

Primrose Lodge

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:

- All clinical detoxification practices followed the National Institute for Health and Care Excellence guidelines with a reduction programme carried out over seven days.
- Medical records were very detailed, with all clients assessed by a doctor on day of admission.
- All staff had completed mandatory training in substance misuse, physical health issues, first aid and an intensive programme in medication administration.
- Extensive risk assessments and risk management plans were completed on the client's day of admission and regularly reviewed.
- All staff were trained in, and had a clear understanding of, safeguarding.
- Thorough care plans were written with the client and their families which involved all parties in decisions around an individual's treatment and care.

Summary of findings

- Clients had access to a local GP for all physical and mental health needs while in treatment.

Summary of findings

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Summary of this inspection

Background to Primrose Lodge

Primrose Lodge is a 19-bed mixed gender facility providing residential detoxification and psychosocial group work treatment for clients with a primary addiction to drugs or alcohol. At the time of inspection, this location had 16 clients on site.

The location only takes self-funded clients who self refer.

The clients can complete programmes lasting between seven and 28 days.

Primrose Lodge was registered with the Care Quality Commission in February 2017 to provide accommodation for persons who require treatment for substance misuse.

This was the first inspection carried out at this location. The service has a registered manager who has been in post since registration.

Our inspection team

The team that inspected the service comprised two CQC inspectors and one specialist substance misuse doctor.

Why we carried out this inspection

We inspected this service as part of our announced 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 the location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with six clients
- spoke with the registered manager

What people who use the service say

Clients informed us that they felt safe and well treated. Clients said that on arrival everyone was very welcoming.

We heard very positive feedback with regards to the programmes and groups.

Summary of this inspection

Clients told us staff were very warm, kind and friendly. Clients also told us staff had natural empathy and were very supportive.

Clients felt that no-one judged them.

Clients told us that their families had been very much involved in their treatment.

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 areas of good practice:

- The service had a clear and concise ligature risk assessment that was reviewed regularly.
- There was a very good system in place for medication reconciliation and auditing.
- Risk assessments and risk management plans were completed on the client's day of admission and reviewed weekly.
- The electronic records system had an alert system which flagged risks or concerns to all staff.
- The service had safe detoxification treatment processes which were in line with National Institute for Health and Care Excellence guidelines.
- Mandatory training was completed annually by all staff.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Detailed and in-depth medical assessments were completed on the day of the client's admission.
- Care plans were completed within two days of arrival and reviewed weekly.
- Physical health assessments were completed and physical health was monitored and recorded regularly.
- The service had a clear observations policy and observations processes were followed by staff.
- The service had access to medical staff 24 hours a day, seven days a week. There was an on-call doctor rota to cover out of hours and at weekends.
- Effective handovers were held daily with all staff.
- Discharge plans were completed with clients on admission which covered planned and unplanned exit from treatment.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff treated the clients with respect and kindness.
- Clients felt very welcomed and supported.

Summary of this inspection

- Clients said they were included in medical decisions and understood the medication regime.
- Clients' families were involved in treatment decisions .
- Clients signed their care plans and were given copies before the end of the session.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There was a clear and thorough admission process and clear admission criteria.
- Clients had access to hot and cold drinks and snacks throughout the day.
- There was access to outside space 24 hours a day.
- All clients met with the chef on arrival to discuss dietary needs and allergies.
- The service was fully accessible to people with mobility issues or people who used a wheelchair, with a fully equipped accessible room, lifts and ramps.
- There was a visiting time set for families every Sunday afternoon which enabled clients to meet with family members and children both on and off site.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All staff were aware of and understood the organisational vision.
- Staff felt supported and said that senior management were approachable.
- Staff could contribute to the organisational risk register.
- There were clear policies relating to the service that were reviewed quarterly.
- Personnel files were fully completed and up to date and all staff had been security cleared using the Disclosure and Barring Service (DBS).

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff completed annual training in the Mental Capacity Act and Deprivation of Liberty Safeguards. All staff we spoke to had a good understanding of the Act.

All clients on admission were assessed to find out if they had the capacity to understand and make their own decisions regarding treatment.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- All rooms were very clean, well maintained and all furniture was clean and in very good condition. During the inspection, we saw domestic cleaning staff on site cleaning all the communal areas and saw the daily cleaning log.
- All clients had private access codes to their bedrooms that were given to them on laminated cards on arrival. Male and female rooms were zoned within separate wings of the building.
- The kitchen was clean, all food was dated, labelled and stored correctly. Environmental Health had awarded the kitchen five stars for environmental health and food hygiene in 2017.
- All communal areas and corridors had close circuit television which ran continuously and was monitored by staff in the office.
- There were two private interview rooms where clients could be seen for key work sessions.
- The clinic room was clean, well maintained, had a sink for hand washing and secure and locked medicine cabinets. The fridge temperature was monitored daily but at the time of inspection, the fridge only held bottles of water. We checked equipment including scales, blood pressure monitors and a breathalyser that had all been recently calibrated and emergency medicines were all in date.
- There was an in-depth and precise ligature risk assessment for the location which identified all ligature points throughout the site. All ligature risks had been mitigated within a risk management plan and necessary measures had been put into place to ensure the safety

of the clients. The risk assessment linked into the monthly health and safety inspection of the premises and the weekly slips, trips and falls review. Ligature cutters were easily accessible to staff and were stored on the wall in the locked staff office.

Safe staffing

- At the time of inspection, there were 16 clients on site, supported by eight support workers who worked shift patterns of 7am to 3pm, 2pm to 10pm, 3.30pm to 7am and a waking-night shift of 10pm to 8am. Each shift was covered by two members of staff.
- Four therapists worked a 9am to 5pm shift. The service offered lower risk medically-monitored detox. The registered manager was a registered mental health nurse and non-medical prescriber who covered the site 9am-5pm Monday to Friday. Staff could contact a doctor outside of normal working hours if they had any concerns. There were two doctors who carried out medical assessments on site in the evenings and were also on an on-call rota throughout the night and at weekends. We saw evidence that when staff had any concerns, they contacted the doctors for advice, and contacted an ambulance in the event of a medical emergency.
- The location used agency staff when needed, they used a regular substance misuse specialist agency and made sure that all staff were qualified in the substance misuse field. At the time of inspection, they had two regular agency support workers on site due to vacancies.
- The mandatory training rate was 100% including health and safety, safeguarding, infection control and risk assessment training. There was a comprehensive training plan in place to ensure that staff were competent to administer medication which was overseen by the registered manager.

Substance misuse services

- All staff were trained in basic first aid and resuscitation which covered what to do in the event of a client suffering a seizure. Where seizures had been risk assessed as a possibility there was a documented care plan in place.

Assessing and managing risk to clients and staff

- Before admission, a pre-admission assessment was completed with the client, where risk to self and others was assessed and addressed. The location had comprehensive exclusion criteria and staff would not accept referrals if they felt they were unable to manage any potential risk safely. We saw this recorded in admission documentation.
- All clients' records had completed risk assessments that were very thorough and detailed and had been completed within one day of the client's admission. The risk assessments identified that the individuals were suitable to be managed in a lower risk medically monitored detox environment. These were reviewed and updated regularly dependent on the client's risk levels and changes in behaviour or mood.
- There was an urgent issue flag on clients' photos which flashed upon entering the care record system whenever a new issue was identified. All staff had to click on the photo to see what the issue was and the system registered that staff had seen it. The urgent issue flag was used to highlight any new risk or behaviour that staff needed to be made aware of.
- All staff were trained in safeguarding at induction and then completed a safeguarding training package yearly. The staff we spoke to felt very confident in identifying a safeguarding risk and were able to utilise the organisational safeguarding lead if they had any issues or questions. As the clients were mostly from out of area, staff linked in with the clients' local authorities when making alerts.
- Clients taking medication had medication administration record sheets in place. A medication administration record sheet is a legal record of medication administered to an individual. The medication administration record sheets were completed, up to date and clearly stated what medications had been administered. Medication was

self-administered by clients with staff support. The service had plans to integrate the medication administration system into their electronic recording system to make it more streamlined and auditable.

- Medication storage facilities were appropriate. There was a lockable cabinet and a medications fridge. Each client's medication was kept in individual containers which were stored in the locked cabinet. When the service stored controlled drugs, there were comprehensive systems in place for checking and monitoring controlled drugs with record books which were double signed by the staff. There were procedures in place for medicines reconciliation on admission and to check stock levels.

Track record on safety

- All staff had completed mandatory training in infection control and we saw handwashing signs in all clinical areas.
- Since February 2017, the location had raised 35 incident reports, covering fire alarms being set off, incidents of violence and aggression, falls, security breaches and damage to property. Of the 35 reports, there were three medication errors recorded and 10 incidents where clients were sent to hospital due to physical health issues.

Reporting incidents and learning from when things go wrong

- All the staff we spoke to knew when and how to report an incident. Staff completed a document and then sent it to the manager. All incidents were reviewed and outcomes were discussed as part of a standing agenda item in the daily handover and team meeting.
- All staff were supported by the management team after an incident and this support was recorded during supervision.

Duty of candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify clients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- All staff and management we spoke to were aware of their duty of candour to the clients.

Substance misuse services

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- All clients had a very thorough assessment by the doctor on admission. We saw that all medical records were very thorough and detailed and included severity of alcohol dependence questionnaires, physical health assessments and treatment plans.
- Assessments such as the CIWA (Clinical Institute Withdrawal for Alcohol) and the COWS (clinical opiate withdrawal scale) were used to assess and manage signs of withdrawal.
- All care plans had been completed within two days of the client's admission and were reviewed weekly. The care plans covered substance misuse and physical and emotional health.
- On admission all clients were registered with the local GP. They gave signed consent for their local GP to be contacted and medical records to be shared. This was recorded within their care records.
- The clients' weight and blood pressure were regularly monitored on site and all other physical health checks including ECG (Electrocardiogram) and blood tests, were carried out at a clinic at the local hospital.

Best practice in treatment and care

- During the detoxification treatment process, medication was administered four times a day at levels directed by the doctor. We saw all prescription charts contained detoxification registers, with each dosage given and signed for and reduced daily over a period of seven days. Dependent on the starting level, the doctor recorded in the medical records a clear rationale for the prescribed dosage and how the medication should be reduced safely and with the lowest level of risk.
- The clients followed the 12 step recovery model and all clients had access to a set programme of therapeutic activities. These included one to one and group sessions as well as sessions with a counsellor. Therapies included cognitive behavioural therapy and mindfulness.

- All treatment rationales were in line with the National Institute for Health and Care Excellence (NICE) detoxification guidelines.
- Clients were supported in managing and improving their physical health with the location having a gym available for all clients with appropriate risk assessments in place. The service was mindful of clients overusing the gym and ensured this was identified and discussed with clients if it occurred. The location met the individual dietary requirements of the clients with a varied and nutritionally balanced menu which could be individually tailored to the client's needs.
- We saw the observation policy and observations were recorded in the treatment notes. Observations to monitor the effects of the detoxification medication and risk of withdrawals were carried out every 15 minutes, 30 minutes and 24 hours dependent on the client. All new clients were situated in ground floor bedrooms and were regularly observed whilst they received detoxification treatment.
- There was a good medication reconciliation process. Staff checked medication on admission and a nightly medication audit was carried out. The registered manager did random spot checks to ensure that medication was administered and stored correctly. All clients' medication was stored in labelled bags in the locked medicines cabinet and all personal medications were returned to the client on discharge.
- There was a very good system in place that recorded PRN medication (a medication that should only be given when needed, rather than on a consistent basis) on the medication administration record (MAR) through an electronic daily note on the client's records so that staff were able to see immediately what had been administered that day. If a client required additional medication or if they appeared to be over-sedated, then staff were able to contact the doctor immediately via phone, if they were not on site.

Skilled staff to deliver care

- There was a clinical member of staff on site Monday to Friday, 9am to 5pm and the site had an on-call doctor rota that allowed staff to contact doctors for clinical advice out of hours and at weekends. This worked in conjunction with the organisation's emergency medical protocol that informed staff what to do regarding

Substance misuse services

emergency care, managing known risks and responding to a medical emergency. We saw evidence in records that staff had contacted doctors out of hours and that staff had called for ambulances for clients on the advice of the doctors.

- All support workers had completed a mandatory training package in medication administration. This training was an intensive programme which covered how to administer medication correctly and safely, techniques to avoid medication errors and safe practices. The training was reviewed regularly by the manager and refreshed annually.
- All staff had completed annual mandatory specialised training in first aid, understanding epilepsy, diabetes, self-harm, anxiety and depression and alcohol misuse.
- All support staff had to complete NVQ level 3 in Health and Social Care within 24 months of their start date. We saw evidence of this work in staff personnel files.

Multidisciplinary and inter-agency team work

- There was a daily management handover that all staff attended. We observed staff discussing each individual client, their behaviours, mood, medication, risk concerns, safeguarding and plans on discharge. All staff had very good knowledge around each client and what support they required. The client records were updated throughout the handover and strategies were discussed between the team around how best to support the individual.
- Staff members were allocated roles for the day, including the completion of room searches, fire marshal duty and first aider.
- There were three daily shift handovers, this enabled staff to pass on information relating to the service and the clients to all staff starting the next shift.
- The service had a good relationship with the alcohol liaison team at the local hospital. The team had been to visit the location and there was a referral pathway in place. Clients with needs arising from alcohol misuse who, on admission, were deemed too high a risk for a safe detox within the service were referred directly to the alcohol liaison team at the hospital so they could be admitted to a high dependency unit.

Good practice in applying the MCA

- All staff had completed the annual Mental Capacity Act mandatory training.

Management of transition arrangements, referral and discharge

- The organisation had other treatment services across England and was able to refer clients between locations if staff deemed that they were not suitable for their service, for example, if they became high risk during their admission or needed a higher level of treatment than it was possible to provide at Primrose Lodge. Treatment options were discussed with the client and their family and a referral was made to move the client immediately.
- All treatment records contained discharge plans for planned and unplanned exits for treatment, this was also discussed daily at the management handover.
- An aftercare service was offered to all clients on discharge. This allowed clients to gain support through evening groups which ran weekly on site. This service was offered for a year at all the organisation's locations so if a client was returning home out of the Surrey area, they could link with another aftercare group closer to their location.

Are substance misuse services caring?

Kindness, dignity, respect and support

- During the inspection, we saw all staff, including managers, show positivity, kindness and care during interaction with the clients.
- Clients told us that staff were kind and respectful.
- The staff showed compassion and empathy to the clients during the group sessions.
- Clients told us that staff were very welcoming and kind on arrival to the service.
- Clients felt that they understood their treatment and medication and said that staff had fully explained treatment and medication options to them.

The involvement of clients in the care they receive

Substance misuse services

- All clients worked with a therapist to agree their treatment plan. The plan was signed by the therapist and client on an iPad and a copy of the care plan was printed out and given to the client before the end of the session.
- There was clear evidence that clients and their families had been involved in the development of the individual care plans, with comments recorded in the client's and family members' own words.

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

Access and discharge

- We saw very clear and complete admission processes for all clients. All admissions were planned, with clear arrival times throughout the day which enabled staff to complete searches and orientations prior to the client meeting with the doctor. Clients informed us that they had very thorough medical and physical health assessments on admission.
- All clients had discharge plans agreed that had been completed within one day of their arrival. This included contingency plans detailing who the service should contact, with the client's consent, if the client left before the completion of treatment.

The facilities promote recovery, comfort, dignity and confidentiality

- Clients could access their rooms throughout the day and had 24 hour access to an enclosed garden. There was no smoking on the premises but a covered shelter was provided where clients could go to smoke when they wanted to.
- All bedrooms had en-suite bathrooms.
- All clients had to complete a programme based on the principles of 12 step, a set of principles which, when practiced as a way of life, enable recovery and encourage and support an abstinent future. During the week they attended group work and key work sessions with the therapist. At the weekends, clients had a group outing on Saturday and on Sundays they were able to

receive visits from their families. Adult family members were able to come on site between 2pm and 3pm and children's visits were organised off site between 3pm and 5pm.

- Clients had access to hot and cold drinks and snacks throughout the day in the dining room. To encourage healthy eating the service provided a fruit basket in the communal sitting area which was replenished daily.
- The clients had access to a communal dining room and sitting area. There was also a fully equipped gym that they could use after a period of seven days and on completion of a risk assessment and induction. The clients had to wait seven days until their detoxification was complete to mitigate the risks of taking medication, as the most noted side effect was tiredness.

Meeting the needs of all clients

- The service had a kitchen on site and all meals were prepared daily by the chef. On admission each client sat down with the chef to discuss dietary requirements, allergies, likes and dislikes and these were recorded on a whiteboard in the kitchen.
- The service had a fully equipped accessible room on the ground floor, purpose built ramps from all external doors, wide corridors, doorways with no raised thresholds and a lift, making the entire building accessible for people with mobility issues, including those who needed to use a wheelchair.

Listening to and learning from concerns and complaints

- Since March 2017, the service had received 13 complaints from clients. Investigations had been carried out and all 13 had been resolved, with three complaints not upheld. We saw that all complaints were dealt with and reviewed by the registered manager. The service had a clear complaints handling policy that was adhered to and all complaints were recorded and discussed at the daily handover.

Are substance misuse services well-led?

Vision and values

Substance misuse services

- All staff felt they understood the vision of the organisation and told us they felt very passionately about working together to achieve the best treatment for the clients.
- Staff regularly saw and worked alongside the senior management team and felt that they were all very approachable and valued them.

Good governance

- All governance policies, procedures and protocols were reviewed quarterly and reflected the revised orange book.
- There were clear quality assurance management and performance frameworks in place, led by the senior management team. Weekly reviews and audits were completed that fed into quarterly organisational audits and integrated across all corporate policies and procedures.

- The location had a local risk register that fed into the organisational corporate risk register. Staff could submit items to management that they felt were a concern.
- All staff were given mandatory training in whistleblowing and complaints and we saw policies in place that enabled staff to do so confidentially.
- We reviewed all personnel files and saw that all staff had clear job descriptions, references and up to date Disclosure and Barring Service (DBS) clearance.

Leadership, morale and staff engagement

- All staff felt that they had a good and approachable management structure, they felt supported and able to voice concerns or ideas that would be listened to.
- All staff received monthly supervision and felt that they were able to use it effectively. All clinical staff received regular clinical supervision and were up to date with their registrations.

Outstanding practice and areas for improvement

Outstanding practice

The service used an effective and secure electronic records system which streamlined the process of

assessment and treatment for the clients. This system was user friendly and easy to access for the staff and the clients which made the whole risk assessment, care planning and objective setting meaningful for the clients.