

Bank House

Quality Report

Church Street, Sutton-in-Ashfield, Nottinghamshire,
NG17

Tel: 01157 844 960

Website: <https://stepstogether.rehab/>

Date of inspection visit: 29th January to 30th
January 2018

Date of publication: 21/05/2018

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 standalone substance misuse services.

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

- We did not see evidence of risk mitigation or the documenting of decisions made regarding communication with other health care professionals in relation to medicines reconciliation and medical histories.
- The provider had not completed competency checks for support workers trained to administer medicines and the medicines management policy was not specific to the activities of the service.
- The provider had not acted on an action point arising from an environmental fire risk assessment.
- The service did not have any resuscitation equipment and we did not see a risk assessment or a record of a discussion to explain how the provider had reached this decision.
- Staff did not receive training in safeguarding children and the safeguarding policy incorrectly identified when the CQC should be notified of a safeguarding concern.
- The detail and completeness of clients' assessments varied, including the recording of physical health

Summary of findings

assessments. Care and treatment records did not always contain a complete and up to date record of assessments, clinical discussions and decisions made by staff.

- The service did not have a regular formalised process for staff from all disciplines to meet to discuss and record the progress of clients.
- Staff recruitment processes and staff employment files did not meet practices described in the service's policies.
- Staff did not routinely record discussions with clients prior to admission and there was no policy or procedure to guide staff through the referral, admission and discharge process.
- Governance systems at Bank House were not fully established and embedded. There was not a full range of policies to support practice and guide staff.

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

- All areas of Bank House were well maintained and provided a good standard of furnishings.

- Registered staff knew what to report as an incident and how to report it. Systems were in place to feedback learning from incidents to staff and we saw an example of service change following an incident.
- Staff and clients contributed to the development of recovery plans that were personalised, recovery focussed and addressed a range of needs.
- Staff were caring, respectful, polite and shared care plans with clients. We saw staff promoting participation in group therapies and celebrating clients' completion of treatment at graduation ceremonies.
- Clients were able to give feedback on the service they received at community meetings and through an exit questionnaire on discharge.
- Bank House provided clients with a structured therapy programme and access to activities.
- Staff spoke positively about their jobs and passionately about working with clients experiencing substance misuse. Staff described Bank House's manager as approachable, supportive and open to feedback.

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

Contents

Summary of this inspection

	Page
Background to Bank House	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	11
Outstanding practice	24
Areas for improvement	24
Action we have told the provider to take	26

Summary of this inspection

Background to Bank House

Bank House registered with CQC in August 2017. It is the only registered location under Steps Together Rehab Limited. It provides the regulated activities:

- Accommodation for persons who require treatment for substance misuse
- Treatment of disease, disorder or injury

Bank House has a registered manager and an accountable controlled drugs officer.

Bank House is a 17 bedded mixed gender residential substance misuse service providing detoxification and rehabilitation interventions. The service offers an abstinence-based programme that includes a structured day, group based interventions, educational workshops, mutual aid (12 step and Self-Management and Recovery Training), and discharge and relapse prevention plans. Length of stay ranges from seven days to 12 weeks.

All clients at Bank House are self-funded and choose to receive treatment at Bank House. When we inspected Bank House had 11 clients admitted

This was the first inspection of Bank House. Following the inspection the CQC issued the provider with a warning notice under Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014-Safe care and treatment. This required the provider to make immediate improvements to address the following issues :

- Staff did not evidence risk mitigation or document decisions about communication with other healthcare professionals.
- The medicines management policy was not specific to the activities of the service.
- Competency checks for support workers trained to administer medicines had not been completed.

Our inspection team

The team that inspected the service comprised CQC lead inspector, one other CQC inspector, a member of the CQC medicines team, one specialist advisor nurse with

experience of working in substance misuse services, and one 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 ensure 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?

Summary of this inspection

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

During the inspection visit, the inspection team:

- visited Bank House, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with three clients
- spoke with the registered manager and the unit manager
- spoke with five other staff members employed by the service provider, including nurses, support workers and therapists
- spoke with one doctor permitted to admit clients to Bank House
- observed one group therapy intervention and one graduation ceremony
- looked at five care and treatment records, including medicines records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with three clients admitted to Bank House. They reported that staff were respectful and polite. Clients believed that staff were compassionate, caring and interested in their well-being. All those we spoke with reported feeling involved in care decisions and confirmed

that staff had shared plans with them. Clients felt safe at Bank House. They described a good standard of accommodation, and found the environment clean and well maintained.

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 service had environmental risk assessments in place but had not acted on an action point arising from a fire risk assessment.
- Bank House did not have any resuscitation equipment and we did not see a risk assessment or a record of a discussion to explain how the provider had reached this decision.
- The medicines management policy was not specific to the activities at Bank House and did not provide staff with guidance around medicines reconciliation. We did not see evidence of regular controlled drugs balance checks and staff were not monitoring maximum and minimum fridge temperatures.
- Records reviewed did not show risk mitigation or the documenting of decisions made regarding communication with other health care professionals in relation to medicines reconciliation and client medical histories.
- Staff did not receive training in safeguarding children and the safeguarding policy incorrectly identified when the CQC should be notified of a safeguarding concern.
- Cleaning records for the kitchen did not demonstrate that all areas of the service were cleaned regularly.

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

- All areas of Bank House were well maintained and provided a good standard of furnishings. Clients could choose single or shared rooms, and the service complied with good practice guidance on gender separation.
- The service provided staff with mandatory training. Records showed that all staff had completed mandatory training and identified when training needed to be updated.
- Staff and clients reported that the therapy programme, ward activities and escorted leave were never cancelled because of staff shortages.
- There had been no serious incidents since the service opened. Registered staff knew what to report as an incident and how to report it. Systems were in place to feedback learning from incidents to staff.
- All areas were visibly clean and the manager took immediate action to address omissions.

Summary of this inspection

Are services effective?

We do not currently rate standalone substance misuse services.

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

- Staff assessed the needs of clients at admission but the detail and completeness of assessments varied, including the recording of physical health assessments.
- Staff used some standardised care plans that were not personalised or specific to the individual needs of clients. Plans lacked detail, dates or did not demonstrate review by staff.
- Staff recruitment processes and staff employment files did not meet practices described in the service's policies. There was no staff employment file available for one of the company directors of Steps Together Rehab Limited and the service did not use a standardised interview format or scoring system in staff recruitment.
- The service did not have a formalised process where staff from all disciplines met regularly to discuss and record the progress of their clients.

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

- The service included a range of staff to meet the needs of clients. Staff received an induction to the service and had access to regular supervision.
- Staff received training in the Mental Capacity Act and applied their knowledge to substance misuse and intoxication. Staff recorded a client's capacity to consent to treatment and participate in the therapy programme.
- Staff and clients contributed to the development of recovery plans that were personalised, recovery focussed and addressed a range of needs. Recovery and care plans were present in all care and treatment records.
- Bank House promoted equal opportunities, diversity and anti-discriminatory behaviour. This was demonstrated in policy, treatment agreements and staff interactions with clients.
- The service offered clients an aftercare service lasting for one year.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Clients we spoke with reported that staff were caring, respectful and polite. We saw that staff responded to clients as individuals, providing emotional support and demonstrated an understanding of the needs of clients in detoxification.
- Staff shared care plans with clients. Clients we spoke with confirmed this and reported that they felt involved in care decisions. We saw that staff promoted participation in group therapies and celebrated clients' completion of treatment at graduation ceremonies.
- Clients were able to give feedback on the service they received at community meetings and through an exit questionnaire provided at discharge. The service also had an accessible suggestions box for clients to use.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients assessed as suitable for Bank House could often be admitted within 24 hours of making an initial enquiry. Discharge planning was carried out from the point of admission and staff planned for early-unexpected exits.
- Bank House had a range of rooms and equipment to support treatment that included therapy rooms and a well maintained outside area. Clients had access to bedrooms that they could personalise and had secure lockers for their possessions.
- Bank House provided clients with access to activities, including at weekends. The structured therapy programme ran daily and included attendance at mutual aid groups during the evening. Clients believed that the activities offered were relevant to their needs.
- Staff considered the dietary, mobility, language and spiritual needs of clients as part of the admission process. The service provided facilities for clients using wheelchairs or mobility aids and offered a choice of food to meet the needs of clients, including religious and ethnic groups. Staff had identified interpreting services to meet the needs of clients where English was not their first language and signing services to meet the needs of deaf people.
- Bank House had a complaints policy and staff understood how to handle a complaint. Staff provided clients with information about how to complain and clients we spoke with knew how to make a complaint. The service had received no complaints since opening.

Summary of this inspection

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

- Bank House did not have a documented policy or procedure in place to guide staff through the referral, admission and discharge process.
- Staff did not routinely record discussions with clients prior to admission or pre-admission conversations and decisions made between staff. Staff did not routinely provide care and treatment summary letters to GPs on a client's was discharged.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- BankHouse did not have fully established and embedded governance systems.
- Bank House did not have a full range of policies to support practice and guide staff. We saw examples of policies that were not specific to the activities of the service.
- Recruitment processes, staff employment files, and staff competency checks did not demonstrate adherence to the policies currently in use.
- Care and treatment records did not always contain a complete and up to date record of assessments, clinical discussions and decisions made by staff.

However, we also found areas of good practice:

- Staff spoke positively about their jobs and passionately about working with clients experiencing substance misuse. They reported good relationships with the service's manager, describing them as approachable, supportive and open to feedback.
- The service had low sickness, and reported no bullying or harassment cases. There was a process in place for whistleblowing and staff could raise concerns without fear of victimisation.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act training was provided as part of mandatory training requirements. Records showed that all staff had completed this training. The manager reported that there was a policy on the Mental Capacity Act that staff could refer to. However, staff we spoke with were not aware of this policy.

Staff we spoke with demonstrated an understanding of the Mental Capacity Act and its five statutory principles. Staff were able to apply this knowledge in relation to substance misuse and intoxication. Staff assumed that

clients entering treatment at Bank House had capacity and clients were required to consent to receiving treatment. Staff described how they would give clients assistance to make a decision for themselves.

Staff gained consent to treatment from clients during the admission assessment. We saw this recorded in all the care and treatment records we reviewed. A further assessment of capacity was made and recorded prior to clients commencing the therapy programme. This was to consent to participation in the therapy programme.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- Bank House was a large house converted to provide accommodation for clients across three floors. The ground floor provided a communal lounge and dining area, eight single rooms with ensuite facilities, one adapted bathroom, two group therapy rooms, interview room, kitchen, laundry, small clinic and staff office. The first floor provided three twin rooms with shared ensuite facilities, and one large single room with ensuite facilities. The second floor provided two large single rooms with ensuite facilities. Entry to the building was secure and controlled by staff. Staff met visitors to the service and kept a record of patients and visitors on the premises.
- Bank House had up-to-date health and safety, Legionella and fire risk assessments. Action plans were present to address any issues identified. We saw an example of where the service had not followed an action plan to meet the requirements of its fire risk assessment. The fire door access to the kitchen was propped open and did not display 'fire door keep closed' signage. The manager took immediate action to address this when we brought it to their attention. We saw that fire extinguishers were present and in date.
- The layout of Bank House did not allow staff to observe all areas of the unit from a central location. Doors to bedrooms did not have observation panels through which staff could view clients. The use of planned observations, staff positioning and closed circuit television cameras helped to manage patient risk. Bank

House had 16 cameras positioned outside the building and internally in communal areas. The service displayed posters to inform clients and visitors of the use of closed circuit television cameras.

- The service had an up-to-date ligature risk assessment completed in January 2018 that identified risks in the environment and actions to reduce those risks. Actions to reduce risk included risk assessments, exclusion criteria of individuals assessed as high risk, planned observations and closed circuit television cameras. Staff accessed ligature cutters from the office on the ground floor.
- Bank House complied with good practice guidance on gender separation. Much of the accommodation was provided in single rooms with ensuite bathroom facilities. The service did not allow mixed gender sharing of twin rooms. Clients could have keys to lock their bedroom doors following a risk assessment by staff. Staff accessed spare keys from the office for use in an emergency.
- Bank House had a small clinic room that staff used mainly to store and dispense medicines. Staff stored medicines, including controlled drugs, safely and in line with national guidance. Staff completed a monthly audit of controlled drugs
- Bank House did not hold resuscitation equipment on site. This was not in line with Resuscitation Council (UK) and CQC guidance. We did not see a risk assessment or a record of a discussion to explain how the provider had reached this decision. Staff were trained in basic life support and staff we spoke with knew how to respond to a physical health emergency. The service had a supply of naloxone stored on site and staff had received

Substance misuse/detoxification

training on its use. Naloxone is an emergency medicine used for rapidly reversing opioid overdose. Staff had received training on how to administer adrenaline. The provider planned to hold adrenalin in the future.

- Staff had access to the necessary equipment for completing physical health checks. This included thermometers, blood pressure machines, pulse/oxygen meters, breathalyser and drug testing kits. The manager described systems to ensure staff regularly checked and calibrated equipment.
- All areas of Bank House were well maintained and provided a good standard of furnishings. Each bedroom had a television and was decorated to feel homely. This was confirmed in our conversations with clients using the service. Domestic staff identified maintenance needs as part of housekeeping records and the manager purchased the services of a maintenance company as and when required.
- The service displayed posters demonstrating correct handwashing procedures. The service had an infection control policy and a contract was in place for the collection of clinical waste.
- Housekeeping cleaning records were complete, demonstrating that communal areas and bedrooms were cleaned regularly. Kitchen cleaning records were not complete; we saw omissions in the recording of both daily and weekly cleaning tasks. However, all areas were visibly clean and the manager took immediate action to discuss kitchen omissions with catering staff.
- Bank House had no alarm or fixed-point nurse call system. Patients were risk assessed as to whether they needed an alarm, for example during detoxification, and if one was required staff provided them with cordless doorbells that sounded in the nurse office. Two personal alarms were available for staff use at night; however, systems were not in place to ensure staff checked to see if these were working.

Safe staffing

- When we inspected Bank House had a total staffing complement of one registered manager, one clinical lead nurse, two whole time equivalent staff nurses, five

whole time equivalent support workers and two and a half whole time equivalent therapy staff. A team of administrative, catering, and domestic staff also supported the service.

- The service had recently recruited one additional staff nurse who was in the process of completing pre-employment checks. The manager reported that there were no further vacancies.
- Since opening in August 2017 four staff had left employment. This included one support worker, an administrator, a member of catering staff and a member of therapy staff. The manager reported that exit interviews were offered to staff leaving the service.
- Between August and December 2017, the service reported a staff sickness rate of 1%. Staff planned annual leave in advance.
- The manager had estimated staffing establishments on a baseline of up to eight clients admitted. The manager had increased staffing levels to meet the needs of clients when admissions rose above eight. Staff nurses and support workers worked a day and night shift to cover the 24 hour period. The manager and clinical lead nurse were present during the day Monday to Friday. Therapy staff were present during the day Monday to Saturday and were supernumerary to nurses and support workers.
- Day shifts were staffed to a minimum of two staff. Night shifts were staffed similarly; however, one member was present as a sleep-in member of staff. Sleep-in staff were available on the unit until 23:00, they then retired to a private area to sleep but remained available for assistance if needed until 07:30am. The rota showed occurrences of staff working consecutive day and sleep-in night shifts for periods of 24 hours or more. For example, a staff member worked three consecutive shifts made up of a sleep-in night shift, followed by a day shift and followed by a sleep-in night shift. The provider had not assessed the potential impact of this work pattern on the safety of staff and clients.
- The manager reported that existing staff or a pool of bank staff usually covered shifts to ensure that minimum staffing levels were met. This included annual leave and sickness. The service had recently needed to cover three shifts with an agency nurse, which had been the first use of agency staff since opening.

Substance misuse/detoxification

- The manager reported that they had ensured the agency nurse used to cover shifts had experience of working with substance misuse clients. Staff gave the agency nurse a ward orientation, a handover, access to patient care and treatment records, and they worked with a permanently employed support worker.
- A qualified nurse was not always on the unit. This was in accordance with the service's staffing policy and the rota showed that some day and night shifts were staffed by support workers only. Protocols guided staff on actions to take in an emergency and if support workers needed advice on patient care during their shift they called the clinical lead.
- Clients admitted to Bank House had an allocated named nurse. Staff offered one-to-one time flexibly to meet the needs of clients outside of the therapy programme. Clients we spoke with believed that they always had access to the staff that they needed.
- Staff reported that the therapy programme, ward activities and escorted leave were never cancelled because of staff shortages. The delivery of the therapy programme was the priority of therapy staff. Staff reported that, if required, they would change or reschedule planned activities or escorts to avoid cancellation. Clients we spoke with confirmed this.
- The service had access to five consultant psychiatrists who admitted clients to Bank House. Psychiatrists were paid on a per client basis. Psychiatrists attended for admissions. They were also available to staff by telephone to discuss referrals and client care. When staff had specific concerns about a client, the admitting psychiatrists attended the unit to see them. Psychiatrists did not contribute to medical cover out of hours. The manager and clinical lead contributed to on-call out of hours cover. In an emergency, staff used local health services including walk-in-centres, accident and emergency departments and mental health crisis services.
- The service provided staff with mandatory training. This covered 12 areas including fire safety, infection control, safeguarding adults, the Mental Capacity Act, and basic life support. Records showed that all staff had completed mandatory training and identified when training needed updating.
- Staff completed a pre-admission assessment form with clients enquiring about accessing the service. An assessment of risk was included as part of this process. As well as substance misuse the assessment included risk of suicide, mental health and offending. The manager and clinical lead nurse reviewed all pre-admission information and could refuse admission of clients assessed as high risk. For example, clients at high risk of withdrawal complications or with complex mental or physical health presentations. For those clients admitted, the admitting psychiatrist completed a further risk assessment including substance misuse, physical health, mental health, offending, children and vulnerability. Each domain was scored to indicate an individual's risk level that corresponded to interventions or mitigations on a standardised risk management plan. In the five care and treatment records we reviewed, all patients had a risk assessment in place and all had a plan for unexpected treatment exit. However, in two of the five assessments we saw areas of the assessment left incomplete and unsigned by staff. The format of the risk assessment used limited detailed recording and took a standardised approach to risk management interventions.
- All clients admitted to Bank House were informal. Clients agreed to being escorted by staff or visitors for the duration of their admission. This was included as one of the terms of treatment that admitted clients were required to agree to.
- Bank House had a policy and procedure specific to the use of observation. We saw an example of an observation record for a client checked every 15 minutes during the first two days of detoxification. The record was complete, signed and included comments from staff about the health and well-being of the client. Nursing staff reviewed client observation levels daily.
- Bank House did not have a specific policy and procedure that covered the searching of clients. This meant that staff did not have a guideline of expected standards or practice to follow. We also saw that an understanding and agreement to searches did not form part of the treatment contract with clients. Staff reported that with a client's permission they checked and recorded possessions at admission. Further searches were risk assessed to individuals or

Assessing and managing risk to clients and staff

Substance misuse/detoxification

randomised if there was a concern about the safety of the whole service. Two of the three clients we spoke with reported that staff had conducted a search with them on arrival to the service.

- There was no use of restraint within the service. Staff received training in de-escalation techniques as part of people handling training.
- Records showed that all staff had received safeguarding adults training as part of mandatory training. All staff were booked on level two safeguarding training and three staff were booked to receive level three training. However, the service had not provided staff with training in safeguarding children. The service had a safeguarding policy and an identified safeguarding lead. However, the safeguarding policy did not correctly identify when staff should notify the CQC of a safeguarding concern.
- Staff we spoke with knew how to identify abuse of adults and reported that they would escalate a concern to senior staff on duty to raise a concern.
- The medicines management policy was not specific to the activities at Bank House. The policy omitted details of service specific activities including medicines reconciliation and reporting controlled drug incidents to the controlled drugs accountable officer. It also included details of activities not specific to the service. This meant that staff did not have a complete guideline of expected practice to follow at this service.
- Registered nurses and one support worker administered medicines to clients. However, the clinical lead told us that a check of the support worker's competency to administer medicines had not taken place. There was a programme in place to train other support workers to administer medicines but none had completed this. This programme included practice observations and competency checks.
- We looked at five medicine charts. All charts had been fully completed including client allergies and a clear record of when staff had given medicines to clients. When shifts were staffed only with support workers not trained in medicines administration, the clinical manager reported that they, the registered manager or a nurse attended the unit to complete this task. However, rotas did not clearly identify when this had happened and who had attended to administer medicines to clients.

- Staff completed some medicines reconciliation checks during the pre-admission assessment and then on admission when clients were required to present prescribed medicines in labelled boxes. However, staff did not routinely contact other health professionals and many clients did not consent for staff to share information with GPs. Staff told us that they often only took information about medicines and medical histories from clients or accompanying family members. This meant that psychiatrists who admitted clients to the service did not always have a full clinical picture when prescribing medicines for detoxification. In four of the records we reviewed, there was no evidence of risk mitigation or documenting of the decisions made regarding communication with other healthcare professionals.
- The community pharmacist who supplied Bank House with medicines completed three monthly medicines audits. We saw evidence of staff taking recommended actions that resulted in improvement on re-audit.
- Bank House had a visitors' policy that included safe procedures for children visiting the unit.

Track record on safety

- The manager reported that there had been no serious incidents since the service opened.

Reporting incidents and learning from when things go wrong

- Staff we spoke with knew what events to report as incidents and there was an incident policy in place. This included medication errors, accidents, episodes of aggression and clients leaving the unit without informing staff.
- We saw an example of staff following the incident policy in relation to reporting, handling and investigating, a medicines error. The manager had shared actions from this investigation with staff.
- Bank House had recorded seven incidents since opening. Recorded incidents included verbal aggression, medication errors, and physical health incidents.
- Staff received feedback from investigations of incidents. The service's clinical lead investigated incidents,

Substance misuse/detoxification

identifying lessons learned and completing action plans. Staff shared feedback during handovers, supervision and by a secure communication portal that staff accessed with their mobile telephones.

- The manager provided information about improvements in safety to the service following a security incident recorded by staff. Immediate changes were made to site security including changes to the locking mechanism of external doors.
- Staff told us that they received debriefs following incidents and this was recorded on incident reporting forms. Debriefs were offered to clients where they were involved.

Duty of candour

- Bank House had a duty of candour policy in place. We saw an example of when staff had been open, transparent and explained to the client when something had gone wrong following a medicines error.

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

Assessment of needs and planning of care

- We reviewed five client care and treatment records. Staff assessed the needs of clients at admission; this included an admitting psychiatrist assessment and a nursing assessment. Assessments included current drug and alcohol use, history of substance misuse, physical health including blood borne viruses, mental health, and social needs. Assessments were present in all the care and treatment records we reviewed but the detail and completeness of records varied. Staff did not routinely summarise the outcomes of assessments in clients' on going care and treatment records.
- Nursing staff made basic physical health checks at admission and during the detoxification period. This included blood pressure, pulse and breath/alcohol tests. Admitting psychiatrists took medical histories from clients but did not routinely contact other health professionals to confirm these. We found the physical examination section of the admission assessment was often incomplete as the admitting psychiatrist did not

complete full physical examinations. This meant that psychiatrists admitting clients to the service did not always have a full clinical picture when prescribing medicines for detoxification.

- All records we reviewed contained recovery and care plans that were signed by clients. Staff and clients contributed to the development of recovery plans that were personalised, recovery focussed and addressed a range of needs. Other care plans included in care and treatment records lacked detail, dates or did not demonstrate reviews from staff. Staff provided clients with therapy and infection control care plans written in a standardised format with little opportunity for personalisation or demonstration of individual client needs.
- All care and treatment records were paper based and stored securely in an office used only by staff.

Best practice in treatment and care

- There was evidence of staff following National Institute for Health and Care Excellence guidance in the prescribing of medicines to support alcohol and opioid detoxification. We also saw that staff had access to a current British National Formulary when prescribing medication.
- Bank House's therapy programme provided clients with psychological therapies recommended by the National Institute for Health and Care. This included cognitive behavioural and social network approaches to relapse prevention. The programme also included recovery approaches from 12 step and Self-Management and Recovery Training. Bank House's lead therapist was registered with an appropriate governing body.
- Staff did not routinely carry out blood tests with clients, and urine drug screening was not always completed for clients admitted for alcohol misuse. Staff took clients to a local physical health walk-in centre or registered them locally with a GP when blood tests or additional physical health investigations were needed. Admitting psychiatrists made themselves available to review blood tests results, physical health investigations, and client mental health symptoms.
- Staff assessed clients' nutrition and hydration needs as part of the dietary requirements form completed at admission. However, we saw an example of where staff

Substance misuse/detoxification

had identified the nutritional intake of a client as poor but there was no plan developed to support this. Staff also considered neglect and disturbances to daily living skills as part of the pre-admission risk assessment.

- Staff used recognised rating scales to assess and record symptom severity and outcomes of alcohol detoxification. We saw that this included the Alcohol Use Disorders Identification Test, Severity of Alcohol Dependence Questionnaire and the Clinical Institute Withdrawal Assessment for Alcohol. Staff did not provide us with examples of scales specific to rating and managing opioid withdrawal and none were referenced in the service's opioid withdrawal protocol. The service did not contribute to national drug treatment monitoring systems data or treatment outcome profiles.
- The manager and clinical lead nurse described regular audits of medication, prescription charts and care plans. We saw a medications audit as part of our inspection of medicines management.

Skilled staff to deliver care

- The staff team at Bank House comprised nurses, support workers, therapists and psychiatrists. The service had a contract with a local pharmacist who visited once every three months to monitor and audit medicines management. In between visits, staff could telephone the pharmacist for advice and guidance.
- During the inspection, we looked at a selection of staff employment files from across the range of disciplines working at Bank House. We found that only one of the two directors of Steps Together Rehab Limited had an employment file available for us to view. This was not in line with the service's own policy and meant that there was no evidence to support the character and suitability of the other director's position in the organisation.
- Staff were experienced and qualified for the roles they held. Employment files were stored securely and available for review. The manager had checked the qualifications, registration and fitness to practice of psychiatrists able to admit clients to Bank House. Nurse, therapist, and support worker employment files included application forms, disclosure and barring checks, and professional registration checks and references. However, we did not see standardised interview questions or scored outcomes of interviews

that demonstrated staffs' suitability and competency for the roles they held. This was not in line with Steps Together Rehab Limited's staff recruitment and selection policy.

- The service provided staff with three days of induction on commencing employment. During this time staff completed mandatory training. We saw copies of the service's induction policy and checklist in staff employment files.
- All staff had access to supervision. Supervision is a meeting to discuss case management, to reflect on and learn from practice, personal support and professional development. The manager reported that all staff had received supervision and records showed that supervision sessions were frequent, recorded and signed by participants. The service provided a performance and appraisal policy to guide and support staff. Therapy staff accessed additional one to one and group supervision externally to Bank House. Therapy staff reported that supervision practices were sufficient to meet the needs of their roles.
- No staff had received an appraisal. The manager explained that a cycle of staff appraisal would commence once the service had been open for a year.
- The manager reported plans to introduce a programme of National Vocational Qualifications for support workers and to evaluate the training needs of registered staff.
- The manager reported that poor staff performance was addressed promptly and effectively through supervisory practices. The service also held a contract with an external company to provide additional human resources support.

Multidisciplinary and inter-agency team work

- Bank House did not routinely hold multi-disciplinary meetings where staff formally discussed and reviewed the care and treatment provided to clients. Psychiatrists discussed client progress with staff when they attended the service but only reviewed clients when staff raised specific concerns, for example, emerging mental health symptoms. Nurse and therapy staff discussed client's progress throughout the day including at handovers

Substance misuse/detoxification

and recorded outcomes in care and treatment records. Some staff we spoke with believed a more formal process and record of review might be preferable to existing practices.

- Nursing and support workers met daily for handovers between shifts. There was an additional daily handover between staff on day shifts, managers and therapists. Staff told us that this had a greater focus on planning the day ahead and client progress through the therapy programme. Staff kept a record of information communicated at handovers.
- Bank House had not yet established working relationships with teams outside of the organisation including the local authority and community mental health services. However, staff we spoke with demonstrated an awareness of local services and how to access them when required. The manager described the attempts they had made to engage with the local GP service where clients of Bank House might temporarily be registered.
- Bank House had a relationship with a local charitable substance misuse organisation. They assisted to provide Bank House staff with training specifically in substance misuse and additional recovery activities for clients. The manager of Bank House had set up and established a community 12 step mutual aid group for the service's clients and local residents.

Good practice in applying the MCA

- Mental Capacity Act training was provided as part of mandatory training requirements. Records showed that all staff had completed this training.
- Since opening, the service had made no Deprivation of Liberty Safeguards applications.
- Staff we spoke with demonstrated an understanding of the Mental Capacity Act and its five statutory principles. Staff were able to apply this knowledge in relation to substance misuse and intoxication.
- The manager reported that there was a policy on the Mental Capacity Act that staff could refer to. However, staff we spoke with were not aware of this policy.
- Staff recorded a client's capacity to consent to treatment during the admission assessment. We saw this recorded in all the care and treatment records we

reviewed. A further assessment of capacity was made and recorded prior to clients commencing the therapy programme. This was to consent to participation in the therapy programme.

- Staff assumed that clients entering treatment at Bank House had capacity and clients were required to consent to receiving treatment. Staff described how they would give clients assistance to make a decision for themselves.
- Staff reported that they would go to the clinical lead nurse or a doctor for advice regarding the Mental Capacity Act.
- Bank House had no arrangements in place to monitor adherence to the Mental Capacity Act.

Equality and human rights

- Bank House had an equal opportunities and diversity policy. Clients agreed to anti-discriminatory behaviour as part of the terms of treatment prior to admission. During the inspection, we saw staff meeting the needs of a client with protected characteristics with respect and sensitivity.
- Bank House had blanket restrictions, this included restrictions on leaving the unit and exclusive relationships with other clients. The manager reported that the restrictions used at Bank House had been reviewed since opening and were common to other similar treatment providers. Information about restrictions was available on the service's website and the manager informed clients as part of the enquiry and pre-admission process. In total, the service's treatment contract contained 26 terms of treatment that clients choosing to use the service agreed to. We did not see a policy available to guide staff in the use of blanket restrictions or provide a framework for appeal or review.

Management of transition arrangements, referral and discharge

- The treatment contract detailed that failure to adhere to the terms of treatment may result in discharge from the service. Clients discharged were required to vacate the premises immediately, unless a prior agreement had been reached with the manager.
- Bank House offered an aftercare service lasting for one year. This was available to all clients that had completed

Substance misuse/detoxification

their chosen programme and remained abstinent. For clients who lapsed back to substance use, the service offered a fortnightly relapse group. The manager was setting up another aftercare service in collaboration with two other substance misuse service providers. This was intended to meet the needs of clients that did not reside locally to Bank House.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We saw examples of staff interactions providing clients with help and support, delivered with warmth and respect. We observed one therapy group in action and one graduation ceremony. Staff led the group to ensure that it was responsive to clients' needs, provided emotional support and promoted participation. Staff and clients participated in graduation ceremonies that celebrated the achievements of clients successfully completing their treatment.
- Clients we spoke with reported that staff were respectful and polite. Staff demonstrated this by knocking on room doors and requesting permission before entering. Clients believed that staff were compassionate, caring and interested in their well-being.
- Staff we spoke with demonstrated an understanding of the individual needs of clients and of substance misuse. From our observations, staff appeared to know clients well and respond to them as individuals.

The involvement of clients in the care they receive

- Staff used the admission process to inform and orient patients to the ward and to the service. Staff provided clients with an admission pack that included an orientation sheet. There was also an existing client allocated to the role of 'greeter' to welcome and show new clients around Bank House. The service's website included an information video and virtual tour of the environment.
- All clients admitted to Bank House for more than 10 days were required to participate in the therapy programme and signed a treatment contract where they agreed to this. We saw clients actively participating in a

therapy group and at a graduation ceremony. Records showed that clients signed care plans. Clients we spoke with reported that they felt involved in care decisions and staff had shared plans with them.

- Clients had access to advocacy. Staff displayed information about the local advocacy service on a notice board. Staff also described how the principles of self-advocacy were part of the therapy programme. This encouraged clients to learn how to speak up for themselves and identify sources of support in their recovery.
- The service was able to offer a family session where a specific need was identified and with the agreement of the client. The manager explained that a more formal package of family support was being formulated. Staff we spoke with believed that this would need increased staff resources.
- Clients were able to give feedback on the service they received. This included weekly community meetings, suggestions box and an exit questionnaire. We saw that the service had made changes to its Wi-Fi service following feedback from clients.
- The manager explained that because of the infancy of the service, clients were not able to get involved in corporate decisions about the service. For example, there was no client representative at staff interviews.

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

Access and discharge

- At the time of inspection, Bank House had 11 clients admitted. The service had an average bed occupancy of 70% and since opening 115 clients had been admitted. Of those admitted 95 % of clients had been discharged successfully and 5% had left the unit before completing treatment. The average length of stay at Bank House was 23 nights.
- All care and treatment delivered was self-funded by clients. No external organisations or NHS trusts commissioned services from Bank House.

Substance misuse/detoxification

- Bank House took referrals from across the country. GPs could make referrals and clients could self-refer. The service's website directed clients with an interest in accessing the service to a free admissions team telephone number.
- Clients enquiring about the service completed a pre-admission assessment form. This included information about substance misuse, mental health, mobility needs, and risk assessment. The manager and clinical lead nurse reviewed all pre-admission information and were able to refuse admission of clients assessed as high risk. Exclusion criteria to admission included clients under 18 years of age and those with a history of sexual offences. Staff reported that they would attempt to signpost clients unsuitable for Bank House to alternative services.
- The manager reported that for clients assessed as suitable for Bank House, admission could usually be facilitated within 24 hours of receiving an initial enquiry. On occasions where clients waited longer for admission, staff made daily telephone contact to support, monitor and signpost if the needs of clients changed.
- Staff assessed a client's risks of unplanned exit from treatment or self-discharge from the service. Staff provided clients with discharge against medical advice documentation that included harm reduction information to increase client safety in the event of relapsing.
- Discharge planning commenced when the client entered the service. Staff and clients met to discuss discharge plans that included triggers to relapse, relapse warning signs, recovery resources and management strategies.
- Staff reported that telephone contacts with clients prior to admission, pre-admission conversations between staff and admission decisions were not routinely recorded in client records.
- Staff reported that summaries were not routinely provided to GPs when a client was discharged from Bank House. This meant that GP's and records that they held would not include details of the care and treatment provided by Bank House.

- When we inspected the service had no documented policy or procedure in place to guide the referral, admission and discharge process.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a range of rooms and equipment to support treatment and care including therapy rooms and equipment to measure physical health. The clinic room was not large enough to facilitate physical examinations, staff used patient rooms or a portable examination couch in the private interview room.
- Single rooms provided clients with a private and quiet area. Other rooms were available to clients that provided a quiet space, for example, the interview room when it was not in use. A conservatory area at the front of the building provided clients with a private room to meet visitors.
- Clients admitted to Bank House were able to retain mobile phones and make calls from the privacy of their own rooms. Clients signed a treatment contract agreeing not to take mobile phones into therapy sessions.
- Clients had access to a well maintained outside space, this included a designated smoking area.
- All clients we spoke with reported that food quality was good. We saw food being prepared daily on site. Staff displayed menus offering a choice of food. In October 2017, the service had been awarded a food hygiene rating of 5 (very good) from the local authority.
- Clients had 24-hour access to facilities to make hot drinks and snacks.
- Clients were able to make non-permanent personalised additions or changes to their rooms.
- Clients had somewhere secured to store their possessions. All single rooms were lockable and staff provided keys to clients following a risk assessment. Double rooms provided clients with an individual digital safe for use. All clients we spoke with believed that their possessions were safe.
- Bank House provided clients with access to activities, including at weekends. The structured therapy programme commenced daily at 09:00 and ran until 16:30 with trips to local mutual aid groups in the

Substance misuse/detoxification

evening. At weekends, mornings remained structured while activities including walks, relaxation, gym visits and movies were available during the afternoon and evening. Clients we spoke with confirmed that there were activities seven days a week. They also believed that the therapies and activities offered at Bank House were relevant to their needs.

Meeting the needs of all clients

- Staff assessed clients mobility needs as part of the pre-admission assessment conversation. Bank House had two ground floor rooms that provided additional space for clients using wheelchairs or mobility aids. A bathroom directly opposite these rooms provided wall rails and bath with hoist chair. Staff were trained to use the hoist as part of mandatory people handling training.
- Information on display and in admission packs was in English and appropriate to the needs of clients currently using the service.
- Staff printed medicines leaflets and made them available to clients. We saw that admission packs given to clients included information on treatment contracts, complaints and group therapy rules. Staff provided educational groups specific to alcohol and substance misuse as part of the structured therapy programme.
- Bank House had a health promotion board displaying information about sleep hygiene. We did not see other health promotion and information leaflets displayed or available to clients in communal areas.
- The manager reported they had not yet received an enquiry from a client requiring an interpreter or signer. They had identified local provision and planned to purchase services to meet the needs of individual clients.
- Bank House was able to provide a choice of food to meet dietary requirements of religious and ethnic groups. Staff assessed each client's dietary requirements at admission, including intolerances, religious and cultural needs.
- Staff assessed client's religious and spiritual needs on admission. Clients used bedrooms and interview rooms for worship, or staff assisted clients to access external places of worship.

Listening to and learning from concerns and complaints

- The manager reported that the service had received no formal complaints since opening.
- The service had a complaints policy in place to guide staff. Staff we spoke with were aware of the policy and demonstrated an understanding of how to handle a complaint. The manager explained how, in the event of receiving a complaint, feedback from the investigation would be provided to staff during handovers and supervision.
- Clients knew how to make a complaint and felt confident to do so. All clients received a welcome pack that contained a copy of the complaints procedure, which included how to complain to an external independent body.

Are substance misuse/detoxification services well-led?

Vision and values

- Bank House employed an abstinence model of recovery, promoting therapeutic interventions and mutual aid communities to achieve this. It did not promote the use of medicines or substitute prescribing to maintain abstinence from substances.
- The manager described the organisation's values as including quality, affordability, and evidence based treatments that deliver lasting results for clients. Our conversations with staff demonstrated a focus on supporting clients to achieve and maintain abstinence from substances. This was in line with the organisation's values.
- Bank House had a statement of purpose that detailed its purpose and how it planned to help people who used the service.
- The manager of Bank House was one of the two directors of Steps Together Rehab Limited. The manager was present and accessible to staff at Bank House daily during the week and contributed to the on-call rota. It was reported that the second director had visited the service.

Good governance

Substance misuse/detoxification

- At the time of the inspection Bank House had only been open for six months and governance systems were not yet fully established and embedded.
 - Actions from environmental risk assessments had not been completed.
 - Care and treatment records did not always contain a complete and up to date record of assessments, clinical discussions and decisions made by staff.
 - Staff did not receive training in safeguarding children.
 - Bank House did not have a full range of policies and we saw examples of a policies that were not specific to the activities of the service. This meant that staff did not have guidelines of expected standards or practice to follow. Staff were not always aware of the policies that were available to guide them.
 - Recruitment processes, staff employment files, and staff competency checks did not demonstrate adherence to the policies currently employed by Steps Together Rehab Limited.
 - Staff received mandatory training. Records demonstrated this and indicated when updates were due.
 - Staff received regular supervision. The manager had plans to introduce annual staff appraisals.
 - Systems were in place to ensure that staff learnt from incidents, complaints and service user feedback.
 - A team of administrative, catering, and domestic staff allowed nurses, therapists and support workers to maximise shift-time on direct care activities.
 - Registered staff knew what to report as an incident and how to report it. Systems were in place to feedback learning.
 - Bank House had a governance policy, it identified that the service would establish a risk register to identify and make plans to resolve areas of concern.
 - Rotas demonstrated that Bank House was staffed to meet minimum staffing requirements. However, we saw occurrences of staff working consecutive day and sleep-in night shifts for periods of 24 hours or more to maintain minimum staffing requirements.
 - The manager reported using indicators to gauge the performance of the service. This included staff training and supervision information, admission rates, treatment completion rates, and the exit questionnaires of clients treated at Bank House.
 - The clinical lead nurse believed they had sufficient authority to do their job. They described working closely with the service's manager and the ability to have open and honest discussions with them. The service employed an administrator to support staff working at Bank House.
- ## Leadership, morale and staff engagement
- Bank House had two directors; one was the registered manager and the other the financial manager. The directors held regular board meetings that followed an agenda and included meeting with accountants. Only the two directors were involved in board meetings. Discussions included progress of the business, current problems, staff training and client feedback.
 - The service had a bullying and harassment policy in place. No bullying and harassment cases had been reported since opening.
 - The service had a staff whistleblowing policy and procedure. Staff we spoke with were aware of this and we saw posters on display.
 - All staff we spoke with felt able raise concerns without fear of victimisation. Staff reported good relationships with the service manager, describing them as approachable and supportive.
 - Staff morale was good. Staff spoke positively about their jobs and passionately about working with clients experiencing substance misuse. Staff described a hard working team, with good relationships, support and little stress.
 - The service provided opportunity for leadership development. The manager and clinical lead had both completed National Vocational Qualifications in leadership and management.
 - Staff were open and transparent and explained to patients if and when something went wrong.
 - Staff believed that they had opportunity to give feedback on services and input into service

Substance misuse/detoxification

development. They reported that the manager was open to feedback and listened. Staff meetings provided an opportunity for staff to feedback and the manager reported plans for a staff survey.

Commitment to quality improvement and innovation

- The service was not currently involved in any innovation or research projects.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

Action the provider **MUST** take to meet the regulations:

- The provider must ensure that care and treatment records evidence risk mitigation and document decisions made regarding communication with other healthcare professionals.
- The provider must ensure that the medicines management policy is specific to the activities of the service.
- The provider must ensure that competency checks are completed for all support workers trained to administer medicines.
- The provider must ensure that actions resulting from environmental risk assessments are completed.
- The provider must ensure that staff make regular controlled drugs balance checks.
- The provider must ensure that decisions about whether to hold resuscitation equipment are supported by risk assessment and records of discussion.
- The provider must ensure that staff are trained in safeguarding children.
- The provider must ensure that the safeguarding policy is specific to the activities of the service.
- The provider must ensure that care and treatment records contain a complete and up to date record of clinical discussions and decisions made by staff.
- The provider must ensure that staff complete all required prompts in the records used for assessing client presentation and risk.
- The provider must ensure that a full range of policies specific to the activities of Bank House are available to guide staff practice.
- The provider must ensure that they make and record necessary recruitment checks of both employees and directors.

- The provider must ensure that its interview process assesses and demonstrates candidates suitability for the role applied for.

Action the provider **SHOULD** take to improve

Action the provider **SHOULD** take to improve

- The provider should ensure that it assesses the potential impact on the safety of staff and clients in relation to staff working consecutive shifts.
- The provider should ensure that rotas demonstrate who is responsible for medicines administration each shift, particularly where shifts are staffed only with support workers not trained in medicines administration.
- The provider should ensure that cleaning records are complete and demonstrate that all areas of the service are cleaned regularly.
- The provider should ensure that personal alarms used by staff are checked for use and maintained regularly.
- The provider should ensure that staff record maximum and minimum medicines fridge temperature checks.
- The provider should ensure that all staff know how to report an incident.
- The provider should ensure that rating scales to assess and record opioid withdrawal symptoms are available to staff and referenced in the service's protocols.
- The provider should ensure that health promotion and information leaflets are displayed and available to clients in communal areas of the service.
- The provider should ensure that staff from all disciplines meet regularly to discuss and record the progress of clients receiving care and treatment at Bank House.
- The provider should ensure that all staff are aware of and familiar with policies used at Bank House.

Outstanding practice and areas for improvement

- The provider should ensure that care and treatment is care planned to meet the individual needs of clients accessing Bank House.
- The provider should ensure that care plans demonstrate regular review by staff.
- The provider should establish referral pathways and procedures with teams external to the service.
- The provider should ensure that arrangements are in place to monitor adherence to the Mental Capacity Act.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none">• An action point arising from a fire risk assessment had not been completed.• Staff did not make regular controlled drugs balance checks.• There was no risk assessment or record of discussion to support the decision not to hold resuscitation equipment. Bank House did not have a full range of policies to support the activities of the service.
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment <ul style="list-style-type: none">• Bank House did not provide training in safeguarding children to staff. Bank House's safeguarding policy did not correctly identify when CQC should be notified of a concern.
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none">• Care and treatment records did not always contain a complete and up to date record of clinical discussions and decisions made by staff.

This section is primarily information for the provider

Requirement notices

Omissions were present in the records assessing client presentation and risk.

Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

- There was no staff employment record available for one of the directors of Steps Together Rehab.

Staff employment records did not contain structured and scored records of interview.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- **Staff did not evidence risk mitigation or document decisions about communication with other healthcare professionals.**
- **The medicines management policy was not specific to the activities of the service.**

Competency checks had not been completed for support workers trained to administer medicines.