

Gladstones Clinic Cotswolds

Quality Report

Narles Farm
Dursley Road
Cambridge
Gloucestershire
GL2 7AB
Tel: 01453890184
Website: www.gladstonesclinic.com

Date of inspection visit: 16 November 2016
Date of publication: 31/01/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service had well-furnished facilities. Staff completed audits to ensure the environment was clean and safe. For example, checks of water temperature to ensure reduced risk of legionella and gas and electric safety checks.
- Staff completed in depth assessments with clients. These assessments, along with further discussions with clients led to a holistic recovery plan as well as regularly updated risk assessments. Staff used recommended assessment tools to measure withdrawal to ensure that clients were kept safe. Testing for blood borne viruses was also offered.
- Clients had access to therapies recommended by the National Institute for Health and Care Excellence (NICE) in one-to-one sessions as well as a structured group therapy program. These therapies were provided by experienced and qualified staff. Clients could access aftercare if they continued being abstinent from alcohol and illicit substances.
- We saw that staff had sought consent to treatment and had checked that clients had the mental capacity to make decisions throughout their treatment. This included consent to blanket restrictions that were in place for client's safety and recovery.
- Clients told us that the staff treated them with respect. We saw this in an assessment we observed. Staff were caring and motivated to help clients recover. This included ensuring they had access to information, external charities and advocacy services. Clients had information about how to raise a complaint in their welcome pack, and if they wished their family to be involved in their treatment, their family received an information pack as well.

- Chefs cooked meals to meet clients' dietary needs and staff had made adjustments to the timetable in the past to allow time for clients to pray.
- There was clinical and managerial leadership for staff. The service had hired more professionals to ensure staff could be professionally supported. Staff told us they had good morale and that they felt comfortable raising concerns.
- The service wanted to improve and had hired a contractor to conduct a mock CQC type inspection and had developed an action plan following this to improve the service.

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

- Staff only recorded the actual temperature of the fridge. They did not record maximum and minimum temperatures for the medicines fridge over a 24 hour period which could have meant that medicines were being stored outside of the recommended guidelines. This could impact on the effectiveness of the medicines.
- Staff did not have access to guidance on 'as required' medicines or a general medicines management procedure which meant they had to rely on the on call nurse if they had any concerns. Staff received training on administering medicines but their competency to do that was not tested.
- The service had identified a gap in its governance systems and had put in place actions to begin to address these gaps. These systems were very new. We saw evidence that some changes had been made but the systems were not fully embedded at the time of inspection.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Gladstones Clinic Cotswolds	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	10
Outstanding practice	16
Areas for improvement	16

Gladstones Clinic Cotswolds

Services we looked at

Substance misuse services

Summary of this inspection

Background to Gladstones Clinic Cotswolds

Gladstones Clinic Cotswolds provides accommodation and treatment for up to 12 clients who require residential substance misuse treatment. They also offer detoxification for clients. The service only accepts privately funded clients.

The service is registered to provide accommodation for persons who require treatment for substance misuse and treatment for disease, disorder or injury. It has two registered managers in post to ensure that it had adequate managerial cover.

This is the first comprehensive inspection of this service.

Our inspection team

The team that inspected the service comprised CQC inspector Luke Allinson (inspection lead), one other CQC inspector, and a pharmacist inspector.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with four clients
- spoke with one of the registered managers
- spoke with three other staff members employed by the service provider, including a nurse and two support workers
- looked at 11 care and treatment records, including medicines records, for clients
- attended an initial assessment and two client groups
- looked at policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

Clients told us they felt supported and respected in Gladstones Cotswolds. They said they felt able to talk openly about their situation in a safe environment, and although some therapy was sometimes personally challenging, they praised the therapy staff for their skills.

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 well-furnished facilities and staff completed audits to ensure the environment was clean and safe.
- We reviewed the clinical records of all of the clients at the clinic and saw that they all had a comprehensive risk assessment that staff reviewed regularly.
- Staff used recommended assessment tools to measure withdrawal to ensure that clients were kept safe and they offered testing for blood borne viruses.
- The service had put in place new measures to track and learn from incidents at the clinic and we saw that incidents were being recorded appropriately.

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

- Staff only checked the actual temperature of the medicines fridge once a day. They did not record maximum and minimum temperatures for the medicines fridge which could have meant that medicines were being stored outside of the recommended guidelines. This could impact on the effectiveness of the medicines.
- Staff did not have access to guidance on 'as required' medicines procedure. This meant they had to rely on the on call nurse if they had any concerns. Staff received training on administering medicines but their competency to do that was not tested.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff completed in depth assessments with clients. These assessments, along with further discussions with clients led to a holistic recovery plan.
- Clients had access to therapies recommended by the National Institute for Health and Care Excellence in one-to-one sessions as well as a structured group therapy program.
- Staff were experienced and qualified for their roles

Summary of this inspection

- We saw evidence that staff received supervision and the service had hired a more senior member of staff to provide more supervision.
- Blanket restrictions were in place for client's safety and recovery, staff made these clear to clients and clients consented to them as part of their treatment.
- We saw that staff had sought consent to treatment and had checked that clients had the mental capacity to make decisions throughout their treatment.
- Clients could access aftercare in person if they continued being abstinent from alcohol and illicit substances. Staff provided telephone support to and signposted clients that did not remain abstinent.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients said that staff were respectful and caring. We saw that this was the case and that staff wanted to go the extra mile to support service users.
- Staff involved clients in their own individual recovery throughout their treatment and clients had access to advocacy groups.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The clinic accepted self-referrals and some referrals from private medical practitioners. The service had started auditing how many client successfully completed treatment in March 2016.
- The clinic had a range of facilities to allow for one to one therapy as well as group activities. There were adjustments made to allow for disabled access.
- Staff could accommodate client's religious and dietary needs. The clinic employed chefs to cook meals and had made adjustments to the timetable in the past to allow time for client's religious needs.
- Clients and their families (where appropriate) received information on how to make complaints and the service had planned to implement an audit of complaints to help ensure that they provided good quality care.

Summary of this inspection

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There was strong leadership in the clinic, this had led to a range of improvements that we saw were underway.
- The clinic had a clear definition of recovery and staff worked towards this with clients.
- Staff said they felt comfortable raising concerns and that they felt there was a happy staff team. We saw that information on how to whistle blow was on display in the staff room.
- Staff were keen to improve the clinic. They had hired a contractor to conduct a mock inspection and had developed an action plan following this to improve the service.

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

- The service had identified a gap in its governance systems and had put in place actions to begin to address these gaps. These systems were very new at the time of inspection. We saw evidence that some changes had been made but the systems were not fully embedded at the time of inspection.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had an understanding of the Mental Capacity Act. Clinical records showed that staff had checked mental capacity to consent to treatment in their initial assessment and had continued to check client's capacity on an ongoing basis.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The Gladstones clinic delivered services from a large house with client bedrooms on two floors. The rooms were well furnished and visibly clean. All of the bedrooms had ensuite toilets with showers. There was access for clients with mobility issues and the service assigned rooms on the ground floor for clients with mobility needs.
- The service had a housekeeper and there was a process to audit the cleanliness of the building. We saw that there had been regular maintenance of the boiler and the service had fire safety and gas checks. There was a member of staff that was responsible for conducting audits of the buildings fixtures and we saw that there was an appropriate environmental risk assessment as well as regular tests of water temperature to help reduce the risk of legionella.
- The clinic had a large garden for clients to enjoy the outside space. There was also a separate porta-cabin with some fitness machines for clients to use.

Safe staffing

- There were 16 staff employed by the service at the time of inspection and there were another two staff in the recruitment process. The service also had three volunteers. The majority of the staff worked 9am-5pm, Monday to Friday. However, there was at least one support worker onsite out of hours and there was a therapist that worked on Saturdays. The clinic also had a chef.
- Gladstones had employed a non-medical prescriber (who was a nurse) and another nurse to oversee the medicines management at the clinic. These staff shared

an out of hour's rota. Out of hours assistance could also be sought from the manager of the service and the policy for staff to seek help out of hours also included contacting emergency services. The policy was displayed in the staff office.

- Sickness and vacancies were covered by agency staff. The service also used agency nurses to help meet client's medicines needs at weekends. One of the managers of the clinic had said that the service did not currently track their usage of agency staff, but that there had been no shifts where the staffing figures were below their set limit and we saw that for the month before the inspection this was the case and that a manager had covered as a therapist where needed.
- We reviewed the disclosure and barring service checks for the staff and volunteers and found that only two staff out of 18 did not have up to date checks. Both of these checks were in the process of being completed. Staff were up to date with their mandatory training.

Assessing and managing risk to clients and staff

- We looked at the care records of all 11 clients at the clinic on the day of our inspection. All clients had a comprehensive risk assessment that staff reviewed and updated regularly. Risks identified in the client's assessments had been transferred into a risk management plan. The clinical progress notes showed staff were aware of individual risks and safeguarding concerns. Staff discussed changes in risk as part of their handover. Staff had a handover meeting twice a day.
- Staff completed screening tools to monitor clients admitted for detoxification. This included the clinical opiate withdrawal scale (COWS), clinical institute withdrawal assessment for alcohol (CIWA-ar) and clinical withdrawal assessment scale for benzodiazepines (CIWA-b). Clinical records indicated this was completed regularly.

Substance misuse services

- Staff offered blood borne virus (BBV) screening (testing for viruses such as human immunodeficiency virus (HIV) or hepatitis) to relevant clients.
- The clinic had put in place prescribing guidance and had ensured that appropriate staff were trained in administering emergency medicines. However, the service did not test whether the staff were competent to administer the medicines and there was no guidance for unqualified staff on when to administer 'as required' medicines. Staff could call the on call nurse if they needed guidance.
- Staff monitored the temperature of the fridge used to store medicines. However, they did not measure the maximum and minimum temperature, just the actual temperature at the time of the check. This meant that the temperature could have varied over the course of the day, which could impact on the effectiveness of the medicines.
- Staff completed audits of medicine errors and we saw an example where medicine errors had been discussed in supervision and extra training had been provided.
- New support workers completed the care certificate as part of their induction.

Track record on safety

- The service had identified a need for governance oversight of incidents, including serious incidents. The managers had set up a process for incidents to be audited and reviewed across both clinics they run. The senior management team had held two meetings, one to discuss the contents of the meetings for the future and the other to review incidents.
- Incidents would be audited in this group and the learning discussed and sent through to staff in the clinics to ensure learning would be shared.

Reporting incidents and learning from when things go wrong

- The clinic had a policy on reporting incidents and had recently put in place a new procedure to ensure incidents were reviewed and learning was shared. We reviewed recent incidents and saw that they had been appropriately recorded.
- There had been two incidents (out of a total of four for the month before the inspection) involving the conduct

of staff and we saw examples where this had been managed in performance management. The incidents had also prompted the provider to define a clear code of the conduct they expected from their staff.

Duty of candour

- Duty of candour is a legal requirement which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. Staff were aware of the need for them to be open and transparent when things went wrong. We had received evidence of the manager writing to complainants before this inspection and had spoken with carers of clients who felt this process could be improved. The clinic had put in place a new policy on responding to complaints and when things went wrong.

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)

- We looked at the care records for all 11 of the clients at the clinic. All of the records contained clear and comprehensive information. Each client had an individual risk and recovery care plan. Staff reviewed and updated them regularly.
- Doctors completed a physical, mental state and medical assessment on each of the 11 client's admission. All assessments were available in the clinical notes. Staff had requested full blood screens and summaries from the client's GP. Staff had received these for the relevant clients before they prescribed medication for detoxification.
- Staff kept paper records that were stored securely. The appropriate staff could access the records.

Best practice in treatment and care

- The service employed four therapists who provided treatment recommended by the National Institute for Health and Care Excellence (NICE). This included cognitive behavioural therapy and motivational based techniques. Staff had prescribed medicines for detoxification in line with guidance from NICE.

Substance misuse services

- Clients received therapy in a structured pattern of groups, as well as one to one session with a named therapist. There was also a wide range of activities that clients could take part in, including access to exercise machines on site. The service employed four therapists, as well as the manager who was a qualified counsellor. We saw that the service checked that staff maintained their professional registration.
- Staff were involved in completing audits and the service had planned in additional audits as part of the development of a governance group.

Skilled staff to deliver care

- Clients at the service had input from therapists, mental health nurses, support workers, peer mentors and a doctor with additional training in substance misuse. The service also had a non-medical prescriber who prescribed medicines for the clients. Staff could access a nurse 24/7 if they needed assistance for medicines questions or assistance in a client's detoxification. There were two nurses that shared this out of hour cover and it was possible that the person covering would be on shift the next day, potentially after receiving a lot of calls. This could have impacted on their ability to complete their regular duties.
- None of the staff had received an appraisal at the time of inspection. The service had recognised this gap and had planned them to be completed within three months of the inspection.
- We saw evidence that staff had received supervision, and the provider had hired a nurse manager to provide further clinical supervision to the support workers and the other nurse at the service.
- Staff had access to specialist substance misuse training to aid them in their role. We saw that further training had been planned for the week after the inspection. Staff were experienced in their role.
- Poor staff performance was addressed effectively, we saw an example where staff had been supported to improve their performance.

Multidisciplinary and inter-agency team work

- Staff held weekly team meetings as well as weekly multidisciplinary meetings. Staff also had handovers twice a day to ensure clinical information was shared appropriately.
- Staff told us that relationships with other services were generally good. The service only took private referrals but staff said they had liaised with mental health teams and a learning disability charity to help meet client's needs. However, we were told that on discharge, the service only gave information to the clients next care provider if the staff were asked to.

Good practice in applying the MCA

- Staff had an understanding of the Mental Capacity Act. Clinical records showed that staff had sought consent to treatment; they had checked a client's capacity to consent through the initial assessment and on an on-going basis.

Adherence to the MHA

- The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health were to deteriorate, staff were aware of who to contact.

Equality and human rights

- The service had a policy on how to meet the needs of clients with protected characteristics (for example race, gender and sexuality) under the 2010 Equalities Act. There was access around the site for clients with mobility issues and the staff had discussed moving the examination room downstairs to ensure that clients with mobility issues would be better supported.
- Blanket restrictions were in place at the clinic and all clients had consented to these. These restrictions were in place to ensure the safety of clients and were outlined in a consent to treatment document that clients signed on admission. These restrictions included attending therapeutic groups, consenting to give samples for drug and alcohol tests and consenting to not leaving the building alone. Clients were informed that they would be discharged should they not comply with these restrictions.

Management of transition arrangements, referral and discharge

Substance misuse services

- The service took referrals from private medical practitioners and clients could self-refer to the clinic. Clients received an in depth assessment before being admitted and referrals were screened by the clinic's medical director. Staff included planning for discharge in the client's recovery plan.
- Clients were free to leave if they wished and staff said that clients received harm minimisation information as standard so that if they should leave treatment early, they would have information on how to be safer in the community.
- As long as clients remained abstinent they could access aftercare at the service for half a day at weekends. If clients reported that they had relapsed then they had to wait for 28 days after their last relapse before they became eligible again for the aftercare groups but staff could support them over the phone and sign post them to other agencies.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Staff were courteous and respectful to clients. Clients told us they felt respected and not judged.
- We observed staff undertaking a comprehensive assessment and saw that the staff member spoke with warmth, understanding and compassion. There appeared to be genuine concern for the client and a willingness to go the extra mile to support them. The nurse asked for consent to speak to the client's friend to discuss safe management over the next day before they were admitted to the clinic.

The involvement of clients in the care they receive

- Recovery care plans reflected involvement through the treatment journey of the client. These plans reflected aspirations and goals which were reviewed in sessions. The clinic also offered family therapy and could involve client's family in that process.
- Clients could also feedback into the service in daily meetings, and there were two advocacy services that they could speak with.

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

Access and discharge

- The service took self-referrals and referrals from private medical practitioners. Staff completed an in-depth assessment before admitting clients.
- Staff had begun auditing how clients left the service in March 2016, and since that time there had been 38 clients in the service. The majority (33 clients) had completed treatment successfully, with two clients choosing to leave treatment early and three clients breaching the service's code of conduct and being discharged.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a range of rooms for group and one to one therapy. There were also two lounges that clients could use. The clinic had exercise machines in an external building on site and clients could access a local gym and health spa.
- Clients received a welcome pack with information in it, and their families also received a family pack that contained contact information for other lines of support and national addiction charities. Staff would signpost clients to services depending on their needs.

Meeting the needs of all clients

- Staff could access interpreters if they needed to and said that the need for them would be identified in the initial assessment.
- The service employed chefs to prepare meals onsite to meet client's dietary needs. Clients could also access hot drink and snack making facilities outside of meal times.
- Staff would support clients to access local religious services and they told us they had made adjustments to accommodate prayer time for a client in the past.

Listening to and learning from concerns and complaints

Substance misuse services

- The service had recently implemented a new complaints procedure that included auditing complaints to ensure that they could respond to client and family feedback. Copies of the complaints process were given to clients in their handbook, and to families in the family handbook. We saw the process for complaints to be discussed in the services new governance meetings, and how learning would be distributed through team meetings.

Are substance misuse services well-led?

Vision and values

- The clinic had a clear definition of recovery that staff were aware of. There was a small staff team and they were all aware of the senior members of the team.

Good governance

- The service had identified that they needed to strengthen their governance procedures and, before the inspection, had put in place a governance group to oversee this. This group had met twice. Once to discuss its remit and a second time where the group had outlined a number of gaps that the service would address. These included auditing staffing and patient feedback to ensure the service could improve. We saw that an audit of incidents had been put in place and that learning from analysing this, had led to the clinic putting a new employee conduct policy in place.
- The service had hired a non-medical prescriber that was in the process of rolling out audits and training around medicines.
- At the time of inspection, staff told us that they did not have any key performance indicators, but that these were being developed in the newly started governance meeting.

Leadership, morale and staff engagement

- There was strong leadership at the clinic, this had led to improvements before this inspection and led to staff having good morale.
- Staff told us that they had not been monitoring staff sickness or the reasons for staff turnover, but that this would be addressed as part of their governance meeting. There had been six staff leave in the year before the inspection, out of a total of 18.
- Staff told us that there were no current cases of bullying or harassment. They said it was a happy staff team.
- The manager had authority to run the clinic and the service had hired more professionals to help provide clinical leadership.
- Staff said they were happy to raise concerns and we saw that information about how to whistle blow was displayed in the staff office.
- Staff said that they felt the service had improved and that they felt heard. The service had planned to roll out a staff survey to allow staff to have more feedback on service development.

Commitment to quality improvement and innovation

- The service had contracted an external professional to conduct mock inspections before the visit. These inspections had highlighted a number of gaps in the governance of the service and the senior members of staff had developed an action plan to address these.
- Staff told us they were not currently participating in any clinical research or national quality schemes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The provider should ensure that it checks the competency of staff to administer medicines safely and should keep records of this competency.
- The provider should ensure maximum and minimum fridge temperatures are recorded.
- The provider should ensure it has effective oversight of the management of medicines, including ensuring administration is safe and effective and that staff follow a procedure that is documented and safe.
- The provider should consider strengthening out of hour's medical cover.
- The provider should continue embedding the newly implemented governance procedures.