and cared for. All clients said that the service was clean and well maintained although two said that the décor was dated and could do with some redecoration.

Clients said that there were always staff around and that there was a good choice of groups available and a supportive atmosphere within the service.

The client feedback questionnaires reported high levels of satisfaction.

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:

- The clinic room was very small and not fit for purpose. It could not accommodate an examination couch. There was no fridge in the clinic room.
- Ten out of 17 staff had completed mandatory training which included safeguarding vulnerable adults.
- During the inspection we reviewed the incident log. Since January 2017 there had been 29 incidents recorded with the highest number of incidents being falls. Actions had not been recorded in 14 out of 29 cases.

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

- All of the areas that clients had access to were visibly clean, well decorated and maintained to a good standard. Bathrooms were visibly clean and clean towels were provided each day by the housekeeping staff.
- Managers estimated the number of staff on a ratio of six clients to one staff member and adjusted this according to client numbers and needs. Staff sickness was at two per cent between August 2016 and July 2017.
- Staffing absences were planned for in advance and were managed effectively through the use of regular bank staff. The bank qualified nurse was able to provide cover for the part time qualified nurse when required.
- External and internal environmental risk assessments were completed weekly. There was no ligature risk audit and the service mitigated this by completing preadmission assessments and detailed risk assessments which were regularly reviewed.

Are services effective?

We do not currently rate standalone substance misuse services.

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

Summary of this inspection

- The supervision policy stated that staff should receive supervision every four to six weeks. We sampled the supervision records of six staff and found that only one had received supervision every four to six weeks. Staff that we spoke with told us that supervision was not regular.
- The service had a policy on the Mental Capacity Act. There was an online training module on the Mental Capacity Act. Not all staff had completed this and it was not included in the mandatory training. Most staff that we spoke with had limited knowledge of the Mental Capacity Act and were unable to describe the five statutory principles. Two staff that we spoke with had not heard of the Mental Capacity Act.

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

- Of the six care records reviewed, all contained up to date, holistic, personalised and recovery orientated care plans. Clients' strengths and goals were identified and on going discussion in those areas was recorded. Observation levels were recorded and reviewed as clients progressed through their treatment plans.
- In the last 12 months 100% of eligible staff had received an appraisal.
- When clients wanted to exit treatment early, staff provided them with information on services local to their home and would make referrals as required. Discharge plans covered harm reduction and staff provided harm reduction groups within the service.
- The service provided up to 12 months of aftercare support and an aftercare support group met monthly in the local community to provide peer support and encourage building support networks.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed that staff treated clients with dignity, kindness and respect.
- All of the clients that we spoke with told us that staff were kind, compassionate and supportive. Clients said that they felt safe within the service.
- We reviewed the care records of six clients. All recovery plans were up to date, personalised and holistic. Clients told us that

Summary of this inspection

they had a copy of their recovery plans. Clients also told us that they had been written together with staff during keyworker sessions and tailored to their individual needs. Clients attended their reviews.

- There was a weekly community group meeting at which clients could get involved in decisions about the service. The Hope group was held daily each morning where clients could make suggestions about the service.
- Clients were encouraged to give feedback about the service by completing an exit questionnaire. They could also give feedback at the weekly community meeting.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service did not use a waiting list and if the client was accepted for treatment, they could be admitted within days of completion of the pre admission paperwork and risk assessment.
- When accepting new clients consideration was given to the existing client group and any possible risks were planned for and managed appropriately.
- The doctor attended on the day of admission to assess any new clients. Nursing staff continued to monitor and assess clients' physical healthcare needs.
- Clients were supported to make links with services in the community such as walk in centres, dentists and third sector specialist support services.
- The service provided post discharge telephone support and an aftercare service for a period of 12 months after clients had been discharged.
- There was access to activities throughout the day and during the evening seven days per week. Activities were displayed on a notice board in the dining room and included mindfulness, yoga, tai-chi, art therapy, creative writing, phototherapy, music therapy, daily walks. In addition to the activities clients could access harm reduction and recovery workshops, one to one sessions with their keyworker, community meetings, hope meetings and reviews with the psychiatrist and service staff.

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

Summary of this inspection

- There had been no complaints received between August 2016 and July 2017. However staff informed us of two very recent complaints. Staff accepted that they did not always respond to complaints in a timely manner and that they were working to improve this.
- The lift was out of order at the time of inspection and whilst this had been escalated to senior managers, agreement had not yet been reached on when it would be repaired.

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 provided mandatory training including safeguarding training but not all staff had completed this.
- Supervision and appraisal was provided but supervision was not up to date and was not in line with policy.
- Not all staff had received training in the Mental Capacity Act. Staff had a limited knowledge of capacity issues.
- There was no training budget for leadership training for managers.

However, we also found areas of good practice, including that:

- Staff knew who the most senior managers in the organisation were. Senior managers visited the organisation at least fortnightly for service meetings and quarterly audit meetings.
- We saw evidence of team working and staff told us that the team were supportive of each other.
- Staff were able to give feedback and suggestions for service development during supervision and at the staff team meeting.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- The service had a policy on the Mental Capacity Act.
- There was an online training module on the Mental Capacity Act. Not all staff had completed this and it was not included in the mandatory training. Most staff that we spoke with had limited knowledge of the Mental Capacity Act and were unable to describe the five statutory principles. Two staff that we spoke with had not heard of the Mental Capacity Act.
- The psychiatrist discussed clients' capacity on admission and we saw evidence of this in the client records reviewed.
- Staff that we spoke with said they raised capacity issues and concerns with the psychiatrist or sought guidance from managers or the local mental health team.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Summary of findings

Are substance misuse services safe?

Safe and clean environment

- All of the areas that clients had access to were visibly clean, well decorated and maintained to a good standard. Bathrooms were visibly clean and clean towels were provided each day by the housekeeping staff. Two clients told us that the décor was a little dated but the environment was always clean and comfortable.
- The lift to the upper floors had been out of order for two months and no agreement had been reached on when it could be repaired. Clients with mobility issues may not have been able to access groups on the upper floor.
- In the kitchen there were up to date records of fridge temperature monitoring and an up to date cleaning record including a rota for specific areas to deep clean.
- The service had clients of mixed gender and consideration was given to managing this effectively by having designated, separate male and female areas. Gender specific support groups were available.
- The clinic room was very small and not fit for purpose. It could not accommodate an examination couch and physical health examinations took place in patients' bedrooms. There was no fridge in the clinic room. Managers informed us that there had been a review of the clinic room and we were shown an alternative, larger room that had been identified as the new clinic room. There was no timescale available for when this would be completed.
- Stock medication was kept in the staff office and controlled drugs were kept in a locked safe in a locked cabinet. Medication was dispensed by trained staff only. The controlled drugs were signed for by two staff and records of this were up to date and correct.

Substance misuse services

- The sharps bin was stored in the clinic room and was labelled correctly. Medical equipment had been tested to ensure it was effectively working. There was a blood pressure machine which was calibrated and equipment for monitoring blood sugar.
- Urine testing was done in the toilets which protected clients privacy and dignity.
- There was an infection control policy and staff adhered to this. We saw hand washing signs and hand wash throughout the service.
- External and internal environmental risk assessments were completed weekly. There was no ligature risk audit and the service mitigated this adequately by completing preadmission assessments and detailed risk assessments which were regularly reviewed and updated.
- There was a designated fire officer and we saw fire safety equipment at the service and records of maintenance monitoring. The evacuation plan and fire procedures were kept next to the main control panel. Smoke alarms were tested weekly and a fire drill was done monthly. An annual fire safety check was completed by an external company.

Safe staffing

- The team at Cassiobury Court comprised of the service manager, assistant manager, one part time qualified nurse, one part time psychiatrist, four project workers and five support workers. There was a full time administrator and a housekeeper and cleaning staff. There was also a team of therapy staff who worked on a consultancy basis including an art therapist, drama therapist, photo therapist, four massage/holistic therapy staff and two acupuncturists who specialised in detox treatment. There were two volunteers who performed a supportive befriending role for four hours twice a week.
- There were ten bank support workers and a bank qualified nurse who worked regularly to cover for the part time permanent nurse. The service occasionally used three regular agency staff where cover could not be arranged via the bank.
- The shift pattern was 8am until 8pm on days and 8pm until 8am on nights. Day shifts were staffed by at least one manager, two project workers and up to four

support workers depending on the client mix. The qualified nurse worked from Monday to Friday from 8am until 1pm and the therapy staff worked during the day and evening delivering groups. The psychiatrist attended the service in the evenings and was available by phone and email during the day.

- At night the service was staffed by two project workers and one support worker. Managers provided an on call service and staff knew where the contact numbers were located in the office.
- Managers estimated the number of staff on a ratio of six clients to one staff member and adjusted this according to client numbers and needs.
- Staff sickness was low at two per cent between August 2016 and July 2017.
- Staffing absences were planned for in advance and were managed effectively through the use of regular bank staff. The bank qualified nurse was able to provide cover for the part time qualified nurse when required.
- Ten out of 17 staff had completed mandatory training. Mandatory training included safeguarding vulnerable adults, safe administration of medicines, risk assessment, person centred care, health and safety, first aid awareness, fire training, diversity and equality, confidentiality, infection control and communicating effectively.

Assessing and managing risk to clients and staff formatting of bullet points

- We reviewed six care records during the inspection. All clients had a pre admission assessment and a risk assessment which had been regularly updated. All risk assessments were detailed and records included a plan for unexpected exit from treatment. There was no emergency medication at this service. What is the expectation?
- Staff monitored clients' physical health. If a sudden deterioration occurred staff would consult the doctor, assist clients to attend the local medical walk in centre or would telephone the emergency services.
- Ten out of 17 staff had completed safeguarding vulnerable adults training.
- The service had a safeguarding adults policy and a safeguarding children policy and the procedure was for

Substance misuse services

staff to escalate any safeguarding concerns to their line manager. Staff were able to give examples of the issues that would fall within safeguarding. Children were not permitted to visit the service and clients were encouraged to have contact with their children in the local community.

- A controlled drug book was completed in accordance with procedure. Medication received from pharmacy was logged in, administered and recorded with two signatures. If there was a surplus it was returned to pharmacy for safe disposal and logged as such. The pharmacy signed for receipt of it. Staff signed for the handover of medication keys and the medication room was controlled by keypad door entry. Only those authorised to administer drugs had access to the code/keys. A stock audit of all medication was carried out in accordance with procedure and recorded. Current clients' medications were recorded and checked against medication charts.

Track record on safety

- The service reported that there had been no serious incidents between August 2016 and July 2017.

Reporting incidents and learning from when things go wrong

- The service had an incident policy that staff were familiar with. Staff were able to give us some examples of incidents that had occurred. All incidents were recorded by all staff on an incident form which was reviewed by the manager. A copy was placed on the client file and the original was stored with the log record in a locked safe place. The manager was responsible for ensuring the records were maintained and escalated and reported incidents as expected.
- During the inspection we reviewed the incident log. Since January 2017 there had been 29 incidents recorded with the highest number of incidents being falls. Actions had not been completed in 14 out of 29 cases. However the system had been improved since April 2017 with actions since then being clearly identified on the incident sheet.
- Staff were open and transparent and were encouraged to explain to clients if something went wrong.

- All incidents were reviewed at the quarterly clinical governance meetings attended by the service managers. The learning from incidents was fed back to staff at handover, supervision and team meetings.
- A change in procedure was made when a client escorted by one staff member bought alcohol from a local shop. Staff received further training and policy was changed so that clients must be escorted by two staff. This minimised the risk of a reoccurrence. Staff received a debrief after incidents and this was recorded in supervision records.

Duty of candour

- Managers and staff were aware of the duty of candour. Staff told us that they were encouraged to be open and honest with clients and examples were given of when things had gone wrong and this had been explained to clients.

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

Assessment of needs and planning of care

- We reviewed the care records of six clients. A completed pre admission form was present in each client file. A full assessment was then completed on the day of admission.
- The doctor completed an assessment of physical health care on the day of admission and ongoing monitoring of physical health was provided by the qualified nurse. This included monitoring of pulse and temperature. Clients with ongoing physical health concerns, such as diabetes were supported and monitored by the nurse.
- Of the six records reviewed, all contained up to date, holistic, personalised and recovery orientated care plans. Clients strengths and goals were identified and ongoing discussion in those areas was recorded. Observation levels were recorded and reviewed as clients progressed through their treatment plans.
- Client files were stored securely and were locked away to maintain confidentiality. Staff had access to information when they needed it in order to deliver care.

Best practice in treatment and care

Substance misuse services

- The psychiatrist followed National Institute for Health and Care Excellence (NICE) guidelines in prescribing and reviewing medications. Medications were prescribed in line with the British National Formulary recommendations. All staff responsible for the administration of medications had completed medication management training.
- Staff provided a range of psychological therapies recommended by The National Institute for Health and Care Excellence (NICE.) These included cognitive behavioural therapy and group therapy. Some of the topics covered in group therapy were Mindfulness, Meditation, Reflection and Relapse Prevention. Clients were given some choice about which therapies they accessed.
- Staff supported clients holistically and created treatment plans that covered all areas of the clients life. Clients were encouraged to form links with services in the local community and staff made referrals to services in the clients home area prior to discharge.
- Clients were given a full physical health assessment prior to commencing treatment. This was reviewed and monitored by the qualified nurse. Staff had a clear understanding of the risks associated with substance and alcohol withdrawal and gave examples of the warning signs to look out for. Staff regularly sought guidance from the psychiatrist or the nurse.
- Clients had detailed care plans and risk assessments which had been written based on the Recovery Capital Model. (physical, individual, social and cultural factors as part of the recovery process.) Risk assessments were detailed and updated regularly. Observation levels were directly linked to risk assessments.
- Clinical audits were completed by a senior manager from a partner organisation owned by the provider. Audits included medication, care plans and risk assessments.

Skilled staff to deliver care

- The service provided a range of staff including a psychiatrist, qualified nurse, project workers, therapists and support workers. Managers were present on each shift and provided an on call service out of hours. The psychiatrist was available during the day and provided telephone or email advice when not present.

Arrangements were in place for staff to contact the crisis team or the emergency services in the event that emergency medical attention was required. There was an administrator, maintenance staff, chef and housekeeping team to maintain other areas of the service. During the inspection we reviewed the personnel files of eight staff. All had two references, Disclosure and Barring Service (DBS) checks and evidence of right to work in the UK documentation.

- Managers had reviewed the induction process and tailored mandatory training to reflect the Care Certificate. The Care Certificate is a set of standards that health and social care staff adhere to in their working life. All staff received an induction.
- In the last twelve months 100% of eligible staff had received an appraisal. All staff had a named supervisor.
- Not all staff had completed mandatory training and only one staff member had completed clinical training. Mental Capacity Act training was not included in mandatory training.
- The supervision policy stated that staff should receive supervision every four to six weeks. We sampled the supervision records of six staff and found that only one had received supervision every four to six weeks. Staff that we spoke with confirmed that supervision was not regular.
- The service manager received supervision from a senior manager on a fortnightly basis with additional weekly telephone support.
- Staff were expected to complete the specialist training necessary for their role. This included mandatory training and clinical training which covered a range of physical health areas.
- Poor staff performance was addressed promptly by managers through supervision and performance management. However supervision was not provided regularly in line with the supervision policy. Additional support was available from senior managers.

Multidisciplinary and inter-agency team work

- Multi disciplinary team meetings were held weekly and attended by a range of staff. They included discussion and updating of clients risk assessments, treatment plans, incidents, recovery groups and physical health

Substance misuse services

issues. There was also a detailed discussion on each client at handover twice a day. The service also used a communication book to handover any daily information about clients.

- Staff communicated with clients GP's, the local police, the local safeguarding team and mental health services. The service also had good links with local third sector support services and self help groups such as alcoholics anonymous.

Adherence to the Mental Health Act

- There were no clients detained under the Mental Health Act at this service as clients with significant mental health issues were not accepted.

Good practice in applying the Mental Capacity Act

- The service had a policy on the Mental Capacity Act. There was an online training module on the Mental Capacity Act. Not all staff had completed this and it was not included in the mandatory training. Most staff that we spoke with had limited knowledge of the Mental Capacity Act and were unable to describe the five statutory principles. Two staff that we spoke with had not heard of the Mental capacity Act.
- The doctor discussed clients capacity on admission and we saw evidence of this in the client records reviewed.
- Staff told us they raised capacity issues and concerns with the psychiatrist or sought guidance from managers or the local mental health team.

Equality and human rights

- The service had an equal opportunities policy and efforts had been made to recruit a diverse staff group.
- The service was suitable for clients with disabilities who could use the ground floor ensuite bedrooms. However at the time of inspection the lift was out of order and prevented people from accessing the upper floors of the building to attend some groups .
- There were designated areas for female clients and gender specific groups were held within the service.
- Interpreters were used and leaflets were available in different languages. There was provision for meeting the dietary, religious and spiritual needs of clients of different religions and ethnicities.

- Families were not permitted to visit within the first week of treatment. Visiting was generally restricted to Sundays only. This formed part of the contract that clients signed up to on admission.

Management of transition arrangements, referral and discharge

- The service had a clear admission criteria and a pre admission process to ensure that clients' needs could be met appropriately. There was no waiting list and clients could be admitted promptly following acceptance into the service. On admission clients were orientated to the service and signed a contract in relation to their treatment and conduct within the service.
- Discharge plans were completed, including early exit from treatment. Staff worked to empower clients by providing information and groups on harm reduction throughout their treatment.
- Staff had good links with external services and clients were encouraged to access self help groups in the community as well as the groups provided within the service. Staff referred clients to external support services and escorted them to access health care in the community, such as sexual health clinics for blood borne virus testing.
- When clients wanted to exit treatment early, staff provided them with information on services local to their home and would make referrals as required. Staff provided groups and information on harm reduction.
- The service provided up to 12 months of aftercare support. An aftercare support group met monthly in the local community to provide peer support and encourage building support networks.
- Clients were encouraged to complete an exit questionnaire. Feedback indicated high levels of satisfaction at 92% in the 12 months prior to inspection

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed that staff treated clients with dignity, kindness and respect.

Substance misuse services

- All of the clients that we spoke with told us that staff were kind, compassionate and supportive and that they felt safe within the service.
- The staff provided a holistic approach to clients' needs and wrote tailored care plans together with the clients. Staff gave examples of the different needs of clients and worked towards meeting their needs fully.

The involvement of clients in the care they receive

- We reviewed the care records of six clients. All recovery plans were up to date, personalised and holistic. Clients told us that they had a copy of their recovery plans and that they had been written together with staff during keyworker sessions and tailored to their individual needs. Clients were able to attend their reviews.
- The service provided family group meetings as and when required. Carers were able to visit on Sundays and at other times by arrangement. Clients had access to their mobile phones in order to maintain contact with family and carers. Visits were not permitted during the first week of treatment.
- Clients could access the local advocacy service, however not all staff or clients were aware of this. We did not see advocacy posters on display.
- There was a weekly community group meeting at which clients could get involved in decisions about the service. The Hope group was held daily each morning where clients could make suggestions about the service. Clients were not involved in the recruitment of new staff.
- Clients were encouraged to give feedback about the service by completing an exit questionnaire. They could also give feedback at the weekly community meeting.
- Discharged clients had been consulted on the development of the service.

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

Access and discharge

- The service had an admissions criteria and would not accept clients with significant physical disabilities which could not be appropriately supported at Cassiobury

Court. A recent potential client who required regular dialysis was not deemed suitable for treatment. The client was referred to a hospital in another city for alcohol detox, where the treatment risks could be managed more effectively. Clients who had significant existing mental health issues were not accepted and would be referred to appropriate mental health services. There were restrictions on the admission of clients who were registered on the sex offenders register, or who had convictions for violence or arson. The admissions team completed a pre admission assessment which was sent to the manager for review prior to acceptance.

- The service did not use a waiting list and if the client was accepted for treatment, they could be admitted within days of completion of the pre admission paperwork and risk assessment.
- When accepting new clients consideration was given to the existing client group and any possible risks were planned for and managed appropriately.
- The doctor attended on the day of admission to assess any new clients. Nursing staff continued to monitor and assess clients' physical healthcare needs and clients were supported to make links with services in the community such as medical walk in centres, dentists and third sector specialist support services.
- The service provided post discharge telephone support and an aftercare service for a period of 12 months after clients had been discharged.

The facilities promote recovery, comfort, dignity and confidentiality formatting of bullet points

- There was a full range of rooms available for treatment and care including counselling rooms, group rooms, gender specific quiet rooms and a laundry. There was a spacious lounge and dining area with adequate seating for all clients.
- The clinic room was very small and not fit for purpose. It could not accommodate a couch and physical examinations took place in patients bedrooms. There was no fridge in the clinic room.
- The service had two downstairs en suite bathrooms provided for clients with disabilities. There were six further en suite bedrooms on the upper floor. The remaining 11 bedrooms had a sink in the room and a bathroom shared with one neighbouring bedroom.

Substance misuse services

- The lift was out of order at the time of inspection and whilst this had been escalated to senior managers, agreement had not yet been reached on when it would be repaired.
- Clients were given a key to their room so belongings were kept safe. Privacy was maintained if clients wanted to make private phone calls or see their family.
- Outside there was a lawned garden to the rear and to the front of the building there was a courtyard and gazebo with seating.
- The service had a full time chef who prepared the clients' meals and weekly menus. The service catered for vegetarian, vegan, gluten free, kosher and halal diets. Discussion about food took place at the weekly community meetings. Clients could make hot and cold drinks and snacks throughout the day.
- The housekeeper supervised the cleaning team and cleaning rotas were up to date along with records of fridge temperature monitoring.
- There was access to activities throughout the day and during the evening seven days per week. Activities were displayed on a notice board in the dining room and included mindfulness, yoga, tai-chi, art therapy, creative writing, phototherapy, music therapy, daily walks. In addition to the activities clients could access harm reduction and recovery workshops, one to one sessions with their keyworker, community meetings, hope meetings and reviews with the psychiatrist and service staff.
- There had been no complaints received between August 2016 and July 2017. However staff informed us of two very recent complaints. Managers accepted that they did not always respond to complaints in a timely manner and that they were working to improve this.
- There was a complaints policy and complaints posters were displayed in communal areas. The clients that we spoke with knew how to complain and had been told about the complaints process during their initial assessment. One said that they had raised concerns in the past and they had been appropriately addressed, although the response time was quite lengthy.
- Staff that we spoke with were able to explain how they would support a client to make a complaint whether formal or informal. All complaints went to the manager and clients had the right to appeal to the board if they were not satisfied with the outcome.

Are substance misuse services well-led?

Vision and values

- The vision at Cassiobury Court was to help individuals, communities and families across the United Kingdom achieve freedom from addiction. The values were respect, enduring, holistic, active and brave. The vision and values were displayed at the front of all policies. Staff knew the vision and values and demonstrated them in their everyday work. Discharged clients had been consulted on the development of the vision and values of the service.
- The vision and values formed part of the supervision proformas and were linked to objectives. However supervision was not taking place regularly.
- Staff knew who the most senior managers in the organisation were. Senior managers visited the organisation at least fortnightly for service meetings and quarterly audit meetings.

Good governance

- The service provided mandatory training but not all staff had completed this.
- Supervision and appraisals were provided. However supervision was not up to date and was not provided in line with policy.

Meeting the needs of all clients

- There were two ensuite ground floor bedrooms for clients requiring disabled access. At the time of inspection the lift was out of order which prevented clients with mobility issues from accessing other rooms and groups within the service.
- There were leaflets available in other languages and staff described the process for accessing an interpreter if required. Clients were supported to access places of worship in the community according to their spiritual needs.

Listening to and learning from concerns and complaints

Substance misuse services

- The organisation did not use key performance indicators (KPI s.) All clients had to participate in sessions in counselling, key work, recovery and therapy groups each week.
- The manager had sufficient authority to make decisions and had full time administrative support.
- The manager could submit items to the risk register held at Head Office.

Leadership, morale and staff engagement

- The level of staff sickness was at low at two per cent between August 2016 to July 2017.
- There had been no bullying and harassment cases between August 2016 to July 2017.
- Staff knew where to locate the whistle blowing policy and how to use it. There had been one case of whistle blowing between August 2016 to July 2017.This was resolved in a timely way.

- Staff that we spoke with had mixed views on the level of staff morale. The majority said that it was improving and that they got job satisfaction from the holistic approach to their work with clients.
- There was no training budget for leadership training for managers.
- We saw evidence of team working and staff told us that the team were supportive of each other.
- Staff were able to give feedback and suggestions for service development during supervision and at the staff team meetings.

Commitment to quality improvement and innovation

- There was nothing of significance to note.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all staff receive supervision in line with policy.
- The provider must ensure that the clinic room is fit for purpose.
- The provider must ensure that all staff receive mandatory training to include the Mental Capacity Act and safeguarding vulnerable adults.
- The provider must ensure that complaints are investigated and outcomes conveyed to complainants in a timely manner.

- The provider must ensure that the lift is repaired in timely manner and is available to support clients with mobility issues to access groups on the upper floors.

Action the provider **SHOULD** take to improve

- The provider should ensure that advocacy posters are displayed and information is made available to patients.

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

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- The provider did not ensure that all staff received regular supervision in line with policy.
- The provider did not ensure that all staff had completed Mental Capacity Act training and safeguarding vulnerable adults training.

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

- The provider did not ensure that the clinic room was of a size that was fit for purpose.