

Cassiobury Court

Quality Report

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

Ratings

Overall rating for this location

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 issues that the service provider needs to improve:

- Staff had a limited understanding of safeguarding procedures, and 15 staff had not completed current training.
- Some care plans did not contain client signatures, making it unclear if they had received copies of their recovery goals.
- Some risk assessment documents did not contain staff signatures.

However, we found the following areas of good practice:

- The service provided a variety of treatment and therapy sessions, with care and support plans tailored to individual clients' needs. Treatment was provided in groups and one to one sessions.
- Clients could access external support services such as Alcoholics Anonymous and Narcotics Anonymous in addition to the daily treatment programme.
- Staff supported clients to develop recovery goals collaboratively, focussing on coping strategies and discharge planning.
- Staff supported clients to access and integrate into the local community. This was incorporated into the daily activity programme. Clients also had access to a courtyard and garden areas.
- Client bedrooms and communal areas were decorated and furnished to a high standard.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Substance
misuse/
detoxification**

Inspected but not rated see overall summary for details.

Summary of findings

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Summary of this inspection

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Cassiobury Court

Services we looked at

Substance misuse/detoxification.

Summary of this inspection

Background to Cassiobury Court

Cassiobury Court is a 19 bed, residential service providing drug and alcohol detoxification and rehabilitation. The service supports clients to achieve abstinence. The service is registered to provide accommodation for persons who require treatment for substance misuse and treatment of disease, disorder or injury regulated activities. The service manager registered with CQC during October 2015.

Clients pay for treatment themselves, although the service has recently started accepting clients funded through one local authority.

The service accepts male and female clients. On the day of the inspection, they had 15 clients admitted (eight men and seven women).

The service supports clients to access external support groups, such as Alcoholics Anonymous and Narcotics Anonymous during their stay. Staff supported clients to identify groups and follow on services in their local area as part of discharge planning. Staff and external professionals ran treatment groups on a sessional basis for example, mindfulness meditation.

The service offers follow up support for one year on discharge for clients who have completed their treatment programme. These weekly sessions run on a Saturday afternoon.

Bedrooms are located across the three floors of the building. Of the 19 rooms, eight had en-suite bathroom facilities, 11 had sinks in the room with access to communal bathing facilities. Clients with mobility issues are offered bedrooms on the ground floor. These rooms have en-suite bathrooms.

Clients have a key to their own room, and sign a contract regarding standards of behaviour and boundaries, which includes not entering other client's bedrooms.

CQC last inspected the service 10 January 2014, under the previous inspection methodology. Cassiobury Court was found to be compliant with the regulations inspected at that time.

Our inspection team

The team that inspected this service comprised of a CQC Inspection Manager, and two CQC inspectors.

Why we carried out this inspection

We inspected this service as part of our 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?

Summary of this inspection

- Is it well led?

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

During the inspection visit, the inspection team:

- met with six clients who use the service
- interviewed the service manager
- spoke with six staff members
- collected feedback using comments cards completed by three clients and one staff member
- reviewed six client care and treatment records
- examined six client medication records
- reviewed five staff files (including training, supervision and appraisal records)
- examined policies, procedures and other documents relating to the running of the service.

What people who use the service say

- Clients said staff were caring, compassionate, attentive and treated them with respect. They felt safe in the service and staff addressed any incidents quickly. They felt staff listened to their views and encouraged feedback. Clients knew how to make a complaint and what expectations the service had of them during their treatment.
- Clients said the service was kept clean and the food was good. They liked the freedom to use the garden, contact their family and have access to information technology.

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:

- Fifteen staff had not received current safeguarding training, and staff did not appear familiar with the service's safeguarding policy related to protecting clients from harm.
- The clinic room sharps bin was full (lid closed), and did not appear to have a date on it. CQC escalated this to the service manager during the inspection. We received assurances this would be dealt with.

We found the following areas of good practice:

- Staff gave a handover about each client at the end of every shift. This included information on medical presentation and condition to ensure consistency of approach between shifts.
- The service furniture and décor was finished to a high standard, offering comfortable living and communal areas.
- The service had no staff on long-term sick leave. There were no vacancies at the time of the inspection.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff completed comprehensive assessments on admission.
- Staff completed regular physical observations, including blood pressure checks throughout the treatment process.
- Clients worked with staff to draw up recovery plans and met regularly to review their goals, using the Recovery Capital model.
- Clients could attend external support groups such as Alcoholics Anonymous and Narcotics Anonymous in addition to the daily treatment programme.
- Clients had a named key worker for the duration of their admission.
- Staff gave clear explanations regarding medication and treatment regimens involved with detoxification, and the likely side effects to clients.
- The service offered weekly follow up sessions for clients who have completed their programme, for one year after discharge.

Summary of this inspection

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

- Some risk assessment documents did not contain staff signatures.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients said staff treated them with kindness, were polite and caring towards them and nothing was too much trouble.
- Clients experienced changes in their physical and emotional presentation during detoxification and found staff responsive to their needs.
- On admission, each client received a welcome pack; this gave information on the complaints procedure.
- The service daily activity and treatment timetables included access to the local community.

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

- Care records viewed did not indicate that clients had received a copy of their support plan containing their recovery goals.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients said the admissions process had been responsive to their needs, and their pre assessment took place within agreed timescales.
- The service provided food for clients that met their dietary requirements, whether physical or religious. Staff supported clients to access local places of worship and made environmental adjustments to accommodate clients with disabilities.
- The service discussed complaints and incidents during team meetings and in supervision sessions to ensure lessons learned.
- Clients said access to personal technology such as computers and mobile phones helped them to maintain important relationships with employers, along with family and support networks.
- Clients could raise issues with the service for example about their living conditions by attending the weekly community meetings.

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:

- The service had a vision and values statement. Staff gave examples of how they implemented these in practice to offer high and consistent standards of care.
- The service manager monitored staff performance and addressed any areas of concern promptly.
- Staff and clients said the service had an open, supportive and honest culture. Staff identified the service manager led by example in their style and approach.
- Staff morale was good. Staff said they felt able to raise any concerns without fear of reprisal.

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

- Staff said their role could be stressful at times, and felt more emotional support and debriefing was required.
- Fifteen staff had not received current safeguarding training, and staff did not appear familiar with the service's safeguarding policy related to protecting clients from harm.

Detailed findings from this inspection

Mental Health Act responsibilities

The service did not admit clients detained under the Mental Health Act 1983.

Mental Capacity Act and Deprivation of Liberty Safeguards

The service manager confirmed all clients admitted at the time of the inspection had the mental capacity to decide on their care and treatment. Staff documented mental capacity in client records.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- The service was clean and comfortable. Staff cleaned bedrooms and bathrooms daily and provided fresh towels. Communal areas were clean, with furniture in a good state of repair, and décor throughout finished to a high standard.
- Clients gave positive feedback about the condition of the facilities within the service, as well as the garden and courtyard areas.
- The service had fire safety equipment in situ, and evidence of maintenance schedules available. The evacuation plan and fire procedures were in place next to the main control panel. Each shift had a designated fire warden and first aider. The service had an up to date gas safety certificate.
- The main clinic room was being refurbished. This meant that the service was storing medication on a temporary basis in a locked cabinet in the dining room.
- The controlled drugs cabinet and paperwork was temporarily stored in a secure area. No clients were prescribed controlled drugs at the time of the inspection.
- The service had an infection control policy, which also provided guidance on the management of clinical waste. There was a contract in place for the collection of clinical waste. Gloves and aprons were available in the ground floor medical storage room. There was also a crash bag, blood pressure monitors and blood sugar level monitoring equipment available. Staff knew where to locate this in an emergency and completed routine calibration of the equipment.

- The ground floor clinic room sharps bin was full (lid closed), and did not appear to have a date on it. This was immediately reported to the senior managers. We were given assurances this would be addressed.

Safe staffing

- The core team consisted of 18 staff plus housekeeping. Additional staff provided groups on a sessional basis. Two volunteers visited the service regularly.
- Day shifts (8am to 8pm) consisted of two project workers and two support workers. Monday to Friday, the service manager was on site. Out of hours, the service manager was accessible by telephone.
- Night shifts (8pm to 8am) consisted of two project workers and one support worker. Staff told us how they would access medical assistance for example if a client's condition deteriorated. The service's consultant psychiatrist visited to assess all new admissions and staff emailed or telephoned them for advice and support when required. Key contact details were stored in the main office. This meant all staff knew where to find information in an emergency.
- The service had no staff on long-term sick leave. There were no vacancies at the time of the inspection. Staff worked additional shifts when needed, for example to cover sick leave or other absences.
- The service had strategies in place to manage recruitment, for example accepting student nurses for elective placements and recruitment drives with the local job centres. All staff files contained evidence of completed fitness to work assessments, job descriptions, evidence of references, Disclosure and Barring Service (DBS) completion, contracts, signed confidentiality and boundary policies, appraisals and induction checklists.

Substance misuse/detoxification

Assessing and managing risk to people who use the service and staff

- Fifteen staff had not received current safeguarding training. This matter was escalated to the service manager during the inspection. Some staff did not understand what the term 'safeguarding' meant, and did not appear familiar with the service safeguarding policy related to protecting clients from harm.
- From the care records reviewed, and clients spoken with, positive risk taking and least restrictive options were encouraged, as this offered skills and strategies for managing ongoing recovery on discharge.
- Telephone assessments were completed with clients by the service admissions coordinator. Risk assessments completed on admission included information on historic safeguarding concerns relating to clients or family members.

Track record on safety

- There had been one serious incident in the last 12 months; a client had an accident resulting in a fractured limb. The service had implemented environmental changes, and introduced new policies to mitigate the risk of re-occurrence.

Reporting incidents and learning from when things go wrong

- Staff reported incidents using a paper based system that was then reviewed by the management team. Staff described what types of events required reporting and knew how to escalate concerns.
- The service manager gave feedback on safety concerns and incidents during the weekly staff meetings or during individual supervision. Where staff could not attend the team meeting, they received a copy of the minutes.

Duty of candour

- We found that the service had an open, supportive and honest culture. Staff felt the service manager led by example in their style and approach. Complaints and incidents were discussed during weekly team meetings and in individual supervision sessions to ensure lessons learnt. Actions were taken by the provider to address issues when identified, and prevent reoccurrence.

- The service wrote to clients when things had gone wrong.

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

Assessment of needs and planning of care

- Care records contained comprehensive assessments completed on admission. This included details of substance misuse history, physical health and psychological wellbeing. These had a risk rating for staff to be aware of, and management plans to promote client safety. However, some risk assessment documents did not contain staff signatures.
- Staff completed regular physical health care observations of clients. These included blood pressure and pulse checks. The consultant psychiatrist assessed each client on admission, completing physical and psychological assessments and prescribed a detoxification regimen with the client.
- Clients worked with staff to draw up recovery plans and these were reviewed at least three times a week.

Best practice in treatment and care

- Staff demonstrated a clear understanding of the risks associated with detoxification and withdrawal from substances, and the medical signs and symptoms to monitor. Staff provided clear accounts of the actions they had taken when a client's condition had deteriorated, for example contacting the emergency services.
- Clients had individualised recovery goals and risk management plans, these were designed using the Recovery Capital model (which focussed on social, physical, individual and cultural factors as part of the recovery process).
- If staff identified clients with risks of self-harm, suicidal ideas or environmental concerns, they implemented adjustments to mitigate these risks. Staff gave examples of how they monitored and managed risks. However, some risk assessment documents did not contain staff signatures.

Substance misuse/detoxification

- The service operated an abstinence programme. Property search protocols were in place, mainly used on admission. Staff told us there was the option to search clients and their bags after community visits if concerned.
 - Clients signed a contract on admission, which explained the standards of behaviour and conduct expected during their stay. Breaches of contract could result in leaving the programme, or requiring intervention from the local police service. Where possible, treatment programmes would restart once the client had reconsidered their actions.
 - Staff gave a handover about each client at the end of every shift. This included information on medical presentation and condition to ensure consistency of approach between shifts. They documented this information in care records and used a handover book.
 - Staff provided group and one to one treatment and therapy sessions. These included motivational key work, psychological therapy and counselling. Clients could access holistic treatments such as massage and reflexology. Staff provided some treatments and external therapists visited on a sessional basis. We found information on the use of 'heart math' a computer programme that provided audio-visual material on anxiety levels.
 - Staff and clients attended morning 'hope' and evening 'reflection' meetings. These offered the opportunity to feedback issues or concerns, and enabled clients to review areas of development or achievement from the day.
 - Clients confirmed that the treatment sessions offered practical approaches to managing addiction, with valuable information provided for longer-term support. Clients received information on medication side effects and their treatment regimes. Weekly support sessions were provided for discharged clients. We found these sessions had consistent high attendance.
 - The service group room contained information leaflets and books for clients and displayed a poster on the twelve steps to recovery. Affirmation sheets were used to aid client decision making and reflection on actions and behaviours.
 - The service completed urine testing and used an alcometer (otherwise known as a breathalyser). Clients accessed testing for blood borne viruses or sexual health screening through the local Genito-Urinary Medicine (GUM) clinic or GP surgery.
 - Clients said staff were responsive to change in their physical and emotional presentation and offered practical advice and support for coping with aspects of the detoxification process.
 - Client records were stored securely in the main office with a separate cabinet for discharged clients. There was a client names board in the office obscured from view by a door to maintain anonymity.
- ## **Skilled staff to deliver care**
- Staff said the induction process was thorough, with practical support available including training courses in health and safety, infection control and medication administration.
 - The service provided information on training courses completed by each member of staff, but it was unclear which courses were mandatory to each job role. The service manager said there were exceptions to the core list for example if a staff member had additional qualifications.
 - We found that staff received formal supervision on a monthly basis, and additional support when required. A staff supervision structure was in place and completion of annual appraisals recorded in staff files.
- ## **Multidisciplinary and inter-agency team work**
- Clients were encouraged to attend external self-help groups such as Alcoholics Anonymous and Narcotics Anonymous, in addition to the daily programme.
 - Staff supported clients to access follow on services in their local community as part of their discharge planning.
 - The multidisciplinary team reviewed clients' treatment programmes regularly. The team consisted of the consultant psychiatrist, service manager and project workers.
- ## **Adherence to the MHA**
- The service did not admit clients detained under the Mental Health Act 1983.

Substance misuse/detoxification

Good practice in applying the MCA

- Staff received training in the Mental Capacity Act (MCA) 2005 and its application in practice. The care records included assessment of mental capacity and documented consent to treatment and information sharing.
- Staff gave accounts of when the MCA would apply, and demonstrated insight into the impact consumption of substances could have on the understanding of information provided. For example, information needed to be explained when a client was admitted, and repeated once stabilised in their detoxification programme.
- Clients present during the inspection had the mental capacity to make decisions about their care and treatment.

Equality and human rights

- Staff completed on line training on the Human Rights Act (2010).
- The service commissioned independent packages of care if a client required support with personal care tasks. Staff valued this approach as it maintained the boundaries of their working relationship.
- The service provided small items of equipment such as walking aids, and on occasion purchased items to support clients with physical disabilities during their admission. This ensured clients participated fully in the treatment programme and prevented isolation.
- Risk assessments and support plans incorporated individual needs in relation to religion, sexuality, ethnicity and other characteristics taking a holistic approach to equality and diversity.

Management of transition arrangements, referral and discharge

- Senior managers reported the success rates for clients who completed detoxification and rehabilitation, and those who required readmission or experienced relapse. (Approximately 40% remained abstinent, 60% relapsed).

- Staff supported clients with discharge planning. This included setting and reviewing treatment goals with a focus on strategies for maintaining recovery on discharge. The service assisted clients with supporting letters for housing and benefit applications.
- Staff gave feedback to other professionals involved in a client's care with their consent, for example providing updates to their GP.
- Clients received advice on the importance of remaining abstinent from substances due to the longer-term risks to their health. Group sessions included guidance and education on lifestyle choices, and ways to remain healthy. There were information leaflets available.
- Clients agreed a set number of treatment days prior to admission. This provided clients and families with clear indicators of funding costs from the outset. Monies were non-refundable if clients left the programme before completion.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- Staff interacted with clients in a kind and caring manner, and offered time when needed to listen and give support.
- Clients said staff treated them with politeness, dignity and respect and that nothing was too much trouble.
- Clients spoke highly of the treatment they received and the approach taken by staff to make them feel safe and secure.
- Some staff drew on personal experience, but all spoke about the impact the treatment had on a client's physical and psychological health and wellbeing. Staff gave examples of the approaches taken to reassure, support and encourage clients when experiencing pain or challenging circumstances.

The involvement of people in the care they receive

- Some clients told us they had not received a copy of their care plan containing their recovery goals.
- The service provided a welcome pack on admission, with an overview of what clients could expect during

Substance misuse/detoxification

their stay. It contained information including an induction checklist, treatments offered, the complaints procedure, health and safety information, group room ground rules, housekeeping expectations, aftercare, smoking and visitor policies.

- Staff utilised skills in positive affirmation to encourage clients to participate in all sessions offered.
- The service gave information and advice to family and support networks when requested.
- Clients attended the weekly community meetings. This offered an opportunity to raise issues and provide feedback to the service. Minutes from these meetings and any action points were shared with the senior management team, and decision feedback given to clients to maintain open lines of communication.
- There was a staff photograph board located outside the main office, to aid recognition and assisted with settling clients into the environment.
- Clients offered each other practical and emotional support with encouragement from staff.

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

Access and discharge

- The service had an admissions criterion, and where a client's needs could not be met within the setting, for example if the required an acute hospital setting, advice and information was given to the client, their family and carers. Client's admission assessments took place within agreed timescales. Where a room was available, the service admitted clients within hours of agreed acceptance, including at weekends.
- A designated member of staff completed pre-admission assessments. Detailed information on substance misuse history, medical conditions, mental health and wellbeing was collected. The assessment also looked at social support needs, and any current or historic safeguarding issues.
- The needs of existing clients were considered before new admissions recognising the risks and vulnerability associated with this client group.

- The service did not have a locked door policy. Clients were able to leave if they decided to and exit questionnaires were offered.
- The service did not accept referrals for clients expected to complete treatment as part of a court order. The pre-admission assessment collected details of any previous involvement with the criminal justice system.

The facilities promote recovery, comfort, dignity and confidentiality

- The treatment programme incorporated access to the local community, walking groups and visits to the shops. Clients said they enjoyed these sessions, along with accessing the communal courtyard and gardens.
- Clients had access to their own bedrooms with use of a key, and had the option to use this space for private phone calls, or when needing time alone. The service had treatment rooms used on a one to one basis, and these rooms were soundproofed.
- The furniture and décor was finished to a high standard, offering comfortable living and communal areas. Clients could access hot drinks from a designated area in the dining room, and cereal bars were available between meals. Clients were encouraged to eat healthily to promote recovery, and showed us examples of the menu choices available each day.

Meeting the needs of all people who use the service

- The service provided food for clients that met their dietary requirements, whether physical or religious. Staff supported clients to access local places of worship and made environmental adjustments to accommodate clients with disabilities.
- Clients said having access to technology such as mobile phones and laptops had enabled them to maintain important contact with family and social networks.
- Visits from children were not permitted. Instead, clients could spend time with their families in the local community.

Listening to and learning from concerns and complaints

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- The service provided a welcome pack on admission, this included information on how to make a complaint. Clients said they understood the complaints process and would feel confident to complain if required. Complaint leaflets were available.
- The service held a record of complaints received and provided evidence of the actions taken. Complaints were discussed with staff during weekly team meetings and in individual supervision to ensure lessons learnt. Examples of compliments received by the service were seen, these included thank you cards and letters.

Are substance misuse/detoxification services well-led?

Vision and values

- The service vision and values were 'recovery starts here'. Staff knew these, and demonstrated awareness of how these influenced their clinical practice and approach towards clients.

Good governance

- Staff engaged in clinical audits in areas such as medication, health and safety and fire equipment. Findings from the audits, along with client feedback was utilised to review risks and implement changes.
- Team performance was discussed in weekly meetings. Identification of performance issues resulted in action taken by the management team. Staff files provided evidence of individual performance monitoring and appraisals.
- We saw examples of policy changes and development of new protocols to meet the changing needs of the service and to ensure clients received consistent standards of safe treatment and care.

Leadership, morale and staff engagement

- Staff said the service manager offered clear advice and encouraged an open, supportive and honest culture.
- Staff gave positive feedback about their working role and sense of satisfaction when clients achieved their recovery goals. Staff said they felt empowered. Morale within the team was good.
- The service manager held a management qualification, to supplement the effectiveness of their skills.
- Staff received regular clinical supervision, guidance and practical support. Staff felt able to provide feedback to the service manager without fear of reprisals. Staff knew about the service complaints and whistleblowing procedures. Staff demonstrated awareness of the need to report disrespectful, discriminatory or abusive practices and behaviours by others to their manager.
- There was one member of staff on long-term sick leave at the time of the inspection.
- Staff said their role could be stressful, and felt some incidents warranted a higher level of debriefing and emotional support as situations they dealt with could risk their own recovery.
- However, 15 staff had not received current safeguarding training, and they did not appear familiar with the service's safeguarding policy related to protecting clients from harm.

Commitment to quality improvement and innovation

- Staff utilised their creativity and innovation to meet the individual needs of clients. Care plans were individualised and the treatment programme reflected this.
- Innovative detoxification plans that incorporated vitamins and supplements were provided to promote recovery.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all staff receive safeguarding refresher training.

Action the provider **SHOULD** take to improve

- The provider should ensure that each client is given a copy of their care plan containing their recovery goals.
- The provider should ensure that all client risk assessments are signed by relevant staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment: <ul style="list-style-type: none">• The provider did not have robust systems in place to ensure that all staff received their mandatory safeguarding training This was a breach of regulation 13 (1) (2)