

## The Salvation Army Social Work Trust

# Gloucester House

### Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Summary of findings

## Overall summary

Gloucester House is a residential substance misuse service in Highworth, a small market town close to Swindon. The service delivers psychosocial treatment for up to 13 males based on the 12-step programme. This is a set of principles that assists people suffering from addiction by providing individual action steps.

Our rating of this location went down. We rated it as requires improvement because:

- There was a lack of oversight and a lack of quality assurance processes in place. The service did not have a risk register and few audits took place. Where audits did take place these were often incomplete or there was a lack of evidence of any action having been taken.
- Compliance with mandatory training was very low. Only 25% of staff were up to date with their safeguarding training.
- Staff were supposed to receive supervision every six weeks, however this was not taking place.
- Regular team meetings did not take place which meant staff did not have an appropriate forum to communicate with one another.
- The different teams within the service did not operate well as a multidisciplinary team.
- Clients did not have contemporaneous care records in place.
- There was no alarm system in place to enable clients in their bedrooms to summon assistance from staff in the event of an emergency.

However:

- There was a clear focus on recovery within the service and clients were encouraged to take ownership of this.
- Clients we spoke with gave excellent feedback about the service and the way staff treated them. They told us they felt involved in their care.
- There was a clear process in place for clients who were self-administering medicines.
- Staff worked well with other agencies to ensure the best outcomes for clients, for example they had a positive working relationship with a local GP surgery.
- There was a good range of activities on offer for clients, including woodwork, pottery, gardening and art.
- No clients at the service had tested positive for COVID-19 since the start of the pandemic.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Residential substance misuse services

Requires Improvement

### Rating



### Summary of each main service

Our rating of this location went down. We rated it as requires improvement because:

- There was a lack of oversight and a lack of quality assurance processes in place. The service did not have a risk register and few audits took place. Where audits did take place these were often incomplete or there was a lack of evidence of any action having been taken.
- Compliance with mandatory training was very low. Only 25% of staff were up to date with their safeguarding training.
- Staff were supposed to receive supervision every six weeks, however this was not taking place.
- Regular team meetings did not take place which meant staff did not have an appropriate forum to communicate with one another.
- The different teams within the service did not operate well as a multidisciplinary team.
- Clients did not have contemporaneous care records in place.
- There was no alarm system in place to enable clients in their bedrooms to summon assistance from staff in the event of an emergency.

However:

- There was a clear focus on recovery within the service and clients were encouraged to take ownership of this.
- Clients we spoke with gave excellent feedback about the service and the way staff treated them. They told us they felt involved in their care.
- There was a clear process in place for clients who were self-administering medicines.
- Staff worked well with other agencies to ensure the best outcomes for clients, for example they had a positive working relationship with a local GP surgery.

## Summary of findings

- There was a good range of activities on offer for clients, including woodwork, pottery, gardening and art.
  - No clients at the service had tested positive for COVID-19 since the start of the pandemic.
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# Summary of findings

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# Summary of this inspection

## Background to Gloucester House

Gloucester House provides residential rehabilitation for up to 13 men in recovery from substance misuse. The service is based in a listed three-storey townhouse located in Highworth market square. The majority of placements are funded by local authorities. However, Gloucester House occasionally takes private self-funders. The service also had a 'buy-a-bed' fundraising scheme to provide treatment for men who are unable to access local authority funding or fund treatment themselves.

Treatment at Gloucester House is abstinence-based. It is designed around the 12-step programme. The service provides psychosocial support and does not provide detoxification. Clients requiring detoxification attend a different centre before their admission to Gloucester House.

The service is registered to provide accommodation for persons who require treatment for substance misuse.

The service was last inspected in 2019 and rated as outstanding overall.

The service had a registered manager in place at the time of the inspection, although he was due to leave the service shortly afterwards. The provider planned to submit an application for the programme co-ordinator to become the CQC registered manager.

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

### What people who use the service say

People who used the service were overall very positive about the service they received. They said that staff were kind, compassionate and caring and really appreciated that they gave them the opportunity to be themselves and work through the programme at their own pace. Clients felt involved in their care and told us that staff were always available when they needed them.

## How we carried out this inspection

The team that inspected the service was made up of two CQC inspectors.

During the inspection visit the team:

- Reviewed the environment and observed how staff were interacting with clients
- Spoke with the registered manager, the referrals co-ordinator and the programme co-ordinator
- Spoke with four other staff members including a support worker, an assistant support worker, an art therapist and a counsellor
- Spoke with four clients
- Reviewed six client records
- Reviewed two medicines charts and six self-administration of medicines records
- Received feedback from two external stakeholders including a commissioner and a deputy manager from a community substance misuse service

# Summary of this inspection

- Looked at a range of policies and procedures relating to the running of the service.

## Outstanding practice

We found the following outstanding practice:

- The service belonged to a 'treatment loop' which enabled clients to continue treatment at another centre for no additional cost when they had breached specific treatment requirements.
- For clients who needed treatment but were unable to access funding elsewhere the service had a 'Buy a Bed' scheme. Staff had engaged the local community to help to raise money to pay for treatment for these clients including charitable collections in local businesses.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the service **MUST** take to improve:

- The service must ensure that there is robust governance and oversight in place to effectively monitor the quality of care being delivered (Regulation 17 (2) (a)).
- The service must ensure that staff are up to date with their mandatory training (Regulation 18 (2) (a)).

### Action the service **SHOULD** take to improve:

- The service should ensure that staff are aware of the potential ligature risks within the service (Regulation 12 (2) (c)).
- The service should ensure that there is a clear process in place for checking the emergency equipment and first aid kits (Regulation 12 (2) (d)).
- The service should ensure there are systems in place to enable staff to maintain contemporaneous records of clients' care (Regulation 17 (2) (c)).
- The service should ensure that staff receive supervision and appraisals in line with provider policies (Regulation 18 (2) (a)).
- The service should ensure that staff receive training in the Mental Capacity Act, and that they have a good understanding of how this is relevant to their role (Regulation 18 (2) (a)).
- The service should ensure that medicines charts are fully completed and that there are clear processes in place for auditing these to enable any gaps to be identified and promptly addressed (Regulation 12 (2) (g)).
- The service should ensure that there is a system in place to enable clients to summon assistance from their bedrooms in the event of an emergency (Regulation 12 (2) (d)).
- The service should ensure that there are formal mechanisms in place to enable staff to give feedback about the service (Regulation 17 (2) (a)).

# Our findings






## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement



# Residential substance misuse services

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

## Are Residential substance misuse services safe?

Requires Improvement 

Our rating of safe went down. We rated it as requires improvement.

### Safe and clean environment

**All premises where clients received care were clean. Staff ensured that environmental risk assessments were completed, however there was no working alarm system in place for clients to be able to summon help from the bedroom floors.**

The service was generally clean. Clients were responsible for cleaning their own rooms and communal areas. They had access to the equipment needed and were allocated time at weekends to do this. Some of the carpets were heavily stained.

The facilities were generally well maintained. The Salvation Army Housing Association were responsible for carrying out any major repairs that were needed and the service had also recently employed a handyperson to work four hours a week to complete any more routine repairs. Clients could raise any issues in community meetings and these were then recorded in a maintenance book.

The provider ensured that environmental risk assessments, fire risk assessments and legionella risk assessments were carried out.

The provider had completed a protocol for managing ligatures, however this did not detail where the ligature risks were within the service and staff we spoke with were unaware of this protocol. Managers had not reviewed it since April 2020. Making the ligature management plan more explicit and available to staff was an action from the previous inspection in 2019 which had not been addressed. Staff had access to ligature cutters. The service did not accept clients who were at high risk of suicide, however there were two clients at the service who had recently disclosed thoughts of self-harm.

Staff worked alone during evenings and weekends. The provider had a lone working policy in place and staff told us they felt safe. Staff who were working alone were required to carry a service phone with them at all times and a manager was always on call. However, there was no alarm system in place for clients to use. The service was delivered from a three-storey town house with bedrooms on the second and third floors. There were telephones in the corridors outside

# Residential substance misuse services

the bedrooms which would enable clients to contact the staff office should they need to summon assistance, however these phones did not work. Clients did not have access to their mobile phones either, and even if they did it was very difficult to get a phone signal in the building. Staff told us that if there was a medical emergency clients would shout for help which would summon assistance from another client. The other client would then need to run down to the ground floor to access the payphone and call emergency services or run to the staff office which was currently located through a courtyard towards the rear of the building. Managers told us there were plans to relocate the office to a room on the ground floor of the main building.

Staff did not routinely check the first aid kit and emergency equipment at the service. They told us that the person responsible for doing this had left and the task had not been re-allocated. We found that some of the equipment in the first aid kit had passed its expiry date which staff rectified during the inspection. Records showed that the kit had not been checked for over a year. Staff told us they reminded each other to check the de-fibrillator on an ad-hoc basis, and that no record was kept of this.

Entrances to the service at the front and rear of the building were monitored via closed circuit television (CCTV) which was viewable from the staff office.

Staff adhered to infection control principles such as handwashing and disposing of clinical waste in identified bins. Hand sanitiser was available throughout the house.

## Safe staffing

**The service ensured that staffing was safe and that there was always a staff member available. The service had high vacancy rates for support staff, however staff knew the clients well.**

A staff member was always available for clients. However, the service had a 50% vacancy rate for support workers. This meant that there was usually only one support worker on an early shift and one on a late shift. With full staffing there would usually be two support staff on each shift. There were two relief staff members to cover any gaps and there were two staff members who covered night shifts. Any unexpected absences were covered by members of the management team. The service did not use agency staff.

The service operated an on-call rota to ensure that a senior staff member was available out of hours.

All clients had a core support worker and attended monthly one to one sessions with them. Some of the clients we spoke with said they expected to have more frequent reviews with their core worker.

Clients occasionally had their activities cancelled due to a lack of staff. Clients told us this could be frustrating when they had prepared for an activity and it was cancelled last minute but said that staff were supportive when this happened.

Managers ensured new staff received an induction. This included spending lots of time shadowing more experienced staff members as well as a buddy system for ongoing support.

## Assessing and managing risk to clients and staff

**Staff screened clients before admission and only admitted them if it was safe to do so. They assessed and managed risks to clients and themselves well.**

# Residential substance misuse services

We reviewed care records for six clients. Staff had completed risk assessments for all clients. These were regularly reviewed and updated in response to changing or new risk. All clients had contingency plans in place in case of unexpected early exit from treatment.

Clients who were admitted to the service from the community were asked to isolate within an identified barrier room for five days. This was to enable them to be tested for COVID-19 prior to having contact with other clients.

The provider had a search policy in place. Clients consented to room searches within their contract with the service, should staff have reason to believe this was necessary. Clients' belongings were also searched on admission and when they returned from home visits. Staff made clients aware of any prohibited items prior to admission and if any items were found these were kept in a locked cupboard within the manager's office.

## Safeguarding

### **Staff understood how to protect clients from abuse and the service worked well with other agencies to do so.**

Safeguarding was part of the provider's mandatory training, however this was overdue for 75% of staff. Staff we spoke with said they would notify their line manager if they had any safeguarding concerns.

The service had a designated safeguarding lead and the provider had a central safeguarding team who maintained oversight of any safeguarding issues. The service had submitted two safeguarding notifications to CQC in the previous 12 months.

Children did not visit the service.

## Staff access to essential information

### **Staff had challenges accessing computer systems and did not maintain comprehensive client records.**

Staff used a combination of paper and electronic records. Staff told us that they frequently had problems accessing the computer systems and so the paper records were essential in ensuring they had all of the information they needed.

Clients did not have contemporaneous records in place, progress notes were completed sporadically and lacked detail. For example a client who had been at Gloucester House for eight weeks only had six progress notes documented. Staff told us they didn't have the time to make more frequent entries, and managers said this was something they would focus on once staffing levels improved.

## Medicines management

### **The service used systems and processes to safely administer and store medicines. Medicines charts had gaps in completion.**

The room where medicines were stored and administered was clean and tidy. Staff kept a cleaning schedule. There was no sink in the room, so staff either used hand gel or went upstairs to wash their hands.

## Residential substance misuse services

Staff were required to check the temperature in the clinic room everyday, however the chart showed that 14 checks in October had been missed, and there was no chart yet in place for November, despite the inspection taking place on the 10th. Staff were not routinely checking the fridge temperature in the clinic room as no medicines were being stored in there at the time of the inspection. Staff told us they would check the temperature daily if medicines were stored in there.

The service did not keep any controlled drugs on the premises. Clients who required controlled drugs attended a local pharmacy.

Staff were required to complete online training and complete an assessment prior to administering any medicines.

Eight out of 10 clients at the service were self-administering medicines. Clients were risk assessed prior to commencing self-administration. Clients stored medicines in locked safes in their bedrooms and staff monitored compliance and how much medicine they had left. Clients completed self-administration forms each week and these were audited by staff.

Staff completed medicines charts for the clients they administered medicines to, however when we reviewed these we found they were not fully completed as staff who had written up the charts had not signed them, nor had a staff member signed to confirm they had been checked. Staff told us they audited these weekly and that any identified actions would be dealt with straight away, however no record of these actions was kept.

### Reporting incidents and learning from when things go wrong

**The service had a good track record on safety. There were low levels of incidents.**

The service reported no serious incidents to CQC in the 12 months prior to the inspection.

Staff reported any incidents to managers who logged these on the provider's incident reporting system, however this was rare. The most common type of incident reported was injuries. Managers were able to give examples of lessons learned following incidents, however other staff told us that these would usually be disseminated via team meetings but these had not been taking place recently. They were therefore unable to provide any examples of lessons learned.

Regional managers looked at incidents reported in order to identify any themes.

## Are Residential substance misuse services effective?

Our rating of effective went down. We rated it as requires improvement.

### Assessment of needs and planning of care

**Staff completed comprehensive assessments with clients on admission to the service. They worked with clients to develop individual care plans. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented.**

# Residential substance misuse services

We reviewed care records for six clients. All of the recovery plans were personalised, holistic and recovery-oriented, with a focus on client's goals and strengths. Clients were provided with a copy of their recovery plan. Staff completed an outcomes star with clients each month which provided a holistic measure of their progress, this was also used to review progress and set goals.

## Best practice in treatment and care

**Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.**

Staff supported clients in line with "Drug misuse and dependence: UK guidelines on clinical management (2017)" and guidance from the National Institute for Health and Care Excellence. The service provided treatment for clients which included psychological therapies, rehabilitation activities, occupational activities, training and work opportunities intended to help clients acquire living skills. For example, clients accessed individual counselling, group therapy, voluntary work, creative activities such as pottery, and physical activities at a local sports centre.

The service supported clients to develop life skills relevant to their individual needs. For example, debt management, basic computer skills, basic literacy skills, improving health and hygiene, cooking lessons and nutrition, fire safety, harm reduction, anger management, and emotional regulation.

Clients were all registered with a local GP and told us that access was very good. However, there was no documentation within care records of clients' baseline physical observations or physical health assessment on admission. Staff did not carry out any routine physical health observations, such as blood pressure or temperature. Staff told us clients attended an initial appointment for a review of physical health when they registered with the local GP, however this was not documented within care records. Staff were expected to complete initial height and weight measurements but these were blank in all records. Staff told us this was because they were short staffed and had got out of the routine of doing this.

In four out of six care records there was no documentation of blood borne virus (BBV) assessments, drug use assessments or assessment of previous access to treatment. The service did have a form for this, which was seen in the other two records, however, the staff were unable to locate the missing four documents. Staff told us that referrals were not accepted without those details, however this meant that staff did not have access to the information if they needed it.

Staff supported clients to stop smoking and encouraged them to use vaping products instead. Smoking was not permitted within the house.

Clients were supported to access other physical healthcare professionals when needed, for example we saw evidence that clients had visited the dentist.

The service had an advisory group which comprised of professionals with a background in addictions, health and social care. The group met quarterly.

## Skilled staff to deliver care

# Residential substance misuse services

**The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. Managers provided an induction programme for new staff but did not routinely support staff with appraisals and supervision.**

An experienced therapist led the client programme and had been in post for approximately six months. A qualified art therapist also worked at the service one day a week. There were four counsellors who delivered sessions at the service and volunteers who led activities such as pottery and woodwork.

Staff did not keep up to date with their mandatory training. Only 25% of staff were up to date with their safeguarding and equality and diversity training. Fifty percent of staff were up to date with their information skills training and 62.5% were up to date with their data protection training. Managers told us that this was because the provider's IT systems had been unavailable for a number of months and so staff had been unable to access online training. However, some of the training courses had been due for completion at the beginning of 2020 which was over a year before the training system became unavailable.

Fifty percent of staff had received an annual appraisal within the last 12 months.

Managers told us that supervision was supposed to take place every six weeks however the majority of staff had only had one or two sessions in 2021. The most any staff member had was five. A staff member we spoke with said they received supervision but did not know who their supervisor was.

## Multidisciplinary and interagency teamwork

**The multidisciplinary team did not operate well together. They had good working relationships with other teams outside of the organisation.**

Staff told us they did not feel well integrated as a multidisciplinary team and that there were clear divides between therapy staff, support staff and the management team. Staff team meetings were ad-hoc every few months and so there was little opportunity for the whole team to come together. We saw little evidence of therapy notes within care records, for example there were only three art therapy notes found in all of the six records we reviewed.

Staff had a handover session between day and night shifts and utilised a handover book to communicate important information to other members of the team.

Staff had good working relationships with external agencies they worked closely alongside, including the criminal justice service, social services, mental health services and community substance misuse services. Staff also worked closely with mutual aid groups who facilitated groups in the evenings which clients could attend.

Staff we spoke with from teams external to the service told us that they had excellent working relationships with the team, and that they were regularly kept updated with regards to clients' progress and discharge plans.

## Good practice in applying the Mental Capacity Act

**Staff did not have a good understanding of the Mental Capacity Act.**

# Residential substance misuse services

The support staff we spoke with were unfamiliar with the Mental Capacity Act. They told us that this was the responsibility of the referrals co-ordinator. Clients signed a form consenting to their admission. However, there was no reference to capacity or evidence of assessment of capacity to consent to treatment or admission having been completed within the care records.

Managers told us that staff completed training in the Mental Capacity Act, but were unable to provide details of the number of staff who had completed this.

## Are Residential substance misuse services caring?

Good 

Our rating of caring went down. We rated it as good.

### Kindness, privacy, dignity, respect, compassion and support

**Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients and supported them to understand and manage their care and treatment.**

Clients told us that staff treated them with dignity and respect at all times. They told us they were encouraged and supported to take ownership of their own recovery. Clients told us that staff supported them to go at their own pace, which they really appreciated.

We observed staff treating clients with kindness and compassion during our inspection.

Clients told us that even though the service was short staffed, there was always someone available to speak to when they needed, including at night and on weekends.

Clients met with their core support worker on admission to go through induction paperwork for the service and help familiarise them with the group timetable. Clients were also allocated another client to be their buddy to help show them around and ensure they were familiar with the timetable and procedures.

A commissioner told us they had received excellent feedback from clients, and that staff demonstrated kindness and patience when working with clients with a variety of different needs.

Clients often came to the service after completing a detoxification elsewhere. Staff collected them from detoxification centres and brought them to Gloucester House.

### Involvement in care

**Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.**

# Residential substance misuse services

Clients attended a weekly community meeting and staff ensured they were consulted on any proposed changes. Clients told us that they were encouraged to raise any issues they had during this meeting.

We reviewed recovery plans and risk assessments which all included clients' views.

Some clients told us they would like more frequent updates about their care and progress towards discharge. Clients met with their core support worker once a month, but some clients did not feel like this was frequent enough.

The provider employed a chaplain who worked at the service. The chaplain supported and advocated for clients.

Clients were asked to provide feedback when they were discharged from the service.

## Involvement of families and carers

### Staff informed and involved families and carers appropriately.

The service had an identified member of staff to be the key point of contact for families and carers. Staff encouraged clients to stay in contact with their loved ones throughout their stay and staff helped to organise visits.

## Are Residential substance misuse services responsive?

Good 

Our rating of responsive went down. We rated it as good.

## Access and discharge

### The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

The service accepted referrals from local and national commissioners including social services and NHS providers. The service also accepted privately funded clients. The rehabilitation programme lasted 12-24 weeks.

The service did not have a waiting list due to having spare capacity. Managers told us that clients may occasionally need to wait to access the service if they required a ground floor room and none were available.

The service belonged to the "Choices" rehabilitation group which offered a 'loop' system to provide alternative residential settings if the current placement was not meeting a person's needs, or if the person breached the client agreement. If clients required transfer to another setting, staff drove them there.

For clients who needed treatment but were unable to access funding elsewhere the service had a 'Buy a Bed' scheme. Staff had engaged the local community to help to raise money to pay for treatment for these clients including charitable collections in local businesses.

## Facilities that promote comfort, dignity and privacy



# Residential substance misuse services

**The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity. Each client had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.**

Clients had their own bedrooms which they could personalise. They could have a key for their bedroom if they wished. Clients had lockable storage within their bedrooms to store personal possessions.

A chaplain was available five days a week.

The service had recently received some funds to purchase some gym equipment, however this was unable to be used due to there being no instruction manuals attached to the equipment. Managers had requested these and were waiting for them to arrive. Clients told us they found this very frustrating and that there could be clearer communication around this issue within community meetings. Clients were also able to access a gym and swimming pool at an external local leisure facility.

Clients went on a local walk on weekends. Some clients told us they would appreciate more opportunities for trips out, e.g. to go to a park or somewhere other than the town.

There was a wide range of activities available for clients, including woodwork, pottery, gardening and art. Some clients were making garden furniture and ornaments to sell.

Clients had access to a computer suite. Staff kept the keyboards for the computers in the office and clients were required to sign these out when they wished to use them.

Clients told us that the food at the service was good. A chef prepared meals for them during the week and they prepared their own food on weekends. Any dietary requirements could be catered for.

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

### **The service met the needs of all clients.**

The main accommodation and treatment facilities were located across several buildings and floors. The provider had completed a disability access assessment, but the main building was listed and could not be adapted for wheelchair users. However, staff signposted clients to other suitable services when they were unable to meet their needs. In addition to the bedrooms in the main house, there were also four bedrooms in a bungalow which were more easily accessible. The bungalow had its own bathroom and kitchen facilities and was located much closer to the staff office. These rooms were allocated to clients who would find it difficult to climb stairs or who had been risk assessed as needing to be closer to the staff office.

## Listening to and learning from concerns and complaints

### **The service treated concerns and complaints seriously.**

The service had not received any formal complaints in the 12 months prior to the inspection.

Clients were informed of the complaints process.

# Residential substance misuse services

Requires Improvement



## Are Residential substance misuse services well-led?

Requires Improvement



Our rating of well-led went down. We rated it as requires improvement.

### Leadership

#### Leadership of the service required improvement.

The service manager was leaving their role shortly following the inspection. They had acknowledged that a number of improvements were required to ensure that the service was running effectively.

The programme co-ordinator planned to apply to become the CQC registered manager and was completing a full service review to get a clear picture of the service as it was currently running and to put a plan in place to address any issues and make improvements. They had also developed an audit tool based on CQC key lines of enquiry which they intended to implement going forwards. The programme co-ordinator was an experienced manager and therapist.

Staff told us that managers within the service were visible and approachable.

### Vision and strategy

#### Staff knew and understood the provider's vision and values and how they were applied in the work of their team.

Gloucester House was provided by the Salvation Army whose mission is to share Christianity, actively serve the community, and fight for social justice. The provider's values were integrity, accountability, compassion, passion, respect and boldness. Staff understood and worked in line with the provider's vision and values.

### Culture

#### Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution. Managers did not carry out staff surveys.

Staff told us that communication within the service needed to be improved. Regular team meetings did not take place so there were few opportunities for key information to be passed on, other than that which was handed over between shifts. Managers did not carry out any staff surveys. Staff told us that they felt comfortable to approach managers and offer feedback, but that there were no formal mechanisms to do so.

The chaplain offered support for staff as well as clients.

Staff were able to take wellbeing days which were short notice days off if they felt they needed it – this did not come out of their annual leave balance or count as sickness absence. Managers or relief staff would cover the staff members' shift if this was requested.

# Residential substance misuse services

Staff had access to an external employee assistance programme.

Staff told us that they felt able to raise any concerns when needed. They told us that managers seemed flexible and open to change.

## Governance

### **Our findings from the other key questions demonstrated that effective governance processes were not in place.**

Managers did not have a risk register for the service. This meant that there were no documented mitigation plans in place for any identified risks, and that staff were unaware of the key risks for the service and what was being done to mitigate them. For example, the service had recently had some IT issues which had caused major disruption, and staff were unaware what actions had been put in place to prevent these from happening again.

Managers did not have clear processes in place for checking and auditing equipment and records. For example, the staff member responsible for checking the first aid kit and emergency equipment had left and this task had not been reallocated. There was also no system in place for auditing care records and documenting where any improvements were needed. Staff told us that they checked the files and rectified any omissions immediately but that they did not document what had been done. Where audits did take place, such as of medicines charts and clinic room temperature checks, we saw omissions in these. For example, 14 clinic room temperature checks in October had been missed and there was no record yet for November despite the inspection taking place on the 10th.

Clients did not have contemporaneous records in place. Progress notes were sporadic and lacked detail. For example a client who had been at Gloucester House for eight weeks only had six progress notes documented. Staff told us they didn't have the time to make more frequent entries, but that this was something they would focus on once staffing was improved. The provider had undertaken a strategic operational review of the service in March 2021 which had highlighted that recording practices needed to be improved.

The service had an advisory group which comprised of professionals with a background in addictions, health and social care. The group met quarterly to discuss items such as staffing arrangements and shift cover, evidence-based practice, information management, risk management and incidents, audit and inspection, training and service user involvement.

Managers regularly uploaded data to the National Drug Treatment Monitoring System (NDTMS). This is run by Public Health England and gathers information about the effectiveness of treatments.

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 17 HSCA (RA) Regulations 2014 Good governance

The service did not have robust governance and oversight in place to effectively monitor the quality of care being delivered.

#### Regulated activity

Accommodation for persons who require treatment for substance misuse

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service did not ensure that staff were up to date with their mandatory training.