

# Broadreach

## 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

Requires improvement



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



### 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 rated Broadreach as requires improvement overall because:

- The service's medicines management was not robust. The medical officer was signing prescription charts for alcohol detoxification prior to assessing clients. Without a full face to face assessment an incorrect detoxification regime could be started resulting in incorrect medication, dose or frequency being administered. Staff received a client's summary record from their local GP up to four weeks before the client arrived at the service. This meant that clients may not receive up to date medication.
- The service had a number of blanket restrictions in place. These restrictions were not assessed on an individual basis. The provider did not have a blanket restriction log that justified the use of the restrictions. The provider did not routinely review these restrictions and the provider did not seek client feedback on the restrictions. Clients had no access to mobile phones throughout treatment including when on community leave in the local area but were able to take mobile telephones on home leave and when travelling distances. Clients were not allowed to bring food or drink, including water into groups, and clients were unable to leave the service unescorted until week eight of treatment. Clients had to seek approval from staff for their visitors and visitors with current substance misuse would not be approved. Clients were asked to sign a contract agreeing to these restrictions. Staff witnessed client's giving a urine sample on admission. However, at the time of inspection the service's policy relating to urine testing did not state it should be witnessed. There was also a bench in the service's car park that only staff were allowed to use.
- There was a lack of crisis plans in place for clients. This means that staff and clients may not know what their support needs were during a time of crisis. Crisis plans should include relapse prevention strategies personalised to the client's support needs and treatment goals. Crisis plans and relapse prevention strategies should be written with clients to ensure staff know how to support a client if their mental health deteriorated or if they relapsed. Clients did not have a

person-centred unplanned discharge plan. Client records contained a basic unplanned discharge form, but risk management plans did not identify those at risk of unplanned discharge from treatment.

- Staff were not adhering to infection control principles in the clinic room. We found plastic cups, a syringe and a beaker with residual methadone liquid inside. The syringe had not been cleaned between uses and the beaker was left on top of the medication cabinet. Methadone is an opiate medication prescribed for the treatment of heroin addiction and is a controlled drug. Staff were also transporting urine samples from a toilet at the front of the building to the clinic room at the back for testing, which could result in a spillage.
- The provider did not have robust and comprehensive governance and quality assurance processes in place to ensure sufficient oversight, quality assurance and risk management of the service. For example, the service did not audit or review service provision and outcomes of client's care to ensure the therapeutic programme offered was effective.

However:

- All seven of the client care and treatment records reviewed contained a current risk management plan and person-centred recovery plans.
- Staff provided a range of care and treatment interventions suitable for the client group. These included medication, psychological therapies, complementary therapies, and activities. The service had enough skilled staff to meet the needs of clients. The majority of staff had completed mandatory training. Staff were provided with a comprehensive induction and had relevant qualifications to provide clients with effective care and treatment. Managers had appropriate qualifications to perform their role. Counsellors were qualified to deliver the therapeutic programme.
- Clients told us that staff attitudes and behaviours were kind, respectful and showed an interest in their wellbeing. Clients said that staff understood them and that they felt safe in the service.
- Clients had lockable safes in their bedrooms to securely store personal possessions. This was an improvement from the previous inspection.

# Summary of findings

## Our judgements about each of the main services

### Service

### Rating

### Summary of each main service

**Substance  
misuse/  
detoxification**

**Requires improvement**



Broadreach is a residential rehabilitation and detoxification service for substance misuse.

# Summary of findings

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Requires improvement 

# Broadreach

## Services we looked at

Substance misuse/detoxification

# Summary of this inspection

## Background to Broadreach

Broadreach House provides substance misuse services at three registered locations in Plymouth: Broadreach, Longreach and Closereach. Following the inspection at Broadreach on 13 November 2018, inspections took place at Longreach and Closereach. These reports are published separately.

Broadreach offers alcohol and opiate detoxification and rehabilitation therapy for clients who require treatment for substance misuse. The service's therapeutic programme typically runs for 12 weeks and is available to men and women who are 18 years old and above. The service has 30 beds available.

At the time of the inspection, the service was undergoing a staffing restructure. The staff team previously consisted of nurses, counsellors, and support workers. A keyworker role was being implemented to work alongside counsellors to provide support to clients.

Clients can refer to the service by their GP, by their local authority, or are able to self-refer and self-fund. Broadreach accept referrals nationwide and work closely with care managers from clients' local areas.

Broadreach was initially registered in 2010 for accommodation for persons who require treatment for substance misuse, diagnostic and screening procedures and for the treatment of disease, disorder or injury.

At the time of the inspection the provider's chief executive officer was the registered manager and nominated individual. There was also a unit manager in place who was not present at the time of inspection.

Broadreach was previously inspected in July 2017. This was an unannounced, focussed inspection of this location to check a number of issues that had come to our attention through the information we hold about the provider. During this inspection the service was not rated. The service has no outstanding requirement notices.

## Our inspection team

The team that inspected the service comprised three CQC inspectors, one with significant experience of working in substance misuse services, and an inspection manager.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to inspect and rate substance misuse services.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- 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 and asked a range of other organisations for information.

During the inspection visit, the inspection team:

# Summary of this inspection

- visited Broadreach, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with eight clients
- spoke with the registered manager, who is also the provider's chief executive officer, and the deputy manager
- spoke with seven other staff members employed by the service, including one nurse, three counsellors, one key worker, the provider's maintenance manager and HR administrator
- attended and observed two client groups
- looked at seven care and treatment records for clients
- completed a check of the clinic room and looked at nine prescription charts and
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with eight clients during our inspection. Clients told us that staff were kind, respectful, and showed interest in their wellbeing. Clients said that staff understood them and that they felt safe in the service.

We spoke with two clients who had arrived at the service for treatment on the day of our inspection. Both told us that they had received information on the service prior to

arrival and knew what to expect. One client told us they were bored as they were unable to watch television. They had not met with their assigned buddy yet and were unsure what to do.

We also spoke with a client who had previously received treatment at Broadreach. They said that Broadreach had a chaotic and unsettling environment, and felt this had delayed their recovery.

# 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 rated safe as inadequate because:**

- The service's medicines management was not robust. The medical officer was signing prescription charts prior to assessing clients admitted to the service for alcohol detoxification treatment. This allowed the nurse in charge to begin treatment if a client arrived before the medical officer visited the site, which was typically in the afternoon. Without a full face to face assessment at the time of commencing treatment, an incorrect detoxification regime may be started. Therefore, a client may receive incorrect medication, medication doses or frequency of medication. The service received a client's summary record from their local GP up to four weeks before the client arrived at the service. This meant that any medication changes made in the four weeks leading up to admission may not be picked up by the service and could lead to the client receiving incorrect medication, medication doses or frequency of medication.
- The service had a number of blanket restrictions in place. Clients had no access to mobile phones throughout treatment including when on community leave in the local area but were able to take mobile telephones on home leave and when travelling distances. Clients were not allowed to bring food or drink, including water into groups, and clients were unable to leave the service unescorted until week eight of treatment. Clients had to seek approval from staff for their visitors and visitors with current substance misuse would not be approved. Clients also had their first urine sample witnessed by staff. However, at the time of the inspection this was not stated in the service's policy relating to urine testing. There was also a bench in the service's car park that only staff were allowed to use. These restrictions were not assessed on an individual basis. The provider did not have a blanket restriction log that justified the use of the restrictions. The restrictions were not routinely reviewed by the provider and the provider did not seek client feedback on the restrictions.
- Staff did not develop crisis plans. Crisis plans should include relapse prevention strategies personalised to the client's support needs. Crisis plans and relapse prevention strategies should be written with clients to ensure staff know how to support a client if their mental health deteriorated or if they

**Inadequate**



# Summary of this inspection

relapsed. Clients records contained a basic unplanned discharge form. Risk management plans did not identify those at risk of leaving treatment early, for example before detoxification treatment was completed.

- Staff were not adhering to infection control principles when using the clinic room. We found plastic cups, a syringe used to dispense liquid medication and a beaker with residual methadone liquid medication inside. The syringe had not been cleaned between uses. Some plastic cups contained residual methadone but we were told the cups were used only for water. Staff were transporting urine samples from a toilet at the front of the building, to the clinic room at the back for testing. There was no dedicated hand wash sink available in the clinic room.

However:

- The service had enough skilled staff to meet the needs of clients. At the time of inspection there were six full time nurses, five counsellors, six support workers and two key workers employed by the service on a permanent basis. The service also employed their own bank of staff. Staff from the local Closereach and Longreach services can also cover shifts at Broadreach to cover staff sickness and annual leave.
- The majority of staff had completed all mandatory training, including health and safety awareness training. Those who had not completed mandatory training were booked on upcoming courses.
- All seven of the client care and treatment records reviewed contained a current risk management plan. Client records also included relevant medical risk management plans, for example for those with diabetes or epilepsy.

## Are services effective?

**We rated effective as good because:**

- All seven of the client care and treatment records reviewed contained a completed comprehensive assessment on pre-admission and admission to the service. Staff developed recovery plans that met the needs of clients identified during assessment. Staff and clients regularly updated recovery plans and reviews were completed at admission, at the mid-way point of treatment and at discharge. Staff could do additional reviews would take place if necessary
- Staff were provided with a comprehensive induction and had relevant qualifications to provide clients with effective care and treatment. Managers had appropriate qualifications to perform their role. Counsellors were qualified to deliver the therapeutic

**Good**



# Summary of this inspection

programme. For example counsellors had training in cognitive-behavioural therapy and had completed the provider's Advanced Practitioner Substance Misuse (APSM) handbook, which included training such as group facilitation.

However:

- Clients did not have a collaborative discharge plan in place that had been developed with the client, care manager and staff at Broadbeach.
- Managers did not complete a review of the reasons why clients had left treatment before completion. This information could be used to improve the effectiveness of the treatment programme.

## Are services caring?

**We rated caring as good because:**

- Clients told us that staff attitudes and behaviours were kind, respectful and showed an interest in their wellbeing. Clients said that staff understood them and that they felt safe in the service.
- Staff supported clients to understand and manage their care, treatment or condition. Clients told us that their counsellors understood them and their needs.
- The service had a record that confidentiality policies had been given to clients and the policy was also displayed on the communal noticeboard.
- Client recovery plans were person-centred. Each client had a recovery plan and risk management plan in place that demonstrated the client's preferences and goals.
- Staff actively engaged clients in planning their care and treatment.

However:

- We observed that a client who had just arrived at the service was left alone in communal areas for two hours.

**Good**



## Are services responsive?

**We rated responsive as good because:**

- The service had robust alternative care pathways and referral systems in place for clients whose needs could not be met by the service. Broadreach is part of an alliance with other substance misuse services in Plymouth as well as part of a countrywide group known as CHOICES. Clients who are not suitable for treatment at Broadreach can be referred to another one of these services.

**Good**



# Summary of this inspection

- The service had clear admission criteria, which included the service's exclusion criteria. The service had a dedicated admission team to facilitate the referral, assessment and admission of clients to the service.
- Clients told us staff listened to concerns or complaints and responded appropriately and promptly.
- Clients had lockable safes in their bedrooms to securely store personal possessions. This was an improvement from the previous inspection.

However:

- Staff were reliant on care managers producing a discharge plan prior to admission of a client to the service. Staff did not review or update a client's discharge plan during their time at the service. A client's discharge was discussed in the services multidisciplinary team meeting but clients were not invited to these meetings.
- Several of the bedrooms were double rooms and were shared between two clients. We did not see documented risk assessments for sharing bedrooms and the provider did not have a policy in place.
- The service had not completed a review of the reasons why clients had left treatment before completion and did not follow up with clients who had completed treatment.

## Are services well-led?

**We rated well-led as requires improvement because:**

- The provider had gaps in its quality assurance and governance policies, procedures, and protocols. Despite staff completing regular medication audits, we found out of date medication and residual medication in cups, a syringe and a beaker. The provider had also not identified that some clients were commenced on a detoxification regime prior to being assessed by the medical officer. The provider did not audit the service's therapeutic programme to ensure it was an effective treatment for clients. The governance process did not include an audit of the environmental risk assessments and did not include ligature assessment audits. The service was not analysing the reasons why clients left treatment early and did not follow up with clients after discharge to check if the treatment programme had remained effective.
- The service did not review outcomes of clients' care to ensure the therapeutic programme offered was effective. The provider did not provide staff with specific training relevant to the therapeutic programme, groups or workshops. This meant that

**Requires improvement**



# Summary of this inspection

the provider did not have the quality assurance that the programme provided effective therapy for those with a substance misuse addiction or assurance that staff were delivering the programme correctly.

- The provider had not ensured all required information on a ligature risk assessment was completed in full for example detailing actions to mitigate the risk. A policy to manage ligature risks was not completed at the time of inspection. The service did admit clients who were of risk of self-harming but not those with a high risk of ligaturing.
- The service did not hold a local risk register. The provider had a corporate risk register but it did not include details of risks at local services.
- Staff who suspected a client was at risk of experiencing harm and may require safeguarding were not raising the concern with the local authority. The provider's safeguarding procedure was to raise with the manager who would then contact the local safeguarding board. Staff therefore did not have responsibility for raising safeguarding. The service did not have a safeguarding alert log accessible to staff as the CEO held it.

However:

- Managers had a good understanding of the service they managed. They could explain clearly how the teams were working to provide high quality care. Staff and clients knew and understood the vision and values of the team and organisation and what their role is in achieving that.
- Clients completed evaluation forms on the service and every quarter the data was compiled and analysed by the managers to look for themes, where improvements can be made and to identify good practice.






# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff understood the principles of the Mental Capacity Act and how it related to their role in supporting clients to make decisions.

All staff had completed mandatory Mental Capacity Act training and all relevant members of staff had completed mandatory Deprivation of Liberty Safeguards (DoLS) training. The service did not accept clients who were subject to a DoLS authorisation.

# Substance misuse/detoxification

Safe	Inadequate 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Requires improvement 

## Are substance misuse/detoxification services safe?

Inadequate



### Safe and clean environment

- Clients at Broadreach house had access to a lounge, a games room, dining room and laundry room in the main building. In a separate annex there were rooms to hold groups and complementary therapies such as acupuncture and Indian head massage. Clients also had access a small gym situated in the garden. The outside space had seating and smoking shelters. The garden had a dedicated 'memory' area for clients to think about lost loved ones. The garden also had a vegetable patch. The dining room was clean and organised. There was enough space for all clients to eat at the same time. However, the lounge and games room had mismatched furniture that was old and dated. The games room had a pool table with ripped felt and clients covered the rip with a piece of fabric so they could play pool. The provider was aware of this issue and had ordered replacement felt.
- The clinic room was an adequate size, clean and organised. The clinic room had relevant emergency equipment including resuscitation equipment. However, the oxygen cylinders had not been checked during the previous four weeks and the alcometer and the blood glucose monitor were not regularly calibrated. All equipment in the clinic room was being checked monthly, however the form for completing checks stated it should be completed weekly.
- There was no first aid kit in the main building. Staff reported this was because first aid equipment was available in the clinic room. However, clients would need to walk to the clinic room to receive first aid. First aid kits were available in all unit vehicles and the complementary therapies suite.
- The service had a comprehensive cleaning schedule. Housekeepers, catering staff, support staff and clients had designated areas of responsibility. Handwashing posters were displayed and clinical waste was disposed of appropriately. There were hand sanitizers available for use by staff, clients, and visitors.
- In the clinic room, staff were not adhering to infection control principles. The sharps bin and medication disposal bin had not been signed by the person who had assembled them and the sharps bin contained inappropriate items such as plastic wrappers. We found plastic cups, a syringe used to dispense liquid medication and a measuring beaker with residual methadone medication inside. Methadone is an opiate medication prescribed for the treatment of heroin addiction and is a controlled drug. The syringe had not been cleaned between uses. Some plastic cups contained residual methadone however we were told by staff that clients only use the cups for water. The measuring beaker was sat on top of the medication cabinet and contained residual methadone.
- The service's procedure for urine testing posed an infection control risk. Clients provided a urine sample in the toilet at the other end of the service to the clinic room. Staff were carrying the urine sample across the service for testing in the clinic room and walking the sample back to the toilet for disposal. We raised this at the time of inspection and were told this practice would be changed so that staff tested the urine sample in the

# Substance misuse/detoxification

toilet rather than transporting it back to the clinic room. The clinic room did not have a dedicated handwashing sink however there was a sink in the clinic room that staff had access to.

- At the time of inspection, the service did not have a completed environmental risk management plan. The maintenance lead for the service completed a draft version following the inspection and submitted to the inspector for review. The environmental risk assessment highlighted risks such as noise, wildlife and erosion to paths and detailed control measures in place. The assessment was not comprehensive and did not identify all current or potential environmental risks such as tripping hazards.
- Since the inspection, the service had completed a ligature risk assessment. This identified rooms as low, medium or high risk of ligatures. The service does not admit clients with a high risk of suicide but does accept clients who self-harm. The assessment was in its early stages and did not detail actions to be taken to reduce the risk for clients who might be at risk of self-harm. The assessment detailed the current mitigation in place for some of the areas with identified ligature points. This included the room being kept locked or was a staff-only area. The service also had two rooms either side of the clinic room used for observation of clients who were undergoing detoxification treatment. These rooms were designated as low risk of ligatures but the rooms contained a wardrobe which posed a ligature risk. A ligature point is anything that could be used to attach a cord, rope or other material for the purpose of hanging or strangulation.

## Safe staffing

- The service had enough skilled staff to meet the needs of clients. At the time of inspection the service employed six full time nurses, five counsellors, six support workers and two key workers employed on a permanent basis. The service also employed their own bank of staff and made use of agency workers where appropriate. There were two bank nurses and six bank support workers on the service's rota at the time of inspection. Staff from the local Closereach and Longreach service can also be asked to work at Broadreach to cover staff sickness and annual leave.
- During their induction, the provider required all staff to read and understand the service's lone-working policy. One nurse and one support worker provided overnight

support to clients. An allocated counsellor provided on-call support if required to support an emergency. Night staff had access to personal alarms that can be worn as a bracelet or necklace. These were tested regularly and when activated the on-call counsellor and managers would be called automatically.

- The majority of staff had completed all mandatory training, including health and safety awareness training. Those who had not completed all mandatory training were booked on upcoming courses.

## Assessing and managing risk to clients and staff

- All seven of the client care and treatment records reviewed contained a current risk management plan. Client records also included where relevant medical risk management plans for example for those with diabetes or epilepsy. There was a lack of evidence of crisis plans being in place for clients. This meant that staff may not know what client's support needs are during a time of crisis. Crisis plans should include relapse prevention strategies personalized to the client's support needs. Crisis plans and relapse prevention strategies should be written with clients to ensure staff know how to support a client if their mental health deteriorated or if they relapsed.
- The service had a number of blanket restrictions in place. The blanket restrictions were not considered on an individual basis and were not reviewed by the provider. Clients were not given the opportunity to feedback and review the blanket restrictions. The blanket restrictions included clients having no access to mobile phones for the duration of treatment and clients were unable to leave the service unescorted until week eight of treatment. Clients had to seek approval from staff for their visitors and visitors with current substance misuse would not be approved. The provider did not have a blanket restriction log that justified the use of the restrictions and practices were not the least restrictive option. For example, a bench in the car park was for staff use only because it was close to the administration office and confidential information may be overheard however the provider had not considered moving the bench to allow clients to use it also. Clients were also having their urine tested on admission. The urine sample was witnessed by a member of staff, which may be embarrassing for the client. However, the provider had not considered other assurances such as using sample pots with a thermometer. Clients were also

# Substance misuse/detoxification

subject to a search on admission therefore if a client attempted to bring in 'clean' urine, this would be found. Clients were not allowed food or drink, including water, in groups. We observed clients leaving drinks such as water outside the group room. This restriction meant that the group was disrupted when a client got up to get their drink. It also meant that clients may be reluctant to disrupt the group, and would forgo having water.

- Staff told us that night staff completed hourly walk-arounds of the service to check that the clients and environment were safe. Staff did not enter client's bedrooms at night and assumed that clients would be asleep. There was no recorded evidence that these checks took place.
- Whilst undergoing alcohol detoxification treatment, client's physical health was closely monitored by the nurse on duty. Nurses checked clients regularly, including hourly through the night, to monitor the side effects clients were experiencing when withdrawing from alcohol. Nurses responded appropriately, for example by offering appropriate medication when clients experienced significant withdrawal symptoms.

## Safeguarding

- Staff knew how to identify abuse and understood the principles of safeguarding but were not confident in making a referral to the local safeguarding board. Staff were aware that if they suspect a client is experiencing significant harm or abuse the provider should make a referral to the local authority but the service's procedure was to inform the deputy or unit manager first, who would then make a referral. If a safeguarding alert needed to be raised when a manager was not present at the site, they would be contacted by telephone or staff would contact the provider's chief executive officer (CEO). Staff were not trained in child safeguarding.
- Posters displaying the local safeguarding hub's contact details was displayed in the staff offices however there were no posters in the communal areas for clients to refer to if needed.

## Staff access to essential information

- Staff stored client records in paper and electronic format. Staff also had access to an electronic client records system which was used to record pre-admission, admission, and triage documentation. Staff did not have difficulty in entering or accessing information. Each client had a folder which contained

all relevant information and staff saved copies of relevant paperwork electronically and printed this out. For example, in the client folders, some contained both a handwritten care plan and a typed up printed version.

- All staff had access to client folders which were stored in the nurses station as well as the shared drive which contained electronic copies of documentations, which were printed and stored in client folders. The service had a specific electronic client records system used at the pre-admission and admission stage. Only relevant staff had full access to this system for example admission officers, managers and finance officers.

## Medicines management

- Staff and the manager audited medication weekly and ordered medication from a local community pharmacy. We found two out of date items in the medication cupboard and an out of date medicine was found in the medication cupboard and refrigerator. We also found a pot of cream in the homely remedies cupboard that was open and not labelled for an individual client.
- Nurses completed medication error forms when errors occurred. Staff were aware of duty of candour and safety measures to follow if a medication error occurred. The controlled drugs book was regularly audited.
- Staff had access to emergency medication such as those to treat seizures, opiate overdose and anaphylaxis. Nursing staff received annual training in the administration of naloxone and this training had recently been extended to all staff. Staff had recently been trained to train clients on the administration of naloxone. However, they had not begun to do this yet. Naloxone is a life-saving medication used to treat an opiate overdose.
- Each client had a medication chart where doctors and non-medical prescribers prescribed medications and nurses signed an administration record. Medications for detoxification treatment were prescribed on a separate form placed inside the medication chart. This increased the possibility of medication errors as the form could be misplaced or omitted. There was no reference to the separate form on the medication chart. There was one instance where the separate form was in place without a prescriber's signature but the medication had been administered.
- For clients admitted to the service for alcohol detoxification treatment, medication prescribing was not always safe. The medical officer was signing

# Substance misuse/detoxification

prescription charts prior to meeting with and assessing a client. This allowed the nurse in charge to begin treatment if a client arrived at the service withdrawing from alcohol before the medical officer visited the site, which was typically in the afternoon. Without a full face to face assessment at the start of treatment, an incorrect detoxification regime may be started. Therefore, a client may receive incorrect medication, medication dose or frequency of medication. At the time of inspection, we were not provided with a policy or procedure for this practice and there were no client specific instructions left by the medical officer. However, nurses were competent in using the Clinical Institute Withdrawal Assessment of Alcohol Scale, revised (CIWA-Ar), the Clinical Opiate Withdrawal Scale (COWS), both used to determine the severity of a client's withdrawal symptoms, and observation charts. Nurses also administered as required medication to ease withdrawal symptoms and Pabrinex. Pabrinex is a medication given to those who are at risk of developing Wernicke's encephalopathy, a neurological disorder caused by a thiamine deficiency.

- For all clients admitted to the service, staff received a client's prescription chart from their local GP up to four weeks before the client arrived at the service. This meant that any medication changes in the four weeks before admission might not be picked up by the service and could lead to the client receiving incorrect medication, medication doses or frequency of medication.

## Track record on safety

- The service had no serious incidents in the last 12 months.

## Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report and how to report them. The service had an incident reporting form that all staff were familiar with. There was also an accidents book available for staff to complete. Staff reviewed incidents and accidents in team meetings and shared learning.
- Staff understood the duty of candour, apologised when things go wrong, and followed the provider's duty of candour policy.

## Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

- All seven of the client care and treatment records reviewed contained a completed comprehensive assessment on admission. Admission assessments were carried out by the clients assigned nurse. Staff developed recovery plans that met the needs of clients identified during assessment.
- Clients' records contained a basic unplanned discharge form but risk management plans did not identify those at risk of unplanned discharge from treatment. Staff followed a procedure if a client chose to leave before their detoxification treatment was finished. This included giving the client medication to take with them if necessary and staff providing relevant risk information, sign posting to community services and providing the client with a leaflet. The information provided informed the client that their substance misuse tolerance would be lower and if they chose to misuse substance again they were at high risk of overdose.

## Best practice in treatment and care

- Staff provided a range of care and treatment interventions suitable for the client group. These included medication, psychological therapies, complementary therapies and activities. Clients engaged in a therapeutic programme which includes attended groups such as mindfulness, music, creative writing, and life skills. The provider had a handbook detailing the service's therapeutic programme, which described treatment in line with national guidance (National Institute for Health and Care Excellence, Clinical Guidance 51).
- Clients also attended recovery maintenance and health workshops. Recovery maintenance groups included managing emotions, self-esteem and confidence building. Health workshops included dealing with

# Substance misuse/detoxification

depression, mental wellbeing and sexual health. Clients also attended an assignment group, and had allocated preparation time to complete the assignment prior to attending the group.

- Clients were provided with one to one counselling sessions. Counsellors adapted sessions to the individual client and used psychological therapies such as cognitive behavioural therapy. Clients had access to Indian head massage and acupuncture. Clients also engaged in therapeutic duties such as cleaning.
- Clients were routinely offered blood borne virus testing and received hepatitis B vaccinations on site.

## Monitoring and comparing treatment outcomes

- Staff and clients regularly updated recovery plans and reviews were completed at admission, at the mid-way point of treatment and at discharge. Staff could do additional reviews if necessary.
- The service used the treatment outcome profile (TOP) to measure client's change and progress during treatment. Client's treatment outcomes were taken at admission, mid-way through and at the end of treatment. However, the service did not follow up with a client after discharge to determine if the treatment remained successful after discharge.

## Skilled staff to deliver care

- Staff received a comprehensive corporate induction and regular supervision, including clinical supervision where relevant. Staff also received yearly appraisals.
- Staff had relevant qualifications to provide clients with effective care and treatment. Managers had appropriate qualifications to perform their role. Counsellors were qualified to deliver the therapeutic programme. Counsellors had training in cognitive-behavioural therapy, motivational interviewing and had completed the provider's Advanced Practitioner Substance Misuse (APSM) handbook, which included training such as group facilitation. A comprehensive group manual was available to staff containing contents of each group in the program. However, there was no evidence that staff had their competencies to deliver the group therapeutic program assessed.
- Staff received additional training to support their role such as acupuncture, Indian head massage, diabetes

and epilepsy. All staff had completed or were in the process of completing a variety of mental health courses including depression, sleep hygiene, personal disorder, self-harm and psychosis.

- Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge for example providing counsellors with level 4 training and arranging opiate overdose training.
- The manager and HR administrator ensured that robust recruitment processes were followed. All staff were required to have an enhanced DBS check, references and a health check signed off by their GP prior to starting employment with Broadreach.

## Multi-disciplinary and inter-agency team work

- The service held weekly multi-disciplinary team meetings that included relevant staff from the provider's other local registered services; Longreach and Closereach. The meeting was also attended by the medical officer employed by the service. External professionals such as those from the community mental health team or social workers were not invited.
- Care managers were clearly identified in client's folders and included their name and contact details.
- During the inspection we received feedback from other agencies who work with Broadreach. Feedback was mixed. Some agencies said that communication with the staff was good and that they were adequately involved in their client's care and treatment. However, another agency said that communication was good during the referral and admission process, but stopped following the client's admission to the service.

## Good practice in applying the MCA

- The service had a policy on Mental Capacity Act (MCA). Staff understood the principles of the MCA and how it related to their role in supporting clients to make decisions.
- Staff ensured clients consented to care and treatment by explaining the treatment programme and service provision. Clients then signed a contract with the service. The contract details expectation on the client such as being compliant with medication and actively taking part in the therapy programme, including attending groups and one to one sessions. Client's also had specific consent to treatment forms for example clients who had acupuncture had signed a consent form to receive this treatment.

# Substance misuse/detoxification

## Are substance misuse/detoxification services caring?

Good 

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

- Clients told us that staff attitudes and behaviours were kind, respectful, and showed an interest in their wellbeing. Clients said that staff understood them and that they felt safe in the service.
- Staff supported clients to understand and manage their care, treatment or condition. Clients told us that their counsellors in particular understood them and their needs.
- Two clients arrived at the service on the day of our inspection. We observed one client meet with their assigned buddy. However, we observed the other client sitting alone for two hours after their initial assessment with a member of staff. The client told us they were bored, and did not have anything planned until an afternoon appointment with the medical officer. We raised this at the time of inspection and were told the client's buddy must not have been available at that time to meet the client.
- The service had a record that confidentiality policies have been given to clients and the policy was also displayed on the communal noticeboard.

### Involvement in care

- Staff communicated with clients so that they understood their care and treatment.
- Each client had a recovery plan and risk management plan in place that demonstrates the client's preferences and goals.
- Staff actively engaged clients in planning their care and treatment and care plans were often hand written either by staff or the client in a session and typed up later.

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

Good 

### Access, waiting times and discharge

- The service had robust alternative care pathways and referral systems in place for clients whose needs could not be met by the service. Broadreach is part of an alliance with other substance misuse services in Plymouth. The aim of the Plymouth alliance is to ensure clients receive the most appropriate treatment and care at one of the local substance misuse services. The service is also part of CHOICES, a group of providers around the country seeking to save a client's treatment and public investment when placements break down and offer treatment opportunities to clients and care managers where feasible. Clients who are not suitable for treatment at Broadreach can be referred to another one of these services.
- The service had an agreed response time of accepting referrals within 10 days. The service was meeting this target. Staff were also able to see urgent referrals within 48 hours.
- The service had clear admission criteria, which included the service's exclusion criteria. The service had a dedicated admission team to facilitate a client's referral, assessment and admission to the service.
- Clients were admitted to the service with a discharge plan arranged by their care manager. However, these were not detailed and did not state where the client would go to after treatment was completed. The service did not develop person-centred discharge plans with a client but reviews of client's care and treatment included a discussion about discharge. If a client had their own accommodation prior to treatment this would be detailed in the information provided by the care manager. However, if a client had no accommodation, there was no documentation stating whose responsibility it was to find accommodation for the client after treatment. We were told if clients had nowhere to go they would not be discharged from treatment.
- If a client came to the service with no fixed abode (NFA), managers would delay discharge after they completed treatment to ensure suitable accommodation was found before they left the service. This extension of time was at the service's own cost.

# Substance misuse/detoxification

## Facilities that promote comfort, dignity and privacy

- The service had 20 single bedrooms, 13 of which had ensuite bathrooms. The remaining six bedrooms were double rooms with ensuite bathrooms and were shared between two clients. Each shared bedroom contained a screen that could be used to provide privacy and divide the room however the screen was small and would not cover the length of the room.
- Staff discussed bedroom allocation prior to client admission, and when required managers discussed at the weekly multi-disciplinary meeting. Staff considered a range of factors when allocating a bedroom such as client preference, gender, background, culture, and sexuality. For example, if a client was known to snore, they would be given a single bedroom. However, we did not see documented risk assessments for sharing bedrooms and the provider did not have a policy in place.

## Client's engagement with the wider community

- Clients could maintain contact with their families using the service's two payphones. Phone calls could only be made between 6:30am and 9am, and after 4pm. Before families or other visitors could visit clients at the service the service manager had to approve the visit. If a family member or other visitor had a history of substance misuse they were not allowed to visit the service. Clients were unable to leave the service unescorted until week eight of their treatment, making it difficult to keep in touch with loved ones during this time.

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

- Staff demonstrated an understanding of potential issues facing vulnerable client groups for example those experiencing mental health issues, domestic abuse and sex workers.
- The service does not hold a waiting list. Staff assessed clients following a referral within seven days, and if accepted, admissions were often the following day.
- Clients told us that care and treatment is rarely cancelled however staff told us due to a shortage of trained staff, clients were not able to receive complimentary therapies as often as wanted.

## Listening to and learning from concerns and complaints

- Staff protected clients who raised concerns or complaints from discrimination and harassment. Clients told us that staff listen to concerns or complaints 100% of the time and respond appropriately and promptly.

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

Requires improvement 

### Leadership

- The chief executive officer (CEO), the service manager and the deputy manager provided leadership to the service. The deputy manager was a trained counsellor and provided the therapeutic team with support and guidance. The service manager was the providers non-medical prescriber and provided clinical supervision to the nursing staff. The service manager and deputy manager had completed the relevant diploma in health and social care required of those in a management role.
- Managers had a good understanding of the service they managed. They could explain clearly how the teams were working to provide high quality care.
- The deputy manager was visible in the service and approachable for clients and staff. We were told the CEO was less visible as they provided cover for the service at Longreach.

### Vision and strategy

- Staff and clients knew and understood the vision and values of the team and organisation and what their role is in achieving that. Staff were consulted by the provider and had input on the addition of detoxification treatment to the provider's other registered service, Longreach.
- All staff had a job description. Despite a recent staffing re-structure, staff understood their roles and responsibilities as well of those of their colleagues. For example, the difference in responsibilities and role between the counsellors, support workers and newly employed key workers.

# Substance misuse/detoxification

- Staff were aware of and understood the financial constraints on the service and could explain how they were working to deliver high quality care within the budget available.

## Culture

- Staff described the culture as positive, and that the team were happy. Staff had embraced the recent staffing changes and understood the reasons behind the decision to employ keyworkers in addition to counsellors and support workers.
- Staff were confident in raising concerns and were aware of the provider's whistleblowing policy.
- Staff appraisals included conversations about career development and how it could be supported.
- Staff attended a health and wellbeing meeting where they made suggestions to senior management on how to their staff health and wellbeing.

## Governance

- The provider did not have robust governance and quality assurance processes in place to ensure sufficient oversight, quality assurance and risk management of the service. The provider did not have oversight of safeguarding practices within the staff team and staff did not have access to the service's safeguarding log.
- The provider did not have systems in place to monitor the effectiveness of their therapeutic program or have sufficient quality assurance processes in place. The service did not analyse the reasons why clients left treatment early and did not follow-up with clients who had completed treatment to ensure the therapy programme remained effective.
- The service had a whistle-blowing policy in place and staff knew how to raise a whistleblowing concern.

## Management of risk, issues and performance

- The CEO and board of trustees maintained and regularly reviewed an organisational risk register. This was comprehensive and contained potential impact and steps to mitigate risks. However, there was no risk register for Broadreach at a service level. This meant that staff had no access to a risk register at a local level. This also meant that the service could not ensure that all service risks are identified and managed.

- There was a business continuity plan in place that contained relevant information to ensure safe running of the service in the event of an incident that threatened service delivery.
- The provider had gaps in its quality assurance policies, procedures, and protocols. The quality assurance process did not include an audit of the environmental risk assessments and did not include ligature assessment audits. The service was completing medication audits however during the inspection we found out of date medicines. Staff recorded complaints in the daily house meeting minutes however we saw that complaints log had not been filled out. The provider was not monitoring that the complaints process was being adhered to and that complaints were being responded to appropriately.

## Information management

- Staff had access to the equipment and information technology needed to do their work. The information technology structure, including the telephone system, worked well and helped to improve the quality of care.

## Engagement

- Staff received a quarterly newsletter from the provider, which included information and updates from each service (Broadreach, Longreach and Closereach).
- Client's completed evaluation forms on the service and every quarter the data was compiled and analysed by the managers to look for themes, where improvements can be made and to identify good practice.
- The chief executive officer, who at the time of inspection was also registered manager, was based at Broadreach and therefore clients could meet with them to provide feedback.

## Learning, continuous improvement and innovation

- The service had engaged with Plymouth University and were part of a research programme called functional imagery training (FIT). The research aimed to adapt a therapeutic app to build motivation and help individual achieve their goals. Broadreach are part of the research to see if the app can be used effectively as an innovative relapse prevention tool with the service's client group.
- The service is also working in partnership with the local donkey sanctuary. The sanctuary had previously delivered donkey assisted therapy to children and

## Substance misuse/detoxification

wanted to develop the therapy for adults with a current or history of substance misuse. Broadreach provided

training to the staff at the sanctuary in managing emotive responses in adults. Clients were in the process of evaluating the project however client had already feedback that the therapy was beneficial to them.

# Outstanding practice and areas for improvement

## Outstanding practice

The service had links with a local donkey sanctuary. Clients were receiving equine therapy via the sanctuary and the service was working with the sanctuary to conduct research into the therapy's effectiveness with the client group.

The service had engaged with Plymouth University and were part of research on the use of functional imagery

training (FIT) within a rehabilitation service. The research aimed to develop individual self-talk app as an alternative intervention. Broadreach are part of the research to see if the app can be used effectively as an innovative relapse prevention tool with the service's client group.

## Areas for improvement

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

- The provider must ensure that client's medication is checked against a current list of prescribed medication on admission. (Reg 12)
- The provider must ensure that clients receive a face to face medical assessment prior to prescribing and commencing an alcohol detoxification regime. (Reg 12)
- The provider must review its approach to blanket restrictions and ensure the least restrictive options are placed on clients. The provider must review restrictions on an individual basis and regularly review blanket restrictions that are in place. (Reg 12)
- The provider must ensure that the service adheres to infection control principles in relation to the clinic room. Cups, syringes and beakers used for medication administration must be washed or replaced after each use. (Reg 12)
- The provider must ensure there are robust, comprehensive governance and quality assurance systems in place. (Reg 17)

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

- The provider should ensure that all clients have a person-centred crisis plan in place.
- The provider should ensure that clients have a person-centred discharge plan that is reviewed and updated with clients.

- The provider should personalise client's unplanned discharge plans to include details of where a client would go and how they would stay safe.
- The provider should review the procedure for testing client's urine samples.
- The provider should ensure that emergency equipment in the clinic room is regularly checked and calibrated.
- The provider should ensure that take home naloxone is available to all clients and carers.
- The provider should ensure that all staff are confident in raising a safeguarding concern with the local safeguarding board.
- The provider should ensure that staff receive child safeguarding training.
- The provider should audit and quality assure the therapeutic program to ensure it is in line with National Institute for Health and Care Excellence (NICE) guidelines and that the program is of high quality.
- The provider should consider updating the furniture in the lounge and games room.
- The provider should ensure that there is a written procedure for staff to follow when completing night time 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not adhered to infection control principles in relation to the clinic room. Plastic cups used for water, a plastic syringe and a measuring cylinder contained methadone residue from previous administrations. The cups had a label with client names on and were being re-used.</p> <p>The medical officer was signing off a detoxification regime in advance, prior to meeting and assessing clients in full.</p> <p>The service was not requesting an updated summary record from the client's local GP prior to commencing detoxification treatment. A client's GP summary record could be four weeks out of date when detoxification treatment was commenced. There was no protocol in place to safeguard clients from receiving incorrect medication if their medication had changed since the last prescription chart with received by the service.</p> <p>The service had numerous blanket restrictions on clients freedom. These were not assessed on an individual basis and were not reviewed by the provider. The service did not have a restrictive practice log which described justifications for the restrictive practices.</p> <p>This was a breach of regulation 12(2)(b)(g)(h)</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

## Requirement notices

The provider did not have a robust comprehensive governance and quality assurance system in place. The provider had not reviewed the therapeutic programme to ensure it was an effective treatment. The provider's audits did not include reviewing the environmental risk assessments, ligature assessments and the provider did not have a local risk register. The provider was not analysing the reasons why clients left treatment early or following up with clients who had completed treatment to ensure treatment remained effective. The current process for auditing medicines and the clinic room was not robust as we found out of date medicines and emergency equipment was not being checked regularly. The provider was not monitoring that complaints were being recorded appropriately and were being responded to in line with the complaints policy.

This was a breach of regulation 17 (2)(f)