Treatment Direct Limited

Linwood 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	Good
Are services safe?	Requires Improvement
Are services responsive to people's needs?	Inspected but not rated
Are services well-led?	Inspected but not rated

Summary of findings

Overall summary

Linwood Park provides residential alcohol and drug detoxification and/or rehabilitation to adults over 18 years of age.

We did not plan to re-rate the service at this inspection as it was a focused inspection of key lines of enquiry related to the safe and well led key questions only. However, due to the inspection findings we have re-rated the safe key question as requires improvement because we have applied a ratings limiter due to breaches of regulation (legal requirements) found during the inspection.

Our rating of this location stayed the same. We rated it as good because:

- Staff had completed and kept up-to-date with their mandatory training.
- We observed, and clients told us, that staff treated them well.
- Leaders were skilled and knowledgeable about the service, and were focused on making improvements.

However:

- The premises where clients were seen was not safe and well maintained. There were significant refurbishment works taking place with some areas only blocked off by moveable plastic barriers, equipment was left unattended, and there were loose cables on the floor. Control measures put in place to manage risks from refurbishment works were not effective as they did not identify or lead to removal of all risks. Some clients told us they found it hard to concentrate on their recovery due to the refurbishment works and felt that managers had not responded to concerns raised.
- Managers did not ensure important fire safety checks were consistently completed and we observed fire doors not closing during a fire drill. Therefore, they could not guarantee that clients and staff would be kept safe in the event of a fire.
- Numbers of staff on duty did not consistently match the manager's staffing plan. Therefore, they could not guarantee that clients would be kept safe, particularly during detoxification. Some clients felt that staff did not have enough time to spend with them.
- Managers did not ensure all incidents were correctly reviewed.
- Some governance systems and processes were not operating effectively to maintain clear oversight of the service and to ensure improvements were made.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good	

Summary of findings

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Summary of this inspection

Background to Linwood House

Linwood Park is a residential substance misuse service provided by Treatment Direct Limited, who have been the registered provider of this service since 1 October 2020. Linwood Park is registered to provide residential alcohol and drug detoxification and/or rehabilitation to adults over 18 years of age. At the time of inspection the service could accommodate 40 clients over two floors but was currently undergoing significant refurbishment work which would allow the premises to accommodate 51 clients in the near future. Linwood Park accepted privately funded clients only.

The service was registered by the Care Quality Commission 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 was previously inspected in October 2018. We rated the service as 'good' overall with a rating of 'good' in each of the key questions and no identified breaches of regulation. This is the first inspection since the change of provider.

What people who use the service say

We spoke with three clients during inspection. Clients told us staff were focused and motivated to help. However, two clients told us that they found it hard to focus on recovery whilst refurbishment was taking place, and that when concerns about works were raised with managers, they did not always respond well or offer constructive solutions. Clients told us they felt there could be more activities available, especially on weekends.

Following inspection the provider provided inspectors with details of comments made by clients following treatment at the service between 02 July 2021 and 09 September 2021. Whilst some of these comments were negative and referred to the refurbishment work preventing them focusing on their recovery, the majority of feedback was positive with regards to staff and the treatment programme provided.

How we carried out this inspection

We inspected this service because we had concerns about the quality and safety of the service.

The team that inspected the service comprised of two CQC inspectors. Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients;
- spoke with three clients who were using the service;
- spoke with the registered manager;
- spoke with four other staff members; including support workers, therapists and housekeepers.
- looked at two care and treatment records of clients:
- looked at a range of policies, procedures and other documents relating to the running of the service

Summary of this inspection

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the provider MUST take is necessary to comply with its legal obligations. Action a provider 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 provider MUST take to improve:

We told the provider that it must take action to bring services into line with one legal requirement. This action related to one service.

- The provider must ensure that the premises used are safe at all times.

Action the provider SHOULD take to improve:

- The provider should ensure that there are sufficient numbers of suitably qualified, competent, skilled and experienced staff on duty at any one time.
- The provider should ensure that staff understand what incidents to report and how to report them.
- The provider should ensure that governance processes operate effectively to assess, monitor and mitigate risks relating to the health, safety and welfare of clients using the service.
- The provider should ensure that fire safety checks are undertaken within the specified timescales.
- The provider should ensure that equipment is regularly checked and in good working order to ensure refrigerated medications are stored safely.
- The provider should ensure that clients have a method of contacting staff in the event of an emergency.
- The provider should ensure that learning from medication errors is embedded in processes to reduce the risk of repeated errors.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Requires Improvement	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated	Good
Overall	Requires Improvement	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated	Good

Good

Substance misuse services

Safe	Requires Improvement
Responsive	Inspected but not rated
Well-led	Inspected but not rated

Are Substance misuse services safe?

Requires Improvement

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

Safe and clean care environments

Not all areas within the premises were safe, clean well equipped, well furnished, well maintained or fit for purpose.

Safety of the premises layout

At the time of inspection significant refurbishment of the premises was taking place. Works had been ongoing since January 2021 and at the time of inspection works were focused on a corridor on the lower floor of the building. However, many additional areas of the premises were also undergoing redecoration or waiting for equipment to be installed.

Staff completed and regularly updated risk assessments of the premises. However, some areas undergoing refurbishment were only blocked off by moveable plastic barriers. Staff had not individually risk assessed patients with regards to safety in relation to refurbishment works but told us that it was explained to clients on induction that these areas of the building were out of bounds. Staff conducted twice daily walk-rounds of the premises Monday to Friday in order to remove or reduce any risks they identified. However, morning walk-rounds were not documented and during inspection we observed a drill left unattended and loose cables on the floor next to the area currently undergoing refurbishment which had not been identified by staff.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. There was a recent ligature risk assessment completed, and a number of ligature risks identified were due to be removed through the refurbishment works taking place.

Staff had completed an annual fire risk assessment of the building. During refurbishment works some fire exits were blocked off but usable fire exits were clearly signposted. Staff conducted monthly fire drills as well as checks of fire alarms, emergency lighting, fire doors and fire escapes, weekly or monthly as required. However, whilst the majority of staff were trained in fire safety awareness and health and safety awareness, we found that when the member of staff responsible for regularly conducting fire safety checks was not at work due to sickness or annual leave, these checks were not recorded so we were unsure if they were always completed.

Additionally, a fire alarm was activated during inspection, and a fire drill commenced, and it was observed that two fire doors on the lower floor of the building did not shut automatically and had to be pulled closed by staff. We told the provider to rectify this during the inspection.

Staff could observe clients in all communal parts of the premises via CCTV. Staff also conducted and recorded observations of clients throughout the day. Clients were individually risk assessed to determine how often observations were required.

There was mixed sex accommodation throughout the premises but clients could lock their own bedrooms and had access to individual en-suite bathrooms.

Staff and clients did not have access to alarms or nurse call systems but staff did carry radios and the service manager told us that clients could be allocated radios if they felt this was necessary due to risk or at a client's request. However, it was not clear how clients would access staff in the event of an emergency, should that client not be allocated a radio, and this was not considered within client risk assessments.

Maintenance, cleanliness and infection control

Premises areas were not all well maintained, well furnished and fit for purpose. There was a stained wall in the lower floor dining room which a member of staff told us was where clients had thrown teabags and missed the bin. There was also a broken dining table in the same room which had been turned on its' side rather than being removed. In one of the upper floor lounges there was a loose cable hanging from the ceiling where staff told us they were waiting for a TV to be installed. There was also areas of the building awaiting appropriate flooring and additional equipment such as fridges.

However, inspectors did observe staff regularly cleaning areas affected by dust from renovation works and staff told us managers had increased the number of cleaning staff on duty whilst renovation work was taking place.

Staff followed infection control policy, including handwashing. Staff had undergone mandatory training in infection control and hand hygiene.

Clinic room and equipment

There was only one clinic room in use at the time of inspection as the second on the lower floor of the building was being renovated. Whilst we did not carry out a full check of the clinic room we observed that medications were safely stored in locked cupboards and the clinic room and equipment within was clean.

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs. A member of staff on each shift was allocated a small first aid bag which they carried with them. This bag contained the emergency drug naloxone (a medication used to block the effects of opioids) and ligature cutters, as well as items for use during first aid such as gloves, bandages, a mouth guard and a thermal foil blanket. Staff told us that they were responsible for replacing any items they had used before handing over the bag to the next member of staff. Staff also had access to a defibrillator which was located outside the staff room area.

Safe staffing

The service did not always ensure that there were enough nursing and medical staff, who knew the clients to keep people safe from avoidable harm.

Nursing staff

The service had a provider-wide 'staffing assistance' tool which stated that staffing numbers and role mix should be confirmed for each service. Following the inspection, the provider shared a staffing tool with us for this location which outlined its staffing requirements. It showed that the levels of staff required for the service were not always in line with planned staffing levels. It confirmed that when the service had 38 clients the requirement for staffing was; one nurse, and one senior support worker on each shift plus six or seven support workers.

Prior to inspection we reviewed staffing rotas from 23 August 2021 to 10 September 2021 due to concerns received about numbers of staff on duty. We found that numbers of nurses and support staff varied between six and two members of staff during the day, and between three and two members of staff during the night. We found that on three day shifts there were only two nurses or support workers on duty, and on one of these days there was no senior member of staff, either nurse or senior support worker, available on-site.

During inspection, managers told us that they now ensured there was always three members of staff on duty during day and night shifts, including one nurse or senior support worker during the day. However, we reviewed staff rotas from 10 September 2021 to 5 October 2021 and found that whilst staff numbers were always three or more on duty, on five day shifts there was still no nurse or senior support worker on duty. There was no nurse or medical professional on duty during the nights. Two of the three clients we spoke with during inspection told us they felt there was not enough staff which meant they could not spend enough time with new admissions, which resulted in clients looking after one another.

Numbers of therapy staff were reduced at weekends with only two or three therapists at a weekend compare to between four and six on weekdays. Managers told us clients were given more free time at weekends because of this. Clients we spoke with told us they would like more to do at weekends.

The service had low vacancy rates and low rates of bank and agency staff. There was one agency nurse currently working at the service and managers were in the process of recruiting to three available support worker roles.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Managers told us agency staff initially completed a shadow shift of a permanent member of staff prior to working independently.

Staff shared key information to keep clients safe when handing over their care to others. All known client risks were documented and discussed during twice daily handover between staff.

Medical staff

The service had access to medical cover for admission assessments and medical reviews as well as on-call access at all times to ensure a medical professional could attend the service quickly in an emergency. At the time of inspection medical assessments and reviews were taking place remotely and any physical health checks required were carried out by a nurse or support worker on-site. Staff only carried out basic health checks including blood pressure, weight, saturation levels and pulse. Any more advanced tests such as blood tests would be required to be carried out by the client's GP or at hospital. Following an admission assessment the doctor would write a summary and treatment plan for staff on-site to follow, which may include some ongoing physical health checks, dependent on the needs of the individual client. Whilst staff had access to an on-call doctor at all times, if a client required urgent medical attention staff were encouraged to utilise the emergency services.

Mandatory training

Good

Substance misuse services

Staff had completed and kept up-to-date with their mandatory training. The mandatory training programme was comprehensive and met the needs of clients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to clients and staff

Assessment of client risk

During inspection we reviewed two client records.

Staff completed risk assessments for each client but did not use a recognised risk assessment tool. Risk was assessed pre-admission, on admission and by a medical practitioner at clinical admission, and was reviewed daily during shift handovers. As clients were self-funded staff relied on them being open and honest about their history and any potential risks. As such, risks were not always identified on admission but risk assessments were updated once risks were identified or disclosed. However, risk level did not always match risks identified, for example one client's risk assessment identified them as being low risk for physical health but during their stay an area of concern had been identified. This had been added to the risk management area of the plan but the actual risk assessment had not been updated to reflect this.

Management of client risk

Staff acted to prevent or reduce risks through risk management plans. These plans were brief but personalised to the client. Risks pertinent to each client were also documented and discussed at twice daily handover meetings.

Staff could observe clients in all communal areas and followed procedures to minimise risks where they could not easily observe clients. Staff completed two-hourly observations of all clients during the day, regardless of risk. Staff would complete observations more frequently where required due to identified risks as identified by the Doctor during admission. However, it was not clear how often these additional checks would take place in the information we reviewed.

Staff followed the providers policies and procedures when they needed to search clients or their bedrooms to keep them safe from harm. Clients' personal items were stored in a locked office and could be accessed upon request. Clients signed a form on admission to say they understood this policy of storing items.

Use of restrictive interventions

Staff did not use, nor were they trained in the use of, restrictive interventions.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role and kept up-to-date with their safeguarding training.

Good

Substance misuse services

Staff knew how to recognise adults and children at risk of or suffering harm and could give clear examples of how to protect patients from harassment and discrimination. There was an allocated safeguarding lead within the service who staff could approach for advice.

At the time of inspection the service was not allowing clients to have face-to-face meetings with visitors due to risks around Covid-19. However, staff explained how they would follow clear procedures to keep children visiting the premises safe once visiting restarted.

Managers had not taken part in any recent serious case reviews.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Client notes were comprehensive and all permanent staff could access them easily. Agency staff were unable to access client notes as they were all electronic but key client information, including in relation to risk, was discussed at twice daily handover, which all staff on duty were required to attend.

Records were stored securely on an electronic, password protected database.

Medicines management

We did not review the prescribing, administering and recording of medicines during this inspection but we did look at medicine storage.

Staff did not consistently follow systems and processes to safely store client medicines. We saw that client medications were stored in locked cabinets within the clinic room and that keys for these cabinets were signed out to individual members of staff. However, we reviewed a temperature checklist for the fridge in the clinic room used to store client medication and found that the temperature was not checked or recorded on 15 days out of 36 days.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service did not consistently manage client safety incidents well. Managers did not always investigate incidents fully and embed lessons learned.

We found that four medication errors had occurred between 27 August 2021 and 10 October 2021. Two of these errors involved a medication being over administered to a client, and one involved a medication being given to a client which was not recorded by staff. The provider's policy noted that these did not need to be reported as incidents, but were reported as accidents, because harm did not occur as an outcome and because they did not involve detox medication, concealment of medication, loss or theft of medication or a controlled drug error. The provider told us that feedback was provided to staff about incidents in team meetings and with one to one support. This meant that there was a reduced ability to learn from these errors as they were not recorded as incidents.

Good

Substance misuse services

It was unclear whether managers investigated incidents thoroughly. During inspection we reviewed five incident reports from the six months prior to inspection. Of these, two did not include any reference to what managers had done as a result of the incident. When questioned managers could verbalise actions taken but these were not documented. We could not see evidence that patients and their families were involved in investigations.

As not all incidents were investigated thoroughly it was unclear if staff received feedback from investigation of incidents, both internal and external to the service, or if changes had been made as a result of feedback. However, we did see evidence of a medication error referenced in monthly team meeting minutes.

Staff had not reported any serious incidents and there had not been any never events at the service in the six months prior to inspection.

Are Substance misuse services responsive?

Inspected but not rated

Inspected but not rated.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise.

Patients had a secure place to store personal possessions in a locked staff office.

Staff used a full range of rooms and equipment to support treatment and care. There were a number of small meeting rooms as well as two pods outside where therapy sessions took place. However, staff were observed carrying out one-to-one discussions with a client in a communal lounge and there was nothing to indicate that other staff or clients should not enter the space at that time.

The service had quiet areas and a room where patients could meet with visitors in private. At the time of inspection visitors were not allowed on-site due to Covid-19 restrictions but staff showed us rooms where visits would take place when restrictions were relaxed.

Patients could make phone calls in private. Clients agreed to give their mobile phones to staff on entering the service but these were provided back to clients at agreed times each day to allow clients to contact family and friends. If clients did not have access to a mobile phone then then staff provided them with use of a phone or laptop.

The service had an outside space that patients could access easily.

Patients could make their own hot drinks and snacks and were not dependent on staff and the service offered a variety of good quality food. Prior to inspection we received concerns that the service had run out of food, or that clients were

not provided with enough food. During inspection we discussed this with managers who told us they were aware there had been an issue with some clients taking too much hot food which resulted in other clients having to be provided with an alternative cold option. We saw that this had been discussed in client community meetings and managers told us this had not been an issue since. Clients we spoke to told us the food was good.

Are Substance misuse services well-led?

Inspected but not rated

Inspected but not rated.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. The service provider had changed and come under new leadership 12 months prior to this inspection. Leaders had a good understanding of the services they managed.

Governance

Our findings from the other key questions reviewed at this inspection demonstrated that governance processes did not operate effectively at team level and that risks posed by the refurbishment of the location were not always managed well.

Whilst refurbishment work was taking place within the service, managers told us that they had put a number of actions into place in order to keep clients safe through environmental risk assessments, daily walk-rounds of affected areas, operating procedures were in place with contractors and discussions had taken place with clients to inform them they must not enter areas where works were taking place. However these actions did not entirely mitigate the risk of avoidable harm. During inspection we observed refurbishment areas blocked off only by moveable plastic barriers, a loose bundle of cables on the client access side of the barriers, and an unsupervised drill clearly visible on the refurbishment side of the barriers. We also observed a cable hanging from the ceiling in one of the upper floor lounges and a broken table turned on its' side rather than removed in the lower floor dining area.

We were concerned about the governance of fire safety because staff had not recognised until we pointed out, that the fire doors were not appropriately closing, and fire safety checks had not been recorded on two occasions.

Managers used a provider-wide 'staffing assistance' tool which stated that staffing numbers and role mix should be confirmed for each service. At the time of the inspection managers were unable to outline the prescribed staffing levels for the service. However this was rectified following the inspection and managers told us that they now ensured that there was always three members of staff on duty during day and night shifts, including one nurse or senior support worker during the day.

Managers were not ensuring that all incident forms were fully completed. Whilst managers could tell us what the outcome of incidents had been, these outcomes were not consistently documented as indicated by the provider's own policy.

Good

Substance misuse services

We also found that fridge temperatures in the clinic room were not being checked on a daily basis and there was no oversight of these checks.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment