

# The Pavilion

## 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

### 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.

### Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service had enough staff to care for patients and their level of need. Staff knew and put into practice the service's values, and they knew and had contact with managers at all levels.
- Care plans and assessments were holistic, recovery-orientated and included clients' views. All clients had comprehensive risk assessments completed. Clients could access a comprehensive therapy programme as part of their treatment. Clients' physical healthcare was monitored throughout their stay. Staff supported clients to plan for discharge. Outcome measures, treatment and assessment scales were in place to assess and monitor client's treatment and fed into the national drug treatment monitoring system.
- The service followed national institute for health and care excellence guidelines when prescribing medication to ensure best practice in detoxification and withdrawal were implemented.
- Staff had received an annual appraisal of their work performance and regular managerial and clinical supervision.
- The use of shared care records was innovative as clients were able to access, input and read their records at any time using an electronic recording

# Summary of findings

system. They were provided with their own password to enable them to access their care records from the service both during and after treatment. They were able to document their own thoughts and views directly into on their own care records.

- Clients were treated with kindness, dignity and respect. Clients told us that they felt listened to and staff knew their individual needs well. The diverse needs of clients were accommodated across all aspects of the service. Clients had the opportunity to give feedback about their care and treatment. Clients using the service were fully involved in their care and treatment.
- Clients were protected and safeguarded from avoidable harm and incidents were appropriately reported. There was an open and transparent culture within the Pavilion. Staff was aware of the provider's incident reporting and complaints processes.
- The service was well led by the manager and the organisational management team. There was a clear commitment towards continual improvement with an improvement plan in place.

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

- The provider did undertake prescription chart audits however, this was done without the use of a standardised audit tool for consistency. Nursing staff were signing for medicines prescribed for self administration, which did not correlate with the policy. On some prescription charts, medicines were prescribed with two doses available, with no space to identify which dose was given. We also saw some charts where doses had been overwritten when a dose was changed, rather than re-written, increasing the risk of the wrong dose being administered.
- The overall percentage of staff having completed their online mandatory training was 61% and this should be continued to be delivered and monitored.
- The provider should review out of hours on call provision and consider the need for medical provision.

# Summary of findings

## Our judgements about each of the main services

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

# Summary of findings

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# The Pavilion

**Services we looked at**

Substance misuse/detoxification.

# Summary of this inspection

## Background to The Pavilion

The Pavilion provides inpatient residential detoxification programmes for alcohol and substance use, misuse and dependency. It is located in a rural setting near Lancaster in Lancashire.

The detoxification programme is part of a holistic package of care, which focusses on health and wellbeing and provides therapeutic interventions to support progress and abstinence.

The length of stay at the centre was based on individual need and ranged from seven to 28 days.

The Pavilion provides 18 beds to both men and women over the age of 18. At the time of our inspection, there were seven clients.

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 service is registered to carry out the following legally regulated services/ activities: Accommodation for persons who require treatment for substance misuse.

No previous inspections had been carried out at the Pavilion. At the time of this inspection, there was a registered manager in place.

## Our inspection team

The team that inspected the service comprised a Care Quality Commission inspector, a Care Quality Commission pharmacist, a specialist nurse advisor and an expert by experience.

An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

## How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

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

# Summary of this inspection

- spoke with the registered manager and the lead nurse
- spoke with five other staff members employed by the service provider, including a recovery nurse, a recovery support worker, a triage and assessment staff member, a housekeeper, and the doctor
- attended and observed one group therapy session for clients
- collected feedback using comment cards from four clients
- looked at four care and treatment records, including six medicines records, for clients
- looked at four staff supervision and appraisal files
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with seven clients during our inspection and received four comment cards. All of the clients told us that all staff was very caring, warm, friendly and compassionate. They said all staff including domestic staff, kitchen, day, and night staff took their time to get to know them and did everything they could to support them and treated them as individuals. They told us staff listened to them and were there if they needed to speak to someone.

Clients said they felt safe. They felt they would be able to raise concerns should they have any and were confident that staff would listen to them.

They told us that staff were polite and treated them with respect and dignity. Clients told us they were involved in their care and treatment.

We observed staff speaking to clients in a respectful and caring manner throughout the inspection. We also saw staff providing individual support to clients throughout the inspection that respected their privacy and dignity in a discreet manner.

We reviewed the compliments provided by clients in their feedback and evaluation forms. All of the compliments were positive about the care and treatment they had received and could not praise the staff enough for their support and attention to their needs. Comments also praised staff for being caring, kind, compassionate, non-judgemental and very understanding.

Clients commented that the building was spotless and the food was first class. They told us they would have no hesitation in recommending the service to others or their relative returning there if this was ever necessary.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We do not currently rate standalone substance misuse services.

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

- The provider did undertake prescription chart audits however, this was done without the use of a standardised audit tool for consistency.
- The overall percentage of staff having completed their online mandatory training is currently 61%.
- The provider should review out of hours on call provision and consider the need for medical provision.

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

- The environment was clean and well maintained.
- The service had enough staff to care for the number of clients and their level of need. Vacancy rates, turnover and sickness absence were all low. Staff supported bank and agency staff covering shifts where needed.
- Staff completed a thorough and comprehensive assessment to identify and manage risks associated with detoxification and withdrawal.
- Staff were trained in safeguarding adults and children and had a good understanding of the alert process.
- There was a clear incident reporting systems in place and lessons were learnt to inform practice that was cascaded down to all staff.

### Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff had received an annual appraisal of their work performance and regular managerial and clinical supervision.
- Clients received an assessment prior to admission and a full admission assessment on arrival. The assessment process was multi-disciplinary and information was sought from referring agencies.
- The service followed national institute for health and care excellence guidelines when prescribing medication to ensure best practice in detoxification and withdrawal were implemented.

# Summary of this inspection

- Appropriate tools, assessments and outcome scales were routinely used to assess a client's dependency and withdrawal of drugs and alcohol use. Outcome measures were used to review the clients' progress and their readiness to change.
- Staff were appropriately skilled to deliver care and there was a range of staff disciplines that contributed to care and treatment.
- There was effective multidisciplinary and interagency teamwork.
- There was access to psychological therapies including group work and one to one sessions.
- The service had policies and procedures in place to specify how the service would respond to medical emergencies and staff was trained in the use of Naloxone.
- Client records were complete and accurate and care plans and risk assessments had been completed and were reviewed regularly.
- The Mental Capacity Act and associated codes of practice were adhered to.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were treated with dignity, compassion and respect.
- Clients reported staff attitudes were caring, kind, approachable and available.
- Clients using the service were fully involved in their care and treatment.
- Clients were complimentary about the support they received from the staff and felt staff provided the help they needed.
- Clients were oriented to the unit on admission on and provided with a welcome pack.
- All clients were actively involved in their care planning process.
- Clients were supported to identify and understand their health needs including good nutrition and medication side effects.
- All clients told us they were able to provide feedback about the service.
- We saw that the staff were respectful, polite, encouraging, curious, interested and supportive of all clients' needs during the daily group sessions.
- Staff acted upon issues raised by clients.

## Are services responsive?

We do not currently rate standalone substance misuse services.

# Summary of this inspection

We found the following areas of good practice:

- An admissions coordinator dealt with referrals, ensuring a well-managed process from referral to admission.
- Clients could be admitted quickly to the service and were encouraged to visit the unit before admission.
- All clients signed a treatment contract upon admission, which provided the client with clear expectations of them and of the service.
- There was a clear pathway if clients were to exit unexpectedly from the service.
- Clients received a comprehensive assessment including physical health checks on admission and throughout their stay.
- Clients were given a choice of foods they wanted to meet their dietary requirements and their health, religious and ethnic needs when required.
- The environment was accessible to clients with limited mobility issues.
- Clients had support and discharge plans in place to enable them to continue their treatment and recovery journey.
- Clients had access to hot drinks and snacks anytime of the day.
- The service had information leaflets available for clients to access. Staff told us that leaflets in other languages and interpreter services were available when needed.
- Staff gave clients relevant information that was useful to them such as treatment guidelines and information about various conditions.
- Clients had access to a structured timetable including daily group work and individual support/counselling sessions were provided.
- There was a clear complaints process and clients knew how to complain.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service was well led by the manager and the organisational management team.
- Staff were aware of the organisation's vision and values. The vision and values focussed on the service being sustainable, accountable, person centred and accessible.
- There was a clear commitment towards continual improvement with an improvement plan in place.
- Clients had access to a "keep in touch" system for their clients upon completion of their detoxification programme.

# Summary of this inspection

- Clients were able to access an online system that stored their medical records. This allowed clients to consult online with their doctors, nurses and any other professionals who they chose to share the information with.
- The service was responsive to feedback from clients, staff and external agencies.
- The service had an effective governance structure in place.
- Staff morale, job satisfaction and staff engagement was positive.
- There was clear learning from incidents.
- Key performance indicators were used to gauge performance of the team.
- Staff felt supported by their managers. They told us that the manager was accessible to staff, approachable and had an open door policy.
- Outcomes for clients were measured using treatment outcome profiles and fed into the national drug treatment monitoring system.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff demonstrated a good understanding of the Mental Capacity Act and received training in this area, during induction and through mandatory staff training. Staff were aware of the policy on the Mental Capacity Act and Deprivation of Liberty safeguards and knew whom to contact about the Mental Capacity Act to get advice.

Clients were supported to make decisions where appropriate. When clients may have lacked capacity, for

example when they had just been admitted to the unit or were in the early stages of detoxification, decisions were delayed or made in their best interests, recognising the importance of their wishes, feelings, culture and history. There were no clients subject to Deprivation of Liberty safeguards.

# Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

## Are substance misuse/detoxification services safe?

### Safe and clean environment

The building was maintained to a very high standard. The unit was modern and all communal areas were clean, comfortable and well maintained. We saw cleaning rotas that demonstrated that the service was cleaned on a daily basis. Control of substances hazardous to health assessments and information were in place. This meant that staff were guided how to use cleaning and other substances safely. The housekeeping staff kept their equipment in locked cupboards and we saw cleaning schedules for the main areas within the hospital. The cleaning schedules were complete and up to date which demonstrated the units were cleaned regularly. Infection control procedures were in place and hand-cleaning gel was available on entrance to the hospital. In addition, staff prompted visitors to use the hand gels before accessing the unit.

Bedrooms were well furnished with a single bed, wardrobe and small lockable bedside cabinet and a television. All bedrooms had en suite facilities with a shower and toilet. All bedrooms were light and airy and clients could personalise their own bedrooms during their stay. Clients had a key to their own bedrooms. All clients were provided with a nurse call system to alert the team should they require attention or if they were unwell.

The layout of the unit did not allow staff to fully observe all parts of the unit. However, this was mitigated by use of risk assessments, and regular checks of client whereabouts. There was a visible staff presence on the unit. A designated staff member was responsible for carrying out observations.

The unit had a ligature risk assessment in place, which was completed annually and updated where necessary. The assessment was comprehensive and outlined controls to manage ligature risks. There were some ligature points within individual bedrooms. However, clients who were actively suicidal would not be admitted to the unit. Two allocated bedrooms were available that were en-suite with low risk fitted bathroom furniture, no door handles or window catches. Fixtures and fittings were anti-ligature fittings for example, anti-ligature shower, and collapsible curtain rails. Staff were also able to increase observation levels if they felt it was appropriate to keep clients safe.

If clients, during their stay, were assessed as a high risk then this would be care planned accordingly and items removed as identified in their care plan/risk assessment. If the risks were deemed persistent then a referral back to the commissioner, referrer or funding authorities would be completed to find a more suitable placement for the individual.

Staff adhered to an infection control policy. A member of staff was identified as an infection control lead. There were arrangements in place to remove and dispose of clinical waste.

Staff were provided with personal alarms and wall alarms were available in bedrooms and client areas. Alarms and security systems were checked regularly and maintenance records were in place.

Personal evacuation plans were completed for clients that required assistance if the building had to be evacuated. There was an emergency business contingency plan should this be required.

Staff carried out environmental risk assessments regularly. Staff completed daily checks of the environment and a health and safety walk through the building was completed each month by the health and safety lead. This ensured

# Substance misuse/detoxification

that action was taken when shortfalls were identified and any new risks were highlighted for action. We received confirmation that work had been completed on identified areas or they were waiting for a date of repair.

There were other checks completed to ensure the building was safe. These included an up to date fire risk assessment, weekly tests of fire alarms, and reports were produced for fire evacuation tests. There was a list of fire wardens available on the health and safety board that was accessible to clients, staff and visitors. All staff had completed their fire awareness training. We saw evidence of weekly flushing of water systems and a legionella risk assessment that included an up to date test with a water service risk assessment. Temperature checks were completed monthly.

There were portable appliance testing certificates in place, which meant that equipment was maintained and tested to ensure they were safe to use.

Records confirmed that resuscitation equipment, emergency drugs and the defibrillator were checked on a daily basis. The unit had access to fully equipped clinic rooms and had accessible resuscitation equipment with signage identifying the locations. Drugs cupboards in the clinic room were locked. Fridge and clinic room temperatures were checked daily and logged, with no concerns noted. The clinic room was kept tidy and equipment such as blood pressure monitor and weighing scales were available to carry out physical examinations.

There was a small lounge designated to female clients admitted to the unit. There were quiet rooms with two lounges available as well as a group meeting room and a separate dining area. The unit had access to a large enclosed garden area with designated seating areas and a separate smoking shelter. There were designated male and female bedroom areas and all clients had access to an ensuite bedroom with shower, toilet and sink promoting privacy and dignity throughout the unit.

## Safe staffing

The data provided was from 9 January to 14 August 2017 and these figures indicated;

- There have been no shifts not filled by bank or agency staff to cover sickness, absence or vacancies
- for the same period there have been 55 shifts filled by bank staff to cover sickness, absence or vacancies

- the total establishment levels of qualified nurses - six
- total establishment levels support workers - nine
- total number of vacancies for qualified nurses - one
- total number of vacancies for nursing assistants - 0

Data submitted for the same period confirmed the Pavilion had;

- total number of substantive staff - 21
- total number of substantive staff leavers in the last 12 months - two
- total % turnover of all substantive staff leavers in last 12 months - 9.5 %
- total percentage of vacancies overall - 9%
- total percentage of permanent staff sickness overall - 1.5%

The Pavilion did not use agency staff routinely and would only access as a last resort. There was a regular pool of bank staff that was available to cover annual leave, sickness and training. All bank staff received an induction. This included shadowing shifts, face-to-face and online training.

The service had a standard shift pattern for the seven clients on the unit, comprising of two nurses and two support workers (recovery support workers) during the day and at night a qualified nurse and two support workers. These figures were adjusted against client need and risk, as well as taking into consideration the client numbers on the unit. Additional to this there was a qualified nurse manager, a triage and assessment worker, a daily therapist and access to a clinical lead and a doctor who attended the unit twice weekly to complete prescribing reviews with clients. There was a prescriber allocated to attend the Pavilion each day, Monday to Friday to undertake prescribing for any new admissions and to ensure there is a full review of any prescribing needs for all patients in preparation for the weekend. They had identified the daily on call prescriber and a rota was in place, Monday to Friday. Patients had symptomatic relief medications prescribed for them that was administered on an as needed basis and they had patient group directives in place to enable nurses to administer additional appropriate symptomatic relief medication as indicated. They did not have a prescriber available outside of office hours and did not take admissions at the weekends and or out of hours.

# Substance misuse/detoxification

There was an on call manager available 24 hours a day seven days a week for management and operational delivery enquiries. The managers were not on call to manage prescribing issues or medical emergencies. Any medical emergencies that occurred outside of office hours were managed via 111 or 999 and appropriate action taken as indicated. There was no doctor on call.

There was always access to an experienced first aider and a list was available on the health and safety board. All staff had completed basic life support and anaphylaxis training was included yearly in this training. They do not currently train their staff in intermediate life support.

The manager and staff we spoke with informed us the service was very rarely short staffed and there were no staff sick or absent at the time. The manager told us they were able to bring additional staff onto the unit if this was needed.

The daily group/therapy work was never cancelled for clients as this was seen a priority for client support within their treatment.

Their online mandatory training was a rolling programme with a 12-month timescale for all staff running from January to December each year. The percentage of staff that had completed the online training included new staff members. Some of whom had only joined the team in the last couple of months, so had not yet completed many modules, which would affect the overall percentage. The overall percentage of staff having completed their mandatory training was currently 61%.

The manager informed us that all team members will have completed all of their training before the end of the year with this being monitored and managed via team meetings and individual supervisions where required.

In addition to online training 100% of staff had completed a corporate and local face-to-face induction on commencement to their post, which included training re:

- Safeguarding
- Consent and capacity
- Information governance
- Infection prevention
- Record keeping standards
- Medicines management

- Boundaries
- Corporate policies and procedures
- Human resource processes
- Supervision and appraisal system
- Health and safety
- Incident reporting
- Staff competencies in – clinical observations, group facilitation, medication dispensing/second signing – role appropriate.

One hundred percent of the team had completed face-to-face training (mandatory) in the following:

- Basic life support
- Fire awareness.

## **Assessing and managing risk to clients and staff**

We reviewed four sets of care records across the Pavilion. All clients had an up to date risk assessments. Any new clients referred or admitted to the unit had a full and comprehensive assessment of risk completed on admission and a pre admission risk assessment was completed. This assessment allowed a qualified clinician to make a comprehensive assessment of the person's drug and or alcohol dependency level as well as healthcare needs and risk issues.

Staff had two handover sessions per day; these were verbal within the team as well as being documented. Every client was discussed and risk assessments and management plans updated and reviewed against any new or emerging risk issues. The nurses reviewed the care plans daily.

All clients care records had a record and plan of any unexpected access from treatment at the Pavilion. There was an unplanned discharge pathway in place that was prominently displayed for staff to access.

There were policies in place to facilitate and complete searches to clients on admission to the service. A property log was completed with the individual client. Clients were advised prior to their admission about not bringing aerosols and alcohol based products into the service due to the treatment for detoxification from drugs and or alcohol. These were removed and stored within the nursing office. Clients were informed of the restrictions in place

# Substance misuse/detoxification

before they arrived and made a decision to enter the Pavilion for treatment. Clients admitted to the unit signed a contract. This contract defined what clients could expect and what the Pavilion expected in terms of commitment.

The service had an exclusion/admission criteria and this was not to admit anyone under the age of 18 years. The following categories below were also noted in their criteria. They stated they would need to be carefully considered and a full risk assessment will be carried out to ensure the safeguarding of clients, staff and visitors for;

- clients who are actively suicidal or self harming
- clients unable to self care
- clients with acute psychiatric morbidity or currently on sections of the Mental Health Act.
- clients with a history of violence or arson.

The registered manager has implemented a review of the department of health guidance and consideration has been given to restrictive practices in place at the Pavilion.

Two restrictive practices had been identified: Restricted access to electronic devices and clients movement restricted to the Pavilion grounds during their treatment. In both instances, restrictions were in place in order to manage risks associated with the activity, to keep clients safe at a time when they are most vulnerable and to afford clients time to reflect and engage fully with the therapeutic programme. However, clients were made aware of these before admission.

Client's medicines were reconciled on admission to the service to ensure that prescribers had a complete list of their current medication. With the client's consent staff approached the clients' GPs both to support medicines reconciliation and to help ensure that where appropriate, prescribing could be continued following discharge. Where clients withheld consent, prescribers discussed the risks of not disclosing treatment to the GP with them. This meant that GPs might not be able to support the client for their medicines reconciliation nor be able to continue prescribing following their discharge, as they would be unaware of the treatment they had received. Protocols described the management of client's unexpected early exit from the service, to try to minimise any risks.

Doctors or non-medical prescribers prescribed all the medicines to support drug and alcohol withdrawal. The

provider also had patient group directions to enable nurses to administer medication for withdrawal without an individual prescription. These had been recently reviewed and the service was in the process of authorising individual nurses to use them.

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. Where appropriate support was available in the community medicines to support abstinence from alcohol were prescribed on discharge. (National Institute for Health and Care Excellence guidelines CG100 alcohol-use disorders: diagnosis and management of physical complications). Similarly, the clinical opiate withdrawal scale was used to rate and monitor the signs and symptoms of opiate withdrawal. Prescribers discussed the prescribing regimens with the client and leaflets were available to provide further information about the medicines used.

Clients brought their regular prescribed medicines with them on admission to the service. Nurses ordered further supplies from the clients GP, if needed. Medicines self-administration was encouraged where possible to support independence. However, the provider's policy describing the recording and administration of clients own medicines was not adhered to in practice. Nursing staff were signing for medicines prescribed for self administration, which did not correlate with the policy.

An appendix was missing from the prescribing protocol for alcohol withdrawal; this was promptly reviewed and included by the provider.

On some prescription charts, medicines were prescribed with two doses available, with no space to identify which dose was given. We also saw some charts where doses had been overwritten when a dose was changed, rather than re-written, increasing the risk of the wrong dose being administered.

These issues were addressed promptly when raised with the service.

A stock of discretionary medicines was available for the prompt treatment of minor ailments without a prescription.

# Substance misuse/detoxification

Medicines were safely stored and appropriate arrangements were in place for the handling of controlled drugs with an accountable officer in place. Medicines and equipment for emergencies were available for use when needed.

## Track record on safety

There had been no serious incidents reported in the last eight months.

The Care Quality Commission received no safeguarding alerts and one safeguarding concern in relation to the Pavilion between the dates January 2017 and 31 August 2017.

The registered manager was the identified safeguarding lead at the hospital and a policy and procedure was in place to support staff should they identify and need to report any issues in relation to safeguarding.

There were no whistleblowing concerns received by the Care Quality Commission.

## Reporting incidents and learning from when things go wrong

Managers and staff reviewed their practices following any incidents and looked at ways they could improve their practice.

All staff at the Pavilion were required to report any incidents and an incident reporting form was completed. This was then emailed to the head of integrated services and then allocated to a manager or staff member to investigate and any actions required were implemented. When the investigation was complete and returned within 14 days, lessons learned were identified, any actions required were implemented and information was then cascaded to the team as appropriate via individual staff supervisions and the team meetings.

Staff members submitting reports and any staff involved in the incident meet with managers for discussion and cascade of lessons learnt and changes required. Their incident log was reviewed continuously and an annual overview was provided to the senior management meeting.

We saw examples of learning that had been shared across the staff team. This was completed by summarising a monthly case study at their team meetings and incidents were discussed within supervision. Incidents were also reviewed within local and regional governance meetings.

Staff received feedback from incidents during handover and at daily meetings. There was a process to offer staff and clients debriefs if this was appropriate following an incident.

There was a peer group meeting held to learn from medicines related incidents across the group and review any new guidance. There was a nominated clinical manager to support the head of medicine management with clinical audit and prescribing reviews.

## Duty of candour

Duty of candour is a statutory requirement that ensures services are open and transparent with clients and carers. This includes informing clients about adverse incidents related to their care and treatment, providing support and offering an apology.

There was a positive reporting culture within this service with effective investigation and lessons learnt which was shared across the unit and wider organisation.

All staff had been made aware of the duty of candour through team meetings. Their reporting of incidents policy referred to the Duty of candour. They provided an example of when a drug error occurred. This was discussed with the client and recorded on the patients records.

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

## Assessment of needs and planning of care

Clients received an assessment prior to admission and a full admission assessment on arrival. The assessment process was multi-disciplinary and information was sought from referring agencies. A nurse on admission completed the comprehensive assessment. This included;

- an assessment of their physical and mental health needs (health and wellbeing)
- baseline observations and urine screening
- the clinical institute alcohol withdrawal assessments /or clinical opiate withdrawal scale assessment and a blood and alcohol test

# Substance misuse/detoxification

- additional risk assessments as needed including a nutritional assessment, level of intoxication, level of consciousness/mental states, history of falls, vision status, gait and balance, medication, predisposing diseases
- an in possession medication client agreement form which addressed any issues around self-harm or suicide attempts in the last six months and any histories of accidental overdose and mental health concerns
- the risk of vulnerability to violence and bullying
- safeguarding risk issues were assessed in the assessment process including information about any children they may have contact with or responsibility for and any caring responsibilities
- clients care pathways were also documented and blood-borne virus testing and vaccinations for hepatitis B were offered to the client
- treatment plans were formulated as well as a prescribing review
- clients were asked if they wanted naloxone training as well as a kit to be provided on discharge. This is a medication used to block the effects of opioids especially in overdoses.

The service ensured they were aware of and responded to the changing needs and the physical health and deterioration of their clients. Observation levels were completed four times a day and increased levels of observations were implemented for clients who required this. Alcohol withdrawal assessments were completed four times a day and assessment and the clinical opiate withdrawal scale assessments as required. Client observations were checked before medication was given and constant monitoring was in place. Clients accessed their local accident and emergency unit and GP should this be required.

We reviewed four client records. All of the records had relevant assessments in place. Assessments were comprehensive and were reflected in the clients care plans. Recovery plans were also in place for clients and these were completed during the clients stay. These addressed clear pathways, support services in their local areas, and identified a rehabilitation facility/placement where this had been agreed by funding authorities.

Treatment outcome profiles were completed for all clients. An initial profile was completed on admission and an exit profile upon discharge. These clearly evidenced how effective treatment provision had been including improvements in substance use, injecting behaviour, crime and health and social functioning. The provider had a robust system of aftercare follow up in place to monitor sustained abstinence and respond to and support with any early indications of potential relapse.

They recorded the client's readiness to change at point of admission and again at discharge to measure how motivated and confident they were at making and sustaining the changes, they had identified and that they wanted to achieve. This was an effective mechanism for supporting clients to identify how important the changes were to achieve and sustain post discharge.

## Best practice in treatment and care

The service followed national institute for health and care excellence guidelines when prescribing medication to ensure best practice in detoxification and withdrawal were implemented. All staff had access to information from the guidance updates and this was a standard agenda item on both the multidisciplinary team meeting minutes and governance meetings. The unit used an alert system to identify any new clinical or national guidelines applicable to the service.

Physical health monitoring was in place for clients undergoing detoxification withdrawal. Staff had skills and knowledge to recognise side effects of alcohol withdrawal, provided support to clients, and this included referring clients in a timely manner to the appropriate medical services.

The service was able to offer psychological therapies. A group facilitator led a session every morning (Monday to Sunday) providing a structured group therapy session. The group sessions focussed on different areas at each session and followed a model of understanding my addiction – cycle of change.

These included various sessions some of which are included;

- Who am I?
- relapse prevention,
- taking responsibility,

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- building relationships,
- effects of substance misuse,
- rebuilding health and well-being,
- anger management,
- my anger and me.

This was a group program, which ran over a three-week period. We observed a group session and saw that it was facilitated well with clear explanations about what the session would entail. Clients could access individual one-to-one therapeutic sessions. Family therapy could also be provided where this was identified as a need for the clients and their families. Clients had an afternoon activity timetable Monday to Friday provided over a three-week period. This included meditation & therapy including light yoga, physical activity, and peer support group art therapy session. Local recovery and support groups also attended on a regular basis providing afternoon/early evening sessions.

Staff were involved in local audits and designated leads had been identified for health and safety and infection control.

The service had developed a sleep protocol in place to support clients undergoing opioid or other drug withdrawal where there was a common feature of trouble sleeping, often exacerbated by restless legs syndrome, which could be distressing to the client.

## **Skilled staff to deliver care**

The service had experienced and appropriately qualified staff. The team consisted of a dedicated clinical manager with significant experience of delivering substance misuse treatment and managing substance misuse services. The manager was supported by nursing and trained support workers as well as employing a clinical lead who was on site one day a week as well as a doctor that was available to prescribe and review medication one day a week. Nurse prescribers were on the rota as prescribers three days a week and the clinical manager is also a nurse prescriber and is often (but not always) on site. The service had access to continuous nursing care on site and an on call manager was available out of hours. Clients had access to a therapist that provided psychological therapies as part of their treatment as individual or group therapy. They worked as a multi-disciplinary team around the individuals and their

families to deliver the most appropriate intervention according to need and complexity. A therapist and recovery workers delivered a detailed programme of psycho/social interventions, individually tailored according to client need.

All staff employed at the Pavilion had undergone a full induction and received additional mandatory online and face-to-face training as well as shadowing of staff when they were new to the service. Staff had additional training in dry blood spot testing and support workers had been trained in taking bloods with a delegated support worker in place. All staff had been trained in overdose prevention and in the administration of Naloxone.

We reviewed four staff supervision and appraisal records and these confirmed that staff had received supervision every four to six weeks. Clinical supervision for nursing staff was also combined into these meetings with reflective practice and learning opportunities discussed and action points agreed. The minutes of these meetings were comprehensive with set agenda items addressed as well as a conversation about training compliance.

Where staff performance was highlighted additional supervision was arranged, and the staff member's probationary period would be extended to address any performance issues. There were policies and procedures in place to support this.

There was a recruitment and selection policy in place. At the start of their recruitment process, staff completed an enhanced disclosure and barring service checks. All clinical staff members provided their registration details at the start of the recruitment process, and they were checked on an annual basis by the human resource department within the company. The central human resource team monitored staffs professional registration and their continued professional development. They asked staff to provide evidence of their re registration as well as making checks internally. They alerted the manager at the Pavilion when the dates of re registration were required.

Leadership training was available for any staff with a line management responsibility. This included the power of values, supervision, and general leadership training. The manager at the Pavilion informed us they were waiting for dates to book onto the training.

We saw minutes of bi monthly prescriber group meetings. These were in place to support the prescribers throughout the group.

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## **Multidisciplinary and inter-agency team work**

Multidisciplinary team meetings happened monthly and daily meetings took place with the non medical prescriber, nurse in charge, therapist and manager as required. Information was recorded daily within client notes as well as a written document being available to staff to inform them of the verbal handovers that took place.

The manager also updated staff on any urgent issues by email as well as providing a copy of the email in a prominent place for staff to observe.

There was liaison with a range of professionals, which included social workers and care coordinators, private and voluntary organisations, and other professionals. The manager completed a monthly report. This was circulated to the senior leadership team and to the Pavilion team for information.

On admission to the Pavilion clients signed consent to their general practitioner being contacted records were requested. Discharge summaries were sent to the client's general practitioner. The manager reported good working links with general practitioners, local authority social services as well as children and family services.

The Pavilion had good working relationships with external organisations. Care managers worked in partnership with the service to gather information about risks, clinical needs and discharge planning. They worked together to facilitate safe discharge. The Pavilion routinely managed any links with services for clients who attended the service. Prior to the clients discharge, they ensured relevant appointments were made for clients within their local areas.

The Pavilion had links to local recovery communities including a recovery service within Lancashire that attended as well as weekly groups been provided by Narcotics Anonymous in-house. There were clear and effective processes in place for referrals to other organisations and these formed parts of the client's pathway and discharge.

## **Adherence to the MHA**

The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health were to deteriorate, staff was aware of whom to contact. Some of the nursing staff had been trained as registered mental health nurses, which meant that they were aware of signs

and symptoms of mental health problems. Staff was aware that if a clients' mental health was deteriorating they could refer to the general practitioner, local crisis team or to the local community mental health team for advice.

## **Good practice in applying the MCA**

All staff had received training in consent and capacity during their initial induction. Figures provided confirmed that 67% staff had received training in consent and capacity and 60% of staff had received training in the Deprivation of Liberty Safeguards training. There were no Deprivation of Liberty safeguards applications reported.

Staff we spoke with displayed an understanding of the Act and the five statutory principles. Capacity assessments were available. Care records we reviewed contained assessments that were appropriate and decision specific. Clients were supported to make decisions and when they lacked capacity if the situation changed contact would be made with their funding authorities. Decisions would be made in their best interest and best interest meetings would be facilitated. Care records showed that clients had signed and consented to treatment, sharing of information and confidentiality agreements.

The manager confirmed that on admission individuals might have impaired capacity due to their alcohol consumption and drug use. The manager would allow a few hours for the client to settle and if ongoing issues around capacity were highlighted then a decision specific mental capacity assessment would be completed.

The manager was aware of where to get advice regarding the Mental Capacity Act and the Deprivation of Liberty safeguards application

## **Equality and human rights**

Staff received equality and diversity training a part of their online mandatory training and an equality and diversity lead had been identified at the Pavilion. They had a policy and procedure in place and they worked within the framework of The Equality Act (2010).

There were ramps into the building and two downstairs bedrooms had been adjusted for clients with limited mobility. There was also a stair lift fitted should clients need to access the upstairs bedrooms. There were some limitations with easy access to parts of the building however, staff would facilitate this if there were an identified need for clients with limited mobility.

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The use of blanket restrictions in the service was kept to a minimum but did include restrictions on the use of mobile phones and access to these was time limited in the evenings. In addition, clients' movement was restricted to the Pavilion grounds during their treatment. With regards to the restriction of movement of clients to within the boundaries of the Pavilion grounds, this was in place as clients were in receipt of medication which caused drowsiness and confusion and can contribute to reduced mobility in many clients. Their current position had been reached following consultation with service users, past clients, other residential service providers and with commissioners and without exception feedback received was that clients should not be allowed to leave the Pavilion grounds unaccompanied.

Clients were made aware of the Pavilion policy about this prior to their admission to the unit both in writing as part of the pre-admission information provided and verbally when contacted to arrange their admission date and time.

Clients consented to these restrictions on admission as they were intended to promote recovery from their addiction and ensure their safety within the detoxification unit. The manager had completed a review against the department of health guidance about restrictive and blanket restrictions in place at the Pavilion.

The service had a female therapist who delivered interventions that was specific to drug and alcohol use, criminality and their correlation with women's needs such as domestic violence and sexual violence. Their team have well established links with appropriate services such as women's refuge, shelter and housing options. Delphi Medical promoted inclusion within their services for all minority groups and have recently attended and promoted their service at the annual Blackpool Pride event (May 2017) and Blackpool Caribbean carnival (July 2017).

## **Management of transition arrangements, referral and discharge**

There were effective processes in place for transition arrangements back into the community. Clients were referred on to local agencies upon discharge from the service and referring agencies. Their local general practitioner was always made aware of a client's discharge in writing unless clients who were funding themselves privately made a decision not to consent to this.

Clients were provided with access to their individual notes and treatment pathways and this allowed clients to share their treatment information with other agencies and provided a record of the detoxification they had completed. It also provided clients with an aide memoir following their treatment and this provided a choice to clients of what information they wanted to share with others.

There was a procedure and pathway for unexpected exit/discharge from the service and contingency plans were completed at referral stage for each client.

If clients required or they were assessed as needing a period of rehabilitation after their stay at the Pavilion, suitable accommodation would be sought in collaboration with the client and their funding authority. Private paying clients were able to discuss their referral and discharge arrangements during their stay at the Pavilion. Pavilion staff would arrange for suitable rehabilitation units during their stay if this were required.

## **Are substance misuse/detoxification services caring?**

### **Kindness, dignity, respect and support**

We spoke to all of the seven clients who were currently receiving treatment at the Pavilion. Four clients individually spoke to us about their experiences and we received four comment cards.

All of the clients told us that the staff were very caring, warm, friendly and compassionate. They said all staff including domestic staff, kitchen, day, and night staff took their time to get know them and did everything they could to support them and treated them as individuals. They told us staff listened to them and were there if they needed to speak to someone. We observed staff speaking to clients in a respectful and caring manner throughout the inspection. We also saw staff providing individual support to clients throughout the inspection that respected their privacy and dignity in a discreet manner throughout the inspection.

We observed a group session, which clients attended every morning. Staff explained the

structure and purpose of the session before the group started so that clients understood. They also reiterated

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expectations and group rules including respect for each other and not talking over each other during the session. The staff ensured that clients were comfortable to begin the

session and asked any clients if they needed assistance with reading or writing. We saw that the staff were respectful, polite, encouraging, curious, interested and supportive of all clients' needs during this session. Staff and clients were aware of the need to respect people's privacy and promoted the need for confidentiality, particularly in groups where personal information might be shared as part of the recovery process.

## **The involvement of clients in the care they receive**

Before clients were admitted to the Pavilion, they had received information about the service. Clients were encouraged to visit the Pavilion before their admission. They were provided with an information pack about their stay at the Pavilion during the admission process. This was to ensure clients understood the ethos and restrictions of the detoxification admission. Clients told us they were fully involved in their admission assessment.

All of clients we spoke to told us they were fully involved in the care and treatment they received. They had been informed and understood the treatment they were being provided with. They all told us they were involved in the care decisions being made and had been offered a copy of their recovery plans and risk assessments. The clients told us they were supported to identify and understand their health needs including good nutrition and medication side effects. All clients told us they were able to provide feedback about the service. They had access to a comments book within the lounge area as well as being able to post confidential compliments, concerns or comments about the service. Clients were involved fully and were supported by staff, care coordinators during the referral, transfer and discharge process.

Clients were able to access an online system that stored their medical records. This allowed clients to consult online with their doctors, nurses many other professionals they chose to share the information with. Clients could also access this information on their computer, smart phone, tablet or any device that had Internet connection. This allowed clients to be fully involved and to see what information was held about them whilst in the Pavilion and they could choose whom they gave permission to access.

Policies, procedures and information were in place to inform clients (and those close to them) to help them understand how they may be involved in their care and treatment where necessary. Emotional support and family work could be provided to client's relatives including carers and dependants where this was an identified need. Clients were able to make decisions about family members and relatives being involved. Staff was aware of consent issues and whom individual clients had not consented to sharing information with and or who they wanted to be involved.

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

## **Access and discharge**

The service employed an admissions assessment coordinator who was responsible for the referrals, initial assessments and admissions process. Clients were referred by local authorities, commissioners and private paying clients could self refer. The Pavilion website enabled people to make direct contact with the admissions coordinator and then to arrange a visit or an admission within 24 hours or sooner if indicated at initial enquiry stage.

Pre admission booklets were available for clients and they would be encouraged to visit prior to their admission. Prospective clients were then invited to attend for a face-to-face assessment at the service to establish if their needs could be met and to enable the service to undertake an assessment of client's treatment requirements. If clients preferred not to visit in advance of admission, the service could undertake the initial assessment over the phone. Clients whose care was being commissioned were provided with an in-depth health assessment and an assessment of individual needs.

Clients were seen by a nurse and or the registered manager and either a doctor or non-medical prescriber upon admission to complete the initial assessment. The admitting nurse team completed physical health checks and a thorough and in-depth assessment was completed upon admission. This assessment and ongoing monitoring was continued throughout the clients stay.

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All clients signed a treatment contract upon admission, which clearly detailed what could be expected in terms of services and the service expectations about commitment to treatment. There were robust and clear pathways if clients were to exit unexpectedly from the service.

Clients would be encouraged to stay, however, if the client still wanted to leave they would be provided with a discharge care plan and relatives or carers would be contacted with the clients consent to provide a safe exit from the service. Commissioners and funding authorities would also be notified to ensure the clients safety when discharged during their detoxification programme. If there were serious medical concerns for the client that wanted to facilitate their own discharge then emergency services including the police and ambulance would be contacted.

Prior to discharge clients were provided with a list of aftercare services local to their area of residence and appointments were pre-arranged to enable them to continue their treatment journey in the community. Where a client's discharge was onto an inpatient rehabilitation service the commissioners would facilitate this and or funding authority in liaison with the Pavilion to ensure, the transition to rehabilitation was accessed and available on their discharge.

There had been 113 discharged clients from 9 January to 29 September 2017 and clients were

routinely followed up at one week, one month, three months and six months. The service was actively collating information to identify successful completions in treatment, any unplanned discharges as well as other data that would allow them to analyse and improve their service provision.

## **The facilities promote recovery, comfort, dignity and confidentiality**

The lead therapist facilitated structured group therapy sessions between 10am – 12pm each day and in the afternoon provided 1-1 counselling sessions. This was to focus on any issues that might arise for clients during the morning session. They also provided family therapy and support sessions where indicated.

There was a range of rooms and facilities to support treatment and care at the Pavilion. These included two clinic rooms, a group room, quiet lounge and a large garden area. The quiet room was available for clients to use

and this was used as a visiting room when required. Clients were able to make private phone calls from the office and could use their own mobile phones at designated times. There was a large lounge available for clients to access and this had a television and a digital video disc in it with comfortable seating and a table football game. The lounge was clean and tidy and clients all reported how clean and well maintained the building was.

There was a bright and welcoming dining room available, which could accommodate all of the clients. Staff sat and had lunch with the clients. Clients had a choice of meals and these were freshly made using fresh ingredients every day. Clients had access to an open kitchen facility where they could make their own drinks and access snacks throughout the day and night. Clients had access to laundry facilities and were supported by staff where needed.

Clients could access a large garden with seating areas available throughout the day and night. Clients were also able to access a designated smoking area in the garden area.

Clients were able to personalise their own bedrooms and could securely store their possessions. Clients had access to their own bedrooms and had keys to access their rooms at any time. There were televisions available in every bedroom.

There were designated male and female bedroom areas and all clients had access to an ensuite bedroom with shower, toilet and sink promoting privacy and dignity throughout the unit.

## **Meeting the needs of all clients**

There was disabled access throughout the building and a stair lift to access the first floor with ramps provided at the entrance to the hospital. There were two bedrooms available that had been adapted to meet the needs of clients with limited mobility and a disabled toilet was available. The layout of the building had some steps from the downstairs bedroom areas up into the group activity rooms and small lounge area. However, clients with limited mobility would be assisted around the outside of the building to access these rooms. Personal emergency evacuation plans were completed for clients with limited mobility if there was an unplanned evacuation of the building.

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There was information available to clients on treatment, drug and alcohol use and local services as well as information to inform them how to make a complaint. They had access to interpreting services if needed.

Documentation and information leaflets could be translated as required.

Clients were given a welcome pack on admission and information was included about how to make a complaint.

Clients' diversity and human rights were respected. Staff were aware of their individual needs and during initial admission access to food or any religious, spiritual or special dietary requirements were discussed and accommodated within their client led plans. A separate place would be made available for prayer and contemplation if this were needed.

The service had facilitated and accommodated a visit and a walk around the grounds with a client's dog, as this was their motivation for seeking treatment. This allowed a client to focus on their recovery knowing that their dog was being well cared for.

## **Listening to and learning from concerns and complaints**

From January to August 2017, they had received three complaints and 65 compliments.

There was a copy of the complaints policy posted on the notice board outside the clients lounge. There were complaints, compliments and suggestions slips also in the lounge area with envelopes for them to be placed in so that feedback was provided confidentially. Envelopes were handed to the clinical manager for review and responses provided within timescales outlined in the policy. Upon completion of treatment and prior to discharge clients were encouraged to complete an evaluation form. This asked for feedback and clients and family members were encouraged to provide compliments, complaints, suggestions and improvement ideas.

All feedback was logged on a spreadsheet and was reviewed regularly by the clinical manager with appropriate actions being identified and progressed. All complaints and or compliments were shared with the governance team and staff monthly in the manager's monthly report.

Team members were encouraged to provide feedback via individual supervisions and team meetings and via representation at provider wide employee engagement meetings.

There was a client's testimonial book in the client's lounge where clients were encouraged to leave a review of their overall experience. Feedback was collated into a spreadsheet and used to inform developments and improvements on the unit.

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

### **Vision and values**

Staff were aware of the organisation's vision and values. The vision and values focussed on the service being sustainable, accountable, person centred and accessible. Staff were aware of these values and of their practice throughout the organisation kept these values central to their ethos. The manager confirmed that when interviewing staff, the organisational values were central to their recruitment process.

### **Good governance**

The organisation had an effective governance processes to manage quality and safety. There was a clear organisational structure. The senior management team provided regular input into the service, in particular from the head of integrated services. There was also regular input from the head of human resources, head of business development and head of medicines management. They had a clinical governance framework in place to monitor their ongoing compliance.

This was supported by the quality assurance policy. There were monthly senior leadership meetings and the manager produced a monthly report to update and inform the management team of any issues developments or outcomes.

There were audits completed in the following areas; controlled drug audit, infection control audit, record keeping and environmental audits, data and baring checks and nurse registration checks as well as a training review audit. The head of medicines management completed prescription chart audits but this was done without the use of a standardised audit tool for consistency.

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There were robust arrangements for identifying, recording and managing risks, issues and

mitigating actions including a corporate risk register, a group risk map and a specific Delphi

medical risk register, client risk assessment and management plans. We saw that there were identified risks, hazards, likelihood and consequences of the identified risk as well as actions to address any risks. Daily staff handover and team meetings, staff supervisions also addressed the management of risks.

Outcomes for clients were measured using treatment outcome profiles and fed into the national drug treatment monitoring system. Key performance indicator requirements were managed and reported into the service at the monthly operational management meetings.

The manager told us they felt they were given enough autonomy to and support to manage the service and had administration staff to support the whole team. They also said that, where they had concerns, they could raise them and the organisation was very transparent and supportive. Where appropriate the concerns could be placed on the organisation's risk register. There was a local and risk register that staff at the Pavilion could place items onto. We looked at the current provider risk register and saw that there were identified risks, hazards, likelihood and consequences of the identified risk. They had an improvement plan and an action plan in place to address these.

Employees engaged in regular clinical practice development learning and development throughout their employment. This was aimed at focusing on goals aligned to the organisation's values. They referenced the skills consortium to ensure that the staff team recruited were able to deliver the clinical detoxification process, for example, motivational interviewing, counselling/therapy, group work, contingency management.

## **Leadership, morale and staff engagement**

There was highly effective leadership within the organisation. The registered manager was motivated, committed and demonstrated an enthusiasm towards the staff she managed and the clients that attended the unit. Senior managers attended the unit regularly and had regular meetings with the manager regarding their roles and expectations of service delivery.

Our observations and discussions with staff confirmed that the team worked well together and supported each other with good staff morale evident. Staff told us they respected each other's views regardless of their role and felt well supported by management. They spoke positively about their roles and demonstrated a commitment to providing high quality client care in line with the service visions and values. Staff told us they enjoyed their jobs and learnt new skills all the time. Staff said senior managers were supportive and visible on the unit. This was reflected in the low sickness and absence rates. There were no grievances being pursued, and there were no allegations of bullying or harassment.

Staff told us that they were aware of the organisation's whistleblowing policy and that they felt free to raise concerns without victimisation and would be listened to. Staff told us that were offered the opportunities for clinical and professional development courses. They told us that the manager was accessible to staff, approachable and had an open door policy.

Regular team meetings exhibited good leadership by cascading information from the operational monthly managers meeting as well as collating information. They fed back to staff on risks, service changes and feedback from incidents and providing general updates including challenges and successes. Staff had opportunities to give feedback about the service by attending the employer engagement meetings held every six weeks. An example of this was where staff had reviewed policies and procedures of the provider group and spoke with staff to make decisions on what to adopt and change within the policies.

We saw that staff were open and transparent and explained to clients when something went wrong. We saw that the head of integrated services and the doctor discussed a complaint with a client during our inspection. Making time to discuss any client concerns about their treatment.

## **Commitment to quality improvement and innovation**

The service was committed to continual improvement. For example, in response to a government initiative to improve access to sport they had developed pathways with community sports initiatives to provide clients with direct access to sports and activities to promote movement and improved physical, psychological and social health. They

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delivered mindfulness and meditation sessions, yoga and meditation through music (drumming). They aimed to develop a dedicated space to facilitate more of these activities by April 2018.

The provider has developed a “keep in touch” system for their clients upon completion of their detox at the Pavilion. This provided clients with an additional mechanism for providing feedback to the unit once they have had time to reflect on their treatment at the Pavilion. They provided clients with written information about their social media platforms and encouraged them to leave feedback about their experience so that it can inspire and encourage others to follow in their footsteps and access treatment. This will also provide an additional source of feedback and suggestions for ways to develop and improve their service.

Clients were able to access an online system that stored their medical records. This allowed clients to consult online with their doctors, nurses and other professionals who they chose to share the information with. Clients could also

access this information on their computer, smart phone, tablet or any device that had Internet connection. This allowed clients to be fully involved and to see what information was held about them whilst in the Pavilion and they can choose whom they gave permission to access as well as keeping track of their health, symptoms and medication.

The service had identified and developed volunteering opportunities at the Pavilion and had appointed a volunteer coordinator. This will allow past clients, people from the wider recovery community and the public the opportunity to get involved and to give back and break the stigma associated with substance use.

The Pavilion had an improvement action plan in place (September 2017) and this identified as a service areas they wanted to improve upon. It had actions to be implemented, proposed achievement dates and identified staff that would lead on these improvements.

# Outstanding practice and areas for improvement

## Outstanding practice

- The provider had implemented an electronic recording system that clients could access at any time and view their medical records. Clients could access this information on their computer, smart phone, tablet or any device that had Internet connection on leaving their treatment at the Pavilion. This allowed clients to be fully involved and to see what information was held about them and they could choose who they gave permission to access. It was also beneficial for keeping track of their health, symptoms and medication and placed great emphasis on client inclusion and empowerment.

## Areas for improvement

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

- The provider must ensure the medicines management reflects their policies in place.

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

- The provider should ensure that the mandatory training identified is delivered to all staff to support staff to carry out their roles safely and effectively.
- The provider should review out of hours on call provision and consider the need for medical provision.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Nursing staff were signing for medicines prescribed for self administration, which did not correlate with the policy.</p> <p>On some prescription charts, medicines were prescribed with two doses available, with no space to identify which dose was given.</p> <p>We also saw some charts where doses had been overwritten when a dose was changed, rather than re-written, increasing the risk of the wrong dose being administered.</p> <p>This was a breach of Regulation 12 (2) (g)</p>