

The Pavilion







Quality Report

Ashton Road
Lancaster
LA15AZ
Tel: 01254 39375
Website: www.delphipavilion.co.uk

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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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

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 The Pavilion as good because:

- Staff risk assessed clients and reviewed how they managed these risks daily to keep clients safe. Medicines were managed safely. The premises were safe, clean well equipped, well furnished, well maintained and fit for purpose.
- There was a commitment to interagency working with good working practices with GPs commissioners, the police and the local accident and emergency department.
- All clients had access to a group programme and one to one sessions to help them understand and manage their addictions. The service was organised to meet clients' needs. Care and treatment was coordinated with other providers.
- Clients were supported, treated with dignity, respect and compassion.

- Staff helped clients prepare for discharge and ongoing support was offered through a weekly aftercare group. They sought and involved carers and family members when appropriate.
- The governance structures within the organisation functioned effectively with clear visions and values.

However:

- Care plans were not fully personalised.
- Clients did not have a named key worker.
- Of the three records we looked one out of three did not contain a risk management plan and plans were not comprehensive.
- Supervision levels had not been fully completed in line with the organisations policy. Levels had significantly improved over the last two months before inspection and staff reported they were well supported.

Summary of findings

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Good 

The Pavilion

Substance misuse/detoxification

Summary of this inspection

Background to The Pavilion

The Pavilion provides inpatient residential detoxification programmes from alcohol and substance misuse. It is in a rural setting near Lancaster in Lancashire.

The length of stay at the centre was based on individual need and ranged from seven to 28 days. The detoxification programme was part of a holistic package of care, which focussed on health and wellbeing and provided clinical and therapeutic interventions to support progress and abstinence.

The Pavilion provided a total of 17 beds to both men and women over the age of 18. At the time of our inspection there were six clients and a further two clients were admitted during the two days we inspected.

The Pavilion had been registered with the Care Quality Commission since January 2017.

The service was commissioned by eight organisations; six in the Lancashire area, one in the Yorkshire area and one from the Isle of Man. Referrals were also accepted from clients who privately funded their stay.

The Care Quality Commission has registered The Pavilion to carry out the following regulated activities: Accommodation for persons who require treatment for substance misuse.

One previous inspection was carried out at The Pavilion in October 2017. The Pavilion was not rated at this time. However, there was one requirement notice issued for a breach against Regulation 12 HSCA (RA) Regulations for safe care and treatment. This requirement notice has now been met.

At the time of this inspection, there was a registered manager in place.

Our inspection team

The team that inspected the service comprised of one CQC inspector, one assistant inspector and one CQC pharmacist specialist.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

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, asked a range of other organisations for information and sought feedback from commissioners of services.

During the inspection visit, the inspection team:

- visited the unit and looked at the quality of the ward environment and observed how staff were caring for clients;
- spoke with five clients who were using the service;

Summary of this inspection

- spoke with the registered manager;
- spoke with four other staff members; including the doctor, nurses and the therapist;
- received feedback about the service from one commissioner;
- attended and observed one group meeting;
- collected feedback from three clients using comment cards;
- looked at three care and treatment records of clients;
- carried out a specific check of the medication management on the unit; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We left comment cards for clients to complete and received three responses.

We spoke with six clients during our inspection.

All the clients were positive about the staff, food and most clients enjoyed the group work. Clients all had discharge plans. Clients talked about their apprehensions about moving onto a rehabilitation unit.

We reviewed the responses from compliments and questionnaires about the service. Clients summarised that they were very satisfied. Comments were very positive that staff were understanding, kind, caring, compassionate and staff make time to talk.

Clients left us three comment cards. All comments were positive. Clients said they felt well cared for, they got a lot from the groups they said the staff were very supportive and the food was very good.

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 good because:

- The service was clean and well maintained.
- The service had sufficient staff to meet clients' needs and the service had contingency plans in place to manage staff absence.
- The service had a comprehensive staff training programme in place and there was 98% compliance with the programme.
- Staff completed risk assessments for all clients and monitored clients' physical health effectively.
- The service had clear medicines management policies in place and staff managed medicines safely.
- Staff had received safeguarding training and knew how to report safeguarding concerns.

However:

- Not all clients had a risk management plan and plans were not always comprehensive.

Good



Are services effective?

We rated effective as good because:

- Staff ran a recovery focused groupwork programme seven days a week.
- The service employed a full-time person-centred therapist who offered one to one support to clients.
- Clients who had been discharged could access an aftercare group once a week.
- Clients could access their care records whenever they wanted, online and through their phones.
- Managers recruited staff safely and followed the services recruitment process when taking on new staff.
- The service had a policy on the Mental Capacity Act and staff knew how to assess a client's capacity.
- There were regular audits in place.

However;

- Supervision levels had not been fully completed in line with the organisations policy. Level had significantly improved over the last two months before inspection and staff reported they were well supported.
- Care plans were not fully personalised.

Good



Summary of this inspection

Are services caring?

We rated caring as good because:

- Feedback from the clients who used the service were positive about the way all staff treated them.
- Clients were involved and encouraged to be partners in their care and in making decisions.
- Staff spent time with clients to help them understand their care, treatment and condition.
- Staff listened to and responded to clients positively treating each client with dignity, respect, compassion and caring.
- Staff acted upon issues raised by clients.
- Clients were positive and complementary about the support and care they received from staff.
- Clients were fully involved in their care and treatment and the Pavilion involved families and carers where needed.
- Client comments were reviewed and used to make service improvements.

However;

- Clients did not have a named key worker.

Good



Are services responsive?

We rated responsive as good because:

- The service provided flexibility, choice and continuity of care that was reflected in the aftercare available after discharge.
- Individual needs were considered when planning and delivering care and treatment.
- The facilities and premises enabled met the needs of the clients.
- Clients could access the right treatment at the right time (pending funding agreements) and access to care was managed well.
- Discharges were discussed and shared with the client with discharge plans in place.
- The Pavilion supported and assessed individual needs often providing additional time for clients to stay at the service and to come to terms with the changes in their lives and complete further assessments for example cognitive assessments.
- The service planned group sessions and provided clients with 1-1 time and counselling.

Good



Are services well-led?

We rated well-led as good because:

Good



Summary of this inspection

- Leaders at every level prioritised safe, high quality compassionate care and supported staff so that they were respected and valued members of a team.
- There were board and governance arrangements within the organisation and there was a great commitment towards continual improvement.
- The service was very responsive to feedback from clients, staff and external agencies.
- There was learning from incidents.
- The service had been proactive in capturing comments and any concerns from clients.
- The organisation has processes and information systems in place to monitor performance.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards






Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly.

Staff recognised that clients' mental capacity could change while they were at the service and explained how they would make best interests decisions. If there were concerns about a client's capacity this would be assessed and recorded.

Staff had completed training and understood their responsibilities in relation to the Mental Capacity Act 2005.

The service had a policy on the Mental Capacity Act which staff were aware of and could refer to. Staff ensured service users consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner.

Substance misuse/detoxification

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

Are substance misuse/detoxification services safe?

Good 

Safe and clean environment

The premises were safe, clean well equipped, well furnished, well maintained and fit for purpose. Staff knew about any ligature anchor points and actions to mitigate risks to clients who might try to harm themselves. A fixed ligature anchor point is something that can be used for hanging or strangulation. There was a ligature risk assessment which gave staff guidance about managing clients who were feeling suicidal.

There were issues with the line of sight throughout the building. However, measures were taken to mitigate blind spots with the increasing of observations in areas if needed. Staff individually risk assessed each client and put measures in place to reduce the risk to clients who were feeling suicidal. These measures included increased observations and getting support from the mental health team.

All rooms were en suite providing clients with a shower, toilet and washbasin. There was one bath in the building which was in a bathroom next to the gym. Male and female corridors on the upper floor enabled staff to provide separate space for men and women. There were nine bedrooms on the ground floor. All rooms on the ground floor were accessible to wheelchair users and we saw an accessible bathroom. There was a variety of rooms

available to clients including two lounges, a gym and a large garden. All rooms had a panic alarm in case staff or clients needed to call for assistance. There were additional alarms that could be given to vulnerable clients.

The clinic room was kept tidy and equipment such as blood pressure monitor and weighing scales were available to carry out physical examinations. Two grab bags were available. A grab bag is an easily accessible bag that contains equipment and medication to treat someone in a medical emergency. Staff recorded daily checks of resuscitation equipment, emergency drugs and the defibrillator. However, when we checked the defibrillator, although it was working, the label showed that the battery was overdue for replacement (30 December 2018). We raised this with the manager and prompt action was taken to resolve this immediately.

The service employed a housekeeper and the service was clean, comfortable and well-maintained. We saw cleaning records were maintained. The cook was up to date with food hygiene checks.

We saw evidence that staff adhered to infection control principles, including handwashing and there were arrangements in place for the disposal of clinical waste.

Safe staffing

The service used a medically supported nurse led model. The service had 19 whole time equivalent staff. The service had enough nursing and medical staff, who knew the clients and they had received training to keep clients safe from avoidable harm.

There were six clients on the days we inspected with two further clients admitted during the inspection.

Substance misuse/detoxification

The service was adequately staffed and staff told us they could meet clients' needs. Managers said they would increase staffing if numbers and the complexity of clients required this. Rotas showed there was always a minimum of one nurse and two support workers on duty at all times. In addition to this the service employed a full-time person-centred therapist who was responsible for the group programme. Administrative staff worked 9-5 Monday to Friday.

The service had a designated prescriber on site five days a week. This consisted of a pharmacist prescriber, a doctor, who was the clinical lead and a nurse prescriber. The clinical lead worked two days a week and reviewed all clients on the Monday. The on-call rota showed that clinical support was available for staff out of hours including weekends and bank holidays.

The service had bank staff available if they need extra staff. The Pavilion used one agency. All agency staff completed a shadow shift before their first shift at the service.

The service reported a staff sickness rate of 2.7%. Eleven staff had left in the last 12 months. The manager reported that some of the staff that had left had since returned.

The service provided mandatory training in key skills to all staff and made sure staff completed it. Mandatory training figures were 98 %.

Assessing and managing risk to patients and staff

We looked at the care records of three clients.

Staff completed and updated risk assessments for each client and used these to understand and manage risks individually. They minimised their use of restrictive interventions. Clients received a pack prior to admission which explained the house rules. Staff could explain why the rules were in place. We saw a copy of the rules which clearly described what clients could expect from the service and what staff expected from the clients. We saw evidence of staff reviewing restrictive interventions. Clients had not been allowed caffeinated tea and coffee. This ruled had been reviewed and changed so clients could have caffeinated drinks.

Clients signed a contract agreeing to the rules around mobile phone use and not leaving the grounds unaccompanied. Clients were given their mobile phones in the evenings for a few hours. If they needed to make a

phone call during the day they could use a landline in one of the rooms. Staff told us this was to help clients focus on their treatment. We saw clients using the landline phone that was in a private room to make telephone calls.

All three records we looked at had a risk assessment and two risk management plans out of three had been completed. We saw additional specific risk assessments which could be filled in if they were relevant to the client. These included safeguarding and falls risk assessments which were not routinely filled in. One safeguarding risk assessment had been completed in the three files we looked at. Risk management plans were brief and we saw one record where concerns brought up in the admission assessment were not considered in the risk management plan. Risk management plans included a plan for unexpected exit from treatment.

Staff also recorded risks in the daily notes and the handover notes which took place twice a day. Staff described risk assessing clients at each contact and told us how they responded if they were concerned.

Staff used recognised scales to help them assess a client's physical health. These included the Clinical Institute Withdrawal Assessment of Alcohol scale which helps staff to assess alcohol withdrawals and the National Early Warning Score which is an early warning system for identifying acutely ill patients. However, we saw examples for one client where the National Early Warning Score had not been completed and used in accordance with policy. The rationale for this was not consistently fully recorded. However, staff were able to explain their clinical judgements used and the decisions made. Staff explained how they used their skills to monitor and assess client's physical health and respond to any concerns they had. The National Early Warning Score tool had been audited and 10 out of 11 records were accurate in demonstrating adherence to the policy.

Clients were made aware of the risks of continued substance misuse and of the dangers of using drugs again after a period of abstinence. Clients were offered Naloxone kits on leaving the service and staff recorded if these were accepted. Naloxone is an emergency medicine that can be used if a client overdoses. There were procedures in place to manage incidents where clients may have misused medication.

Substance misuse/detoxification

Staff had developed good links with the local acute hospital and there was a direct admission pathway to the medical admissions unit there. There was a discharge protocol in place and we saw records where staff had managed a client leaving unexpectedly. All clients had a plan in place in case of an unexpected early discharge.

The Pavilion was a smoke free building. There was a smoking shelter for clients who wished to continue smoking. Clients were not offered nicotine replacement therapy.

Safeguarding

Staff knew how to protect clients from abuse and the service worked well with other agencies to do so. Staff had received training in safeguarding adults and safeguarding children. Staff knew how to identify adults and children at risk of harm. They knew how to recognise and report abuse and how to apply it.

Staff explained how they would respond to safeguarding concerns. They knew who the safeguarding lead was and could explain how to make a safeguarding referral.

Staff worked effectively within teams, across services and with other agencies to promote safety. Information sharing was explained to clients and a client agreement explained when confidentiality would be broken because of safeguarding concerns. Staff told us they liaised with referrers when they had safeguarding concerns.

Staff access to essential information

Staff kept detailed daily records of clients' care and treatment. Daily records and handover records were clear, up-to-date and easily available to all staff providing care.

All records were kept on an electronic system. This was an electronic system which gave patients access to their own records. Patients could look at their records on their phones or a computer. Staff including bank and agency staff had access to the information they needed and could put information onto the system.

Medicines management

Staff followed best practice when storing, giving, and recording medication. Staff regularly reviewed the effects of medications on each client's physical health. Medicines including controlled drugs were stored and handled safely.

Staff had effective policies, procedures and training related to medication and medicines management. Since our last inspection, the provider had carried out a comprehensive review of their medicines policies and the prescription chart had been redesigned making it clearer to use. Assessments were completed and where possible, clients were supported to continue to self-administer prescribed medicines they had brought in to the service. The medicines were audited daily by Pavilion staff and monthly by the Head of Medicine Management (pharmacist non-medical prescriber).

Physical health monitoring was in place for clients undergoing detoxification withdrawal.

The severity of alcohol dependence questionnaire was used to measure severity of dependence on alcohol and medicines were prescribed to treat the symptoms of alcohol withdrawal using a fixed dose regimen. Medicines to support abstinence from alcohol were prescribed on discharge. The Clinical Opiate Withdrawal scale was used to rate and monitor the signs and symptoms of opiate withdrawal. Medicines information leaflets were available for patients to self-select and were used by nurses and prescribers in discussions with clients about their medicines.

Track record on safety

No serious incidents or adverse events were reported in the last 12 months.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support. The service was implementing an electronic system for reporting incidents. Staff told us that management investigated incidents and learning from incidents was fed back and discussed in team meetings.

Staff understood the duty of candour. They were open and transparent and gave clients a full explanation when something went wrong.

Substance misuse/detoxification

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

Good 

Assessment of needs and planning of care

Staff assessed the physical and mental health of all clients on admission. They developed individual care plans and updated them when needed. We looked at three care records. All three records showed evidence that a comprehensive assessment had been carried out. We saw evidence that physical health checks were carried out when the client came into the service.

Each client had a care plan. Care plans identified individual goals for clients. The actions section that related to the goals was not individualised. It contained general information and often referred to 'their' instead of the client's name. The service did not operate a keyworker system so the clients did not have an identified keyworker. Clients could access their care plans online.

Clients were discussed twice daily during staff handover and additional to this, the doctor completed reviews on individual clients and were accessible to clients to consult with about their treatment.

Best practice in treatment and care

Staff provided treatments and care for clients based on national guidance and best practice. Staff supported clients with their physical health and encouraged them to live healthier lives. Clients were encouraged not to smoke. However, patients did not have access to nicotine replacement therapy. There was a gym on the premises and staff would take clients on walks. Staff supported clients with sleeping problems and encouraged healthy eating.

Managers regularly audited service provision and this was fed back to staff in team meetings and clinical governance meetings. These included infection control, health and safety, ligature audit, medicines record keeping and data and baring service. Staff regularly sought client feedback and amended the content of groups according to what

clients said they wanted to look at. There was a complaints, compliments and comments box where clients and their families could leave feedback and a copy of the complaints policy was displayed on the wall.

The service employed a full-time therapist who was responsible for the group programme and providing one to one therapy sessions to clients. Groups were offered seven days a week. In the morning, clients took part in an addiction and recovery based group which helped them to develop skills to manage their addictions. In the afternoon, clients took part in an activity such as going for a walk or arts and crafts. Staff had also started a gardening project with clients. Groups were client led and clients were given a choice about what they wanted to do. Clients fed back that they found the groups useful. The service also offered relaxation, yoga and music sessions.

Clients could attend an aftercare group to provide continued support when their treatment had finished.

Clients had access to their records online and they were offered access to breaking free online. Breaking free online is a programme that clients can access through their phones which supports clients to stay substance free.

Monitoring and comparing treatment outcomes

Staff filled out Treatment Outcome Profile forms with clients. This was a form that collects information about clients' drug or alcohol use and lifestyle and measures the progress a client makes in treatment. Staff also sent information to the National Drug Treatment Monitoring Service which collects information on substance use nationally.

Skilled staff to deliver care

Managers made sure they had staff with the skills needed to provide high-quality care. They supported staff with appraisals, supervision, opportunities to update and further develop their skills.

All staff received a corporate and on-site induction. Staff received online and face to face training. Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Optional training courses were offered to staff in addition to mandatory training. Staff told us that they were supported to carry out training that would help their development. Team meeting minutes showed extra training courses being offered to staff.

Substance misuse/detoxification

We saw that managers followed a robust recruitment process when recruiting staff.

Staff supervision levels were low but had increased in the last two months. Staff were due supervision every eight weeks. Supervision average across the year was 67 %. Supervision rates had increased from 40% in July and August to 94 % in November and December 2018. This showed a steady increase of staff having received supervision following the appointment of a new manager.

We saw an example where poor staff performance was addressed promptly and effectively.

Managers recruited volunteers when required and trained and supported them for the roles they undertook. One volunteer had recently gained a support worker job at the service.

Multi-disciplinary and inter-agency team work

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care.

Staff liaised with GPs and referrers to help them carry out a comprehensive assessment of the clients' needs. Staff sought consent from the client to speak to their GP. Staff told us that assessments and providing care became more difficult if consent was not given. However, where staff were concerned and risks were identified the staff would consult with the clients GP to ensure their safety and ongoing treatment.

The service had regular multi-disciplinary team meetings which were held in the crossover period between the night and day shift to give the opportunity for as many staff as possible to attend.

Recovery plans included clear care pathways to other supporting services. Staff worked regularly with social workers, the hospital, community teams and GPs to provide support for the client.

Staff planned discharges with clients and supported clients to access ongoing support by working with rehabilitation units and community drug services. Staff also helped clients with debt and welfare issues.

Good practice in applying the MCA

Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly.

Staff recognised that clients' mental capacity could change while they were at the service and explained how they would make best interests decisions. If there were concerns about a client's capacity this would be assessed and recorded.

The service had a policy on the Mental Capacity Act which staff were aware of and could refer to. Staff ensured service users consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner.

Are substance misuse/detoxification services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They respected clients' privacy and dignity, and supported their individual needs. Observations of staff attitudes and behaviours, when interacting with clients who used services, demonstrated that staff provided responsive, practical and emotional support as appropriate.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes to the manager without fear of the consequences.

Staff supported clients to understand and manage their care, treatment or condition. This was achieved through therapeutic and recovery focused group work and one to one therapy time. However, clients did not have their own allocated key worker.

Staff directed clients to other services when appropriate and, if required, supported them to access those services.

The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about clients.

Substance misuse/detoxification

The service had a record that confidentiality policies had been explained and understood by clients who used the service. Clients signed to confirm they had seen these and that they agreed with them.

Clients completed 37 client feedback forms from September to December 2018 in relation to the question; Is the Pavilion providing a caring service? All the 37 respondents were very satisfied.

Clients left us three comment cards. All comments were positive. Clients said they felt well cared for, they got a lot from the groups and the food was very good.

Involvement in care

Staff involved clients and those close to them in decisions about their care, treatment and changes to the service. This was completed where clients in treatment agreed to this.

Staff communicated with clients so that they understood their care and treatment, including finding effective ways to communicate with clients with communication difficulties. The service empowered and supported access to appropriate advocacy for clients who used services their families and carers. Family therapy was provided and could be arranged by the therapist and the client if needed. The therapist also offered one to one sessions to family members to provide them with support and increase their understanding about addiction.

Each client using the service had a recovery plan and of the three records we looked at one did not have a risk management plan in place.

Staff engaged with clients using the service, their families and carers to develop responses that met their needs and ensured they had information needed to make informed decisions about their care where possible. Clients were provided with copies of their recovery plans and offered copies of their care plans.

Involvement of families and carers

Staff enabled families and carers to give feedback on the service they received. This was not routinely completed as clients needed to consent to families and carers being contacted about their care, that was personal to them.

There were comment boxes where carers and family members could leave comments about the service.

Staff confirmed they directed carers to the local authorities should carers need to access information about how to access a carer's assessment.

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

Good 

Access and discharge

The service had an agreed response time for accepting referrals and they arranged an admission as soon as they could facilitate. This was completed as soon as the necessary referral information was sought. The unit did not admit clients over the weekend period. Clients from all over the country were accessing the service as well as local clients within Lancashire.

There was no current waiting list at the time of the inspection. However, staff told us they would monitor clients on waiting lists to detect increases in level of risk so they could respond appropriately.

Pre- assessment by telephone and updated clinical information was sought from the clients GP with consent. They also asked referrers to complete a referral form to minimise the length of time clients waited for care, treatment and or advice.

Clients using services reported that care and treatment was rarely cancelled or delayed. However, when it did occur, this was usually due to funding issues in relation to the referring authorities. Private clients could access care and treatment that was suitable to their needs.

The service had a clearly documented admission criterion and this was documented in the admission and information pack. They saw urgent referrals quickly and facilitated and assist in arrangements for admission and transfer.

The unit had a clearly documented acceptance and referral criteria that has been agreed with relevant services and key stakeholders.

The service had robust alternative care pathways and referral systems in place for clients whose needs could not be met by the service.

Substance misuse/detoxification

Clients were consulted with about treatment options and additional therapy treatments were provided as an alternative treatment option whilst they were an inpatient. They provided group therapy, counselling, relaxation and meditation and therapeutic 1-1 time.

Non- medical prescribers were always available to discuss and review clients if a person was not able to comply with specific treatment requirements. There was always a member of the management team available out of hours. There were clinical staff who worked on a three-week rota to provide support and advice to the unit should they need.

The service had processes in place for when clients arrived late or failed to attend their appointments which were fair and reasonable and did not place the client at risk. We saw client arrangements being made and the service going the extra mile for clients. This was to ensure the smooth transfer of clients either to home or to a rehabilitation unit. One client was returning from an acute hospital and they arranged for the client to return to the unit to stay the night before being discharged home. They also provided additional days to a client who felt they needed a few days to come to terms with the changes in their life, before going on to a rehabilitation unit. Staff had previously extended a client's care due to them requiring further cognitive assessment of their needs.

Waiting times from referral to treatment and arrangements to admit, treat and discharge clients were in line with good practice. However, this was sometimes out of the Pavilion's control as the local authorities and funding bodies were the ones who agreed for the client to be admitted and agreed their funding arrangements.

Discharge and transfers of care

Recovery and risk management plans reflected the diverse/ complex needs of the client including clear care pathways to other supporting services e.g. maternity, social, housing or community mental health and community substance misuse teams.

Staff planned for clients' discharge, including good liaison with care managers/co-ordinators and or family members where needed. Clients were provided with an aftercare support plan and could contact the unit for continued support. Two weeks after the completion of their treatment programme at the Pavilion, they were invited to attend an

aftercare support group for twelve months. These meetings took place every Saturday and the meetings provided an opportunity for past clients to provide mutual support and form a network of abstinent peers.

Clients signed an unplanned discharge declaration highlighting the risks of unplanned discharge and to consent for referring agencies, next of kin, and GPs to be made aware of their unplanned discharge. They also signed to say if they had been offered Naloxone (where indicated) and had been trained in its administration and/ or if they have been offered Naloxone (where indicated) and had declined this training and medication.

Staff supported clients during referrals and transfers between services for example, if they required treatment in an acute hospital or temporary transfer to an in-patient psychiatric ward. The service complied with transfer of care standards.

The facilities promote recovery, comfort, dignity and confidentiality

Clients had their own en suite bedroom areas where they could keep their personal belongings safe. Clients had their own keys to their bedrooms. There were quiet areas for privacy and where clients could be independent of staff. The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity.

Clients had access to areas that allowed clients to have privacy - including when using the phone. Clients had access to the internet and Wi Fi was available in some areas of the building.

There were accessible clinical areas with equipment to support treatment and care including interview rooms with adequate soundproofing and privacy.

There was a comfortable dining area with hot drinks and snacks available at all times. There was a choice of good quality food including access to special dietary requirements for example kosher or halal meat, vegan, diabetic and liquid diets.

There were segregated sleeping areas, and bedrooms provided en suite facilities, including a sink, shower and toilet. There was one bathroom available should clients want to use this.

Substance misuse/detoxification

There was access to an outside space that was clean and well maintained. This was an extensive garden that allowed clients to walk around a pathed area that also provided seating outside.

The service was effective at managing bed occupancy levels and patient mix.

They made adjustments for people in response to their needs. For example, there was disabled access, a stair lift was fitted and access to faith support and young visitors coming to the unit would be accommodated with separate areas being identified.

Each client did not have a named keyworker but received regular 1-1 time with the nurses, therapy and recovery staff.

Patients' engagement with the wider community

Staff supported clients with some activities outside of the service, such as gardening and local walks that were planned weather permitting.

The service promoted and supported clients to maintain their family relationships and or with people that mattered to them and the wider community. Families could visit the unit at agreed visiting times.

Meeting the needs of all people who use the service

The service was accessible to all who needed it and took account of clients' individual needs. Staff helped clients with communication, advocacy and cultural support.

Staff demonstrated an understanding of the potential issues facing vulnerable groups e.g. lesbian, gay, bisexual and transgender, Black and minority ethnic, older people, people experiencing domestic abuse and sex workers and offered appropriate support. This was discussed during the referral and assessment process to enable them to meet the needs of any clients with protected characteristics.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

All clients on discharge were asked to complete a client evaluation form with 12 questions about access, treatment and care including management of withdrawal symptoms,

therapeutic interventions etc. Clients also completed a client feedback form reflecting CQC five essential domains. Most of the feedback showed clients were very satisfied for all five domains.

The service had received 230 compliments and no complaints within the last year. All complaints and complements were reported monthly in a manager report that was reported to the monthly clinical governance meeting.

Staff protected clients who raised concerns or complaints from discrimination and harassment.

The unit had a clear complaints system to show how complaints were managed and lessons were learnt and acted upon to improve the quality of the service.

Are substance misuse/detoxification services well-led?

Good 

Leadership

Managers at all levels in the service had the right skills and abilities to run the service providing high-quality sustainable care.

Leaders provided clinical leadership to staff who had the skills, knowledge and experience to perform their roles.

The organisation had a clear definition of recovery and this was shared and understood by all staff. The Pavilion staff are committed to working with clients to help them achieve freedom from dependence. The team offered support and guidance to help address issues surrounding the clients drug and/or alcohol problem, and they provided them with appropriate information and guidance to help them maintain their own recovery.

Leaders had a good understanding of the services they managed. They could explain clearly how the team was working to provide high quality care. Leaders were visible in the service and approachable for clients and staff.

Vision and strategy

The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with

Substance misuse/detoxification

involvement from staff, clients, and key groups representing the local community. Staff knew and understood the vision and values of the team and organisation and what their role was in achieving that.

All staff had a job description and encouraged volunteers. Volunteers had gone on to be recruited by the organisation.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Staff had been kept updated about any changes affecting the Pavilion.

Staff explained how they were working to deliver high quality care and were passionate about the care and treatment they provided.

Culture

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Staff felt respected, supported and valued. Delphi the provider completed a survey of their staff and achieved a one-star rating in its first year of completing the best companies survey, which denotes 'very good' levels of engagement. There were strong scores across Delphi in my company and my manager factors, indicating that employees were generally supported by their managers and were proud to work for Delphi and had a strong understanding of its values and aims.

The staff we spoke with were positive, satisfied and had low levels of stress. Staff felt valued and part of the organisation's future direction. They felt positive and proud about working for the provider and their team.

Staff appraisals included conversations about career development and how it could be supported. The service responded proactively to bullying and harassment cases.

Staff had access to support for their own physical, financial and emotional health needs through an occupational health service.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. An example of this was where a volunteer had been employed by the service.

Teams worked well together and where there were difficulties managers dealt with them appropriately.

The provider recognised staff success within the service – for example, through staff awards and mangers could submit these to the head office to support staff success.

Governance

The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care flourished.

Governance policies, procedures and protocols were regularly reviewed and improved. There was a clear framework of what must be discussed at a facility, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed, as well as sharing complements about the Pavilion.

There were systems and procedures to ensure that the service was safe and clean, that there were enough staff and staff were trained. Supervision was steadily increasing with the frequency improving. We saw that managers followed a robust recruitment process when recruiting staff.

Clients were assessed, supported and treated well and the service adhered to the Mental Capacity Act.

Admissions and discharges were managed well, with discharges that were planned.

Incidents were reported, investigated and learnt from and risk registers were in place. These were reviewed and actioned within the governance structures in place and removed when actioned appropriately. Staff had implemented recommendations from reviews incidents, complaints and safeguarding alerts at the service level.

Staff undertook or participated in local clinical audits. These included infection control, health and safety, ligature audit, medicines record keeping and data and baring service. The audits were sufficient to provide assurance and staff acted on the results when needed.

Data and notifications were submitted to external bodies and internal departments as required.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the clients.

The service had a whistle blowing policy in place.

Substance misuse/detoxification

Management of risk, issues and performance

The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Staff were able to tell us what the risks were in relation to the clients in their care. They had an efficient handover meeting of pertinent information about risk and risk management. This happened twice a day and these were also documented. All three records we looked at had a risk assessment and two risk management plans out of three had been completed.

There were clear quality assurance management and performance frameworks in place that were integrated across all organisational policies and procedures. Manager maintained and had access to the risk register at facility and directorate level. Staff at facility level could escalate concerns when required. Managers could submit items to the provider risk register.

Manager concerns matched those on the risk register and some risks had been added to the risk register after the manager had completed health and safety checks of the environment.

Information management

The service collected, analysed, managed and used information well to support its activities, using secure electronic systems.

The service used systems to collect data from facilities and directorates that were not over-burdensome for staff. The Pavilion used a system to store all the information about the client's risk, care and treatment all staff could access this system.

Information governance systems included confidentiality of client records. Clients signed to give consent to share information with their GP, should they leave the service early.

Clients were informed of the cost of their stay with admission date and the duration of their stay.

Consent records were maintained for clients to consent to information being used to submit data to the national drug treatment service and the sharing of information if needed with the local A&E department.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care. Information was in an accessible format, and was timely, accurate and identified areas for improvement.

They had developed information-sharing processes and joint-working arrangements with other services where appropriate to do so. Staff ensured service confidentiality agreements were clearly explained to clients including in relation to the sharing of information and data.

Engagement

Staff, clients and carers had access to up-to-date information about the work of the provider and the services they used – for example, through the pre-admission booklets and information about the service which were available on line and via social media.

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs and a comments book was readily available in the clients lounge area.

Staff felt the leadership and management of the facility encouraged an open, supportive and honest culture and staff spoke positively about communication within the facility.

Clients and staff could meet with members of the provider's senior leadership team and governors to give feedback if needed and staff facilitated this.

Leaders engaged with external stakeholders – such as commissioners, local authorities and funding authorities.

Learning, continuous improvement and innovation

The Pavilion had contacted the local university to provide practice based placements for students who may have an interest in substance misuse services.

The service assessed quality, sustainability and the impact of changes including financial viability.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that all staff receive regular supervision in line with organisation's policy. (Regulation 18)
- The provider should ensure that client care plans are fully personalised and that actions in the care plan are relevant to the client. (Regulation 9)
- The provider should ensure all clients have a comprehensive risk management plan. (Regulation 12)
- The provider should consider that clients have a named professional as a point of contact at the service.