Allington House - Bournemouth

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

Ratings

Overall rating for this location	**Good**
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Outstanding**
Are services responsive?	**Good**
Are services well-led?	**Good**

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.

Summary of findings

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 rated Allington House good because:

- Staff treated clients with dignity, respect, compassion and kindness. Clients told us that staff were empathic, caring and approachable. Staff involved clients and carers in decisions about their care, treatment and changes to the service. Staff supported clients to maintain contact with their families and carers and provided a space for them to meet. The service encouraged dog owners to attend rehabilitation by enabling them to bring their dog with them.
- Clients who used service were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person. The service had a strong recovery ethos with staff devoted to ensuring that clients had excellent outcomes. Clients praised the staff in helping them open-up and talk about areas of their life they had previously kept to themselves.
- All clients we spoke with said they felt safe. Clients described Allington House as a quiet, calm and homely environment. Clients told us that the service had a community spirit, and that everyone looked out for each other. They felt that the staff were very interested in their welfare and that they "went the extra mile" to ensure they were happy and able to succeed in their recovery. Clients described the service as having 'saved their lives' and felt that the skills staff taught them would enable them to move back into the community safely.
- Managers and staff shared a clear definition and vision of recovery for clients that was embedded throughout the service. Staff understood their roles in supporting clients in their recovery journey and treated them as partners in their care. Staff said they felt respected, supported and valued, and were proud of the work they did.
- The provider actively worked to reduce barriers to treatment for their clients. For example, the service had admitted clients with their pets, purchased support from domiciliary care agencies for clients requiring personal care and employed a driver who collected clients when public transport was a barrier to treatment.
- Staff were very motivated and inspired to offer care that was kind and promoted clients' dignity. Staffing levels were safe and there were plans in place to cover vacancies, sickness and annual leave. There was a positive culture within the house, staff felt respected and valued as members of the team and there was support from the registered manager. Staff received the specialist training needed to carry out their work effectively. Through safeguarding training and information, staff understood how to protect clients. Staff had two monthly supervision and yearly appraisal.
- Staff had good knowledge of safeguarding procedures that helped them protect vulnerable adults from abuse. Staff reported incidents as they arose and learnt from accidents and incidents in the house.
- The service was clean, well equipped, well-furnished and had good facilities. The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity and there were adaptations for people with disabilities. The manager completed environment health and safety checks, this included an assessment of ligature points. A ligature point is anything which could be used to attach a cord, rope or other material for hanging or strangulation.
- The service provided care based on National Institute for Health and Care Excellence guidance. Allington House provided one to one time and group work to clients. Staff monitored and addressed physical health of clients in the house. Staff received mandatory and specialist training and they had a good understanding of the Mental Capacity Act.
- There was no waiting list for the service. In the event of clients relapsing, staff tried to work around triggers for relapse. The service had a range of rooms for clients, including living rooms, a large dining room and a multi-faith room. There was wheelchair access and

Summary of findings

access to outside space. Staff provided care according to ethnic, cultural differences and personal preferences. Staff supported clients to access and attend external support groups.

- Clients knew how to complain. There were policies in place to guide staff within their work. The provider maintained and discussed the organisational risk register. Clients had regular opportunities to give feedback about the service, including; house meetings, evaluation forms, suggestion box and a feedback book.

However:

- Staff did not complete comprehensive risk assessments for clients admitted to the service and there was no evidence of crisis planning. Staff did not complete individualised care plans for clients accessing the service. Staff did not document discharge plans. Staff kept a lot of information in their heads and this was not translated into the documentation. There were blanket restrictions in place.
- Medicines were not always prescribed safely due to staff not using medicines reconciliation processes as routine. This means that staff did not routinely check that the medicines they were giving were the ones prescribed by the GP.
- The service did not have sufficient governance systems in place to ensure sufficient oversight and risk management of incidents and safeguarding. Managers therefore did not monitor to look for trends, this meant that if the same incident kept on occurring then there was no oversight to look at the reasons why or for example, if there was a gap in staff training.

Summary of findings

Contents

Good

Allington House

Services we looked at;
Substance misuse services

Summary of this inspection

Background to Allington House - Bournemouth

Allington House provides both residential rehabilitation and detoxification services based within a large detached Victorian house. It is one of three locations provided by Streetscene Addiction Recovery Service. It opened in September 1996. The Care Quality Commission (CQC) registered the service in January 2011. It is registered to provide accommodation for persons requiring treatment for substance misuse.

Allington House can provide treatment for up to 16 clients; both male or female. Clients receive assessment and individual structured therapeutic plan of resettlement and reintegration, medical detox supervision, residential treatment, aftercare and support.

At the time of our inspection there were 12 clients receiving treatment. The majority of the funding arrangements are through statutory organisations. However, the service does accept self-funding clients.

Clients using the service are either self-funded or funded by statutory organisations such as local authorities.

CQC previously inspected Allington House on 16 February 2016, the service was compliant with the Health and Social Care Act 2008 (regulated activities) regulations 2010. There was no breach of regulations at that inspection.

Our inspection team

The team that inspected the service comprised of three CQC inspectors, one of whom had experience of delivering substance misuse services.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- 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 environment and observed how staff were caring for clients
- spoke with ten clients who were using the service in a focus group
- spoke with the registered manager
- spoke with six staff members; including support workers and counsellors
- observed a therapeutic group meeting
- looked at six clients care and treatment records
- looked at five staff records
- looked at medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

We held a focus group attended by 10 clients who were receiving treatment at Allington House. All clients we spoke with said they felt safe. Clients described a quiet, calm and homely environment. Clients told us that the service had a community spirit, and that everyone looked out for each other. They felt that the staff were very interested in their welfare and that they "went the extra mile" to ensure they were happy and able to succeed in their recovery. Clients described the service as having 'saved their lives' and felt that the skills staff taught them would enable them to move back into the community safely. Clients praised the staff in helping them open-up and talk about areas of their life they had previously kept to themselves. We heard of several stories where the service had gone over and above helping clients, such as those physically unwell and with nowhere to go. Clients also said that the service was very structured.

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?

Requires improvement 

We rated safe as requires improvement because:

- Staff did not document comprehensive risk assessments for clients admitted to the service and there was no evidence of crisis planning. We reviewed six care records for clients at Allington House and there was a lack of detail to inform staff of clients' risks. Staff told us that they kept a lot of client information in their heads but this was not translated into documentation.
- Medicines were not always prescribed safely due to staff not using medicines reconciliation processes as routine. This means that support workers transcribed medicines from the boxes that clients brought in with them on admission, there was no standard double checking of the charts or routine contact with the clients GP to ensure that medicines brought in were ones that had been prescribed.
- Despite the service reviewing blanket restrictions there were still a number that remained in place. This meant that restrictions affecting someone in the house were not individually assessed, for example, access to a phone.

However:

- Allington House was clean and there were arrangements in place to ensure the service was kept clean and tidy. Clients staying at the service were supported by staff and peers to clean and tidy the communal areas of the house as well as their own bedrooms. Clients had their own bedroom and most of the rooms were en-suite. Staff admitted clients into a shared bedroom with another client who were ahead in treatment for peer support if they were having an assisted withdrawal. An assisted withdrawal is a period where a client is prescribed medication to help them safely withdraw from a substance.
- The registered manager completed environment health and safety checks, this included an assessment of ligature points. Staff followed infection control principles such as hand washing and disposing of clinical waste. There was an automated external defibrillator (AED) within the building; this had been acquired following the last CQC inspection. Allington House also had a de-choking device and ventilated pillows for use in emergencies.

Summary of this inspection

- Staffing levels were safe and there were strategies in place to cover vacancies, sickness and annual leave. Volunteers and recovery champions were part of the team. Staff kept up to date with mandatory training. There was a low level of sickness and turnover of staff was also low.
- The care records held plans for unexpected exit from treatment plans and staff described how they supported clients who wanted to leave. Care records showed that there was prior agreement of where a client would go if they left treatment early.
- Fire safety training was offered to clients to make sure that they knew fire procedures and the risks of smoking inside the house. The manager completed regular fire safety checks and practiced regular evacuation procedures.

Are services effective?

Good

We rated effective as good because:

- A range of therapeutic groups supported the needs of the clients and aided them in their recovery journey.
- The provider followed national best practice guidelines treatment such as National Institute for Health and Care Excellence guidelines (NICE). Staff we spoke with told us they used the Department of Health drug misuse and dependence UK guidelines on clinical management (also known as the 'Orange Book').
- The provider employed a private psychiatrist to assess and work with clients who had symptoms of mental illnesses in circumstances when they could not access local mental health services. Staff demonstrated an understanding of the individual needs of clients.
- Staff completed care plans with clients shortly after their admission. Staff demonstrated an understanding of the individual needs of clients.
- Staff enabled clients to access physical healthcare including GPs, dentists, physiotherapists and hospital appointments.
- Staff had regular supervision and appraisals.
- Staff attended weekly team meetings.
- Staff had been trained in and understood the Mental Capacity Act.
- The provider had provided specialist training for staff to enable them to deliver therapeutic interventions such as, cognitive behavioural therapy, harm reduction, family therapy and motivational interviewing.

However

Summary of this inspection

- While staff completed care plans they were not always individualised. Care plans were generally generic templates with names added.

Are services caring?

Outstanding 

We rated caring as outstanding because:

- The service had a strong recovery ethos with staff devoted to ensuring that clients had excellent outcomes. The service put clients at the heart and staff consistently stated that they were there to support them and help them change their lives.
- Clients were partners in their care. Staff worked in partnership with people who use the service. The service had a strong recovery ethos with staff devoted to ensuring that clients had excellent outcomes. Staff empowered clients to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care.
- The provider ensured that needs of clients were met, even when there was no funding in place for example bursary beds were routinely offered to clients in crisis, clients who needed to remain in treatment longer or who did not have accommodation to return to when treatment had finished. Bursary beds were also routinely offered to clients in crisis. The chief executive officer (CEO) and the board of directors had policies and processes in place in these circumstances to support these clients in their recovery.
- Feedback from clients using the service was positive about the way staff treat people. Clients told us that staff went the extra mile and the care they received exceeded their expectations.
- Clients praised the staff in helping them open-up and talk about areas of their life they had previously kept to themselves. They were supported to be truthful and honest as well as being supported to take care of themselves physically and emotionally.
- Clients took part in a football competition called the Unity Cup set up by the company and invited local recovery services to join. The registered manager told us there was a volley ball tournament and barbecue in the summer and they put on a reunion where they invited over 300 ex-residents to an open evening.
- Staff involved client's families in their care and treatment if the client wanted to. Carers could access carers assessments to ensure that their needs were assessed and met.
- Staff held a graduation ceremony for clients when they completed treatment. Staff, clients, family and friends were invited to attend and celebrate their achievements.

Summary of this inspection

Are services responsive?

Good

We rated responsive as good because:

- There was no waiting list for the service. Staff assessed referrals for suitability. The admissions manager assessed referred clients and discussed with the registered manager before agreeing admission. There were no documented criteria as admissions were agreed on an individual basis.
- The service provided rapid access to treatment for clients in crisis. There was no waiting list and the service admitted urgent referrals, in some instances, in under 48 hours.
- The service provided aftercare. Clients accessed 10 days of treatment in the house following discharge to facilitate the transition from treatment back into the community. The clients also had access to lifelong aftercare through the provider's supported housing provision.
- Allington House had a range of rooms for clients, including living rooms, a large dining room and a multi-faith room. Clients had private spaces to make telephone calls from. Bedrooms were individual and shared rooms with an en-suite bathroom. One of the bedroom located downstairs had a door with chair access leading to the garden for clients with mobility issues.
- The provider employed a driver to collect clients on their day of admission from anywhere in the country to support clients if public transport was a barrier to them getting to the house.
- Staff supported clients to access and attend external support groups such as Alcoholics Anonymous and Narcotics Anonymous. Day trips were organised on a regular basis for all clients.
- Allington House provided psychological based groups and sessions on Chemsex. Chemsex is sexual activity engaged in while under the influence of stimulant drugs such as GHB & GBL also known as "G", methamphetamine or mephedrone (these drugs have a relaxing, anaesthetic effect which reduces users' inhibitions), typically involving several participants.

However:

- Staff did not document discharge plans. None of the client care records we reviewed contained a discharge plan, however, staff were aware of the discharge arrangements for clients.

Are services well-led?

Good

We rated well-led as good because:

Summary of this inspection

- The registered manager led the service well and had leadership qualifications and experience to do the job. Staff were aware of the organisational values and were dedicated to deliver care in line with these values.
- There was a positive culture within the house, staff felt respected and valued as members of the team and there was support from the registered manager. There were good working relationships within the team. Staff were proud working for the organisation.
- Staff received supervision every two months from an external supervisor and had appraisals yearly. Staff were aware of the whistleblowing policy and said that felt they could use it without fear of victimisation.
- Policies were in place to guide staff within their work. Staff monitored outcomes and effectiveness of client treatments.
- The provider maintained and discussed the organisational risk register at the business meeting and agreed to escalate risks to senior management and board level if needed. The provider had emergency procedures in place to mitigate potential obstacles to business continuity.
- Clients records were kept safely in locked cabinets and staff had access to those when needed. Staff felt they had the necessary tools to do the job both on paper and electronically on the computer.
- Clients had regular opportunities to give feedback about the service, including; house meetings, evaluation forms, suggestion box and a feedback book. A “you said, we did” board was kept up to date to demonstrate changes made.

However:

- The service did not have thorough governance systems in place to ensure good oversight and risk management of incidents and safeguarding. Managers therefore did not monitor to look for trends, this meant that if the same incident kept on occurring then there was no oversight to look at the reasons why or for example, if there was a gap in staff training.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had completed training in the Mental Capacity Act and had a good level of understanding of the Mental Capacity Act and the guiding principles.

The provider had a policy on the Mental Capacity Act including Deprivation of Liberty Safeguards that staff could refer to.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Requires improvement	Good	☆ Outstanding	Good	Good	Good
Overall	Requires improvement	Good	☆ Outstanding	Good	Good	Good

Good

Substance misuse services

Safe	Requires improvement
Effective	Good
Caring	Outstanding
Responsive	Good
Well-led	Good

Are substance misuse services safe?

Requires improvement

Safe and clean environment

- Allington House was visibly clean and there were arrangements in place to ensure the service was kept clean and tidy. All areas of the service were well equipped and furnished. Clients staying at the service were support by staff and peers to clean and tidy the communal areas of the house as well as their own bedrooms. This meant that clients learned valuable skills that they could take with them when they completed treatment. These were called 'therapeutic duties' and were required to be completed daily. Staff helped clients with the cleaning and did daily checks to make sure that therapeutic duties were completed. There was a weekly deep clean of the house and a manager walk round to ensure that standards were high. The house was well maintained.
- The registered manager completed environment health and safety checks, this included an assessment of ligature points. A ligature point is anything which could be used to attach a cord, rope or other material for hanging or strangulation. Steps were taken following these audits, such as locking bedrooms that were not being used, to ensure the safety of the environment. Staff walked round the house daily to check the safety of the environment, for example, that cords were safely tucked away and windows and lights were working.
- Staff adhered to infection control principles such as hand washing and disposing of clinical waste appropriately. Hand washing signs were clearly displayed around the service and there were hand gel signs prompting people to clean their hands when they entered the building. There was no hand washing sink available in the clinic room. However, antibacterial gels and wipes were available and hand washing sinks were available in other parts of the building.
- There was an automated external defibrillator (AED) within the building. An AED is a lightweight, battery-operated, portable device that checks the heart's rhythm and sends a shock to the heart to restore a normal rhythm. At the previous inspection in February 2016 there was no AED at Allington House so we advised the service that they should get one. Both staff and clients had been trained in using the AED.
- Allington House had a de-choking device in the dining room, for use if clients started choking and food could not be removed easily. The service had also purchased ventilated pillows for client's bedrooms who were at risk of a seizure or for use if a client had a seizure face down to prevent suffocation and head injuries.
- Some clients had a single bedroom and some clients were placed in shared bedrooms. Staff admitted clients into a shared bedroom with another client who was ahead in treatment for peer support if they were having an assisted withdrawal. An assisted withdrawal is a period where a client is prescribed medication to help them safely withdraw from a substance. Staff moved clients into single rooms as their treatment progressed.
- The service had trained the residents in fire safety to ensure that they understood fire procedures and the risks of smoking inside the house. The manager completed regular fire safety checks and practiced evacuation procedures.

Safe staffing

- Staffing levels at Allington House were safe and there were plans in place to cover vacancies, sickness and

annual leave. The service had one counsellor full time vacancies at the time of the inspection. The registered manager had advertised to fill this post at the time of the inspection. Bank staff were being used to cover for the counsellor post. There was no use of agency staff as they had their own bank staff to cover shortfalls in staffing.

- The service had a low sickness and turnover rate. Only one substantive staff had left in the same period.
- Volunteers and recovery champions were part of the team. Recovery champions were volunteers who were in recovery from addiction that staff encouraged to support and mentor clients. All staff demonstrated a very high level of knowledge and skill in safety around the management of alcohol and substance misuse.
- Staff were up-to-date with their mandatory training. Mandatory training included Mental Capacity Act, safeguarding adults and children, infection control and addictions training which included withdrawal from alcohol and drugs. Staff were booked onto training courses when they needed to renew their mandatory training.

Assessing and managing risk to clients and staff

- Staff did not complete comprehensive risk assessments for clients admitted at Allington House and there was no evidence of crisis planning. We reviewed six care records for clients at Allington House and there was a lack of detail to inform staff of risks. The templates used were generic which meant that a client's name was added to a pre-populated template that was the same for every client. The templates used were dependent on whether staff ticked the risk in the initial assessment. For example, if a client had a history of self-harm or suicide then the corresponding risk assessment/highlighted need template was used.
- We discussed the use of the templates with staff who said that the assessment acted as a disclaimer for clients to sign to say they would not self-harm and would adhere to the therapeutic agreement. The templates did not provide detail around the highlighted risk, therefore there was little information documented to inform staff of the potential current or historical risks. However, staff were aware of clients risks and their treatment.
- Staff responded safely to client's health deterioration or behavioural change. Staff explained how they responded to changes in mental health and behaviour, for example, by using their observation policy to increase support from staff. The registered manager told us that Allington House had a good relationship with the local GP and with community mental health teams. Staff used the local emergency department when needed for both physical health problems and mental health deterioration they could not manage in house.
- Staff had plans in place for clients for unexpected exit from treatment and staff explained how they supported clients who wanted to leave the service early. Care records showed that there was an agreement of where a client would go if they exited treatment early. The service had a policy of not asking clients to leave the service if they did not follow the abstinence required; instead it put clients up in a bed and breakfast at the expense of the service. Staff said that they tried their best to stop clients leaving the service early if there was a risk of relapse.
- Despite the service reviewing blanket restrictions there were still a number that remained in place. The registered manager told us the service had reviewed access to items such as condoms as they had previously been banned and had resulted in clients breaking house rules for possessing them. These decisions were made by the team to minimise the risk of pregnancy, blood borne viruses and sexual transmitted diseases amongst the clients. WIFI had been opened for all clients to access. Access to mobile phones had been reviewed and these were now allowed during the secondary stage of treatment. Clients told us staff prohibited phone calls in private during their first week of treatment. Staff did not review this restrictions at this stage of treatment on an individual basis, however, the length of the stage of treatment was negotiated according to the progression of the client.
- The service provided clients with a clear list of banned items that helped keep the house safe, for example, substances.

Safeguarding

- Staff had good knowledge of safeguarding procedures that helped them protect vulnerable adults from abuse. Staff received training in safeguarding and appointed a safeguarding staff member each day to respond to any safeguarding concerns. When a client was further on in their treatment, staff approached them to have safeguarding responsibilities so that if they became aware of an incident then they could bring that concern

to staff to deal with. The safeguarding policy stated that if staff identified a safeguarding concern, they should tell a manager who would make the referral. However, staff demonstrated knowledge of how to raise a safeguarding alert and stated that they would do so if a manager was not available. Allington House had good a relationship with the local authority.

Staff access to essential information

- Staff used paper records to store essential information related to the care of clients staying at the service. These were kept in a folder and stored safely in a locked cabinet and staff had access to these records when needed.

Medicines management

- Medicines were not always prescribed safely due to staff not using medicines reconciliation processes as routine. Medicines reconciliation is the process of identifying an accurate list of a person's current medicines and comparing them with the current list in use, recognising any discrepancies, and documenting any changes, thereby resulting in a complete list of medicines, accurately communicated. We reviewed all medicine record charts in the house and spoke to staff who dispensed and managed medicines.
- Support workers transcribed medicines from the boxes that clients brought in with them on admission, there was no standard double checking of the charts or routine contact with the clients GP to ensure that medicines brought in were ones that had been prescribed. This meant that staff risked writing a prescription chart for a medicine that was not prescribed by the clients GP. National Institute for Health and Care Excellence (NICE) guidance on medicines optimisation recommends clear communication around medicines within 24 hours of a client moving from one care setting to another in order to have a complete and accurate list of prescribed medicines to maintain safety.
- Clients accessing the service to have an assisted withdrawal received assessment and a reducing regime of medication to help them safely withdraw from drugs or alcohol. There was a general practitioner in charge of the assessment and prescribing of medication for assisted withdrawal. Care records clearly showed evidence of medical assessment prior to detox commencing.
- All medicines which were kept in the cabinet were in date. Staff checked and completed the controlled drugs register. Emergency medicine to be administered in the event of an opiate overdose was present and in date. Staff audited medicines daily and the manager audited medicines on a weekly basis to count tablets and check for omissions. Allington House received audits from the external pharmacist annually. Staff recorded fridge and room temperatures to ensure that medicines were stored at a safe temperature.
- Clients progressed onto self-medication regimes to help them manage their own prescribed physical and mental health medication. This was risk assessed to ensure that the client was appropriate for self-medicating.

Track record on safety

- Allington House reported nine serious incidents in the 12 months leading up to the inspection. These included clients being taken to hospital, and an incident that was reported to the police.

Reporting incidents and learning from when things go wrong

- Staff knew what to report as incidents and how to report these. Staff reported incidents on a paper record and met together to discuss and learn from incidents. Staff told us the team was supportive when incidents happened and that they felt confident in managing incidents such as breaking of house rules or violence and aggression. The manager held a record of all incidents that occurred at Allington House. The registered manager told us the incidents and learning from incidents were shared via emails and to the wider organisation if it was applicable and in team meetings. Staff told us that clients were debriefed when necessary following an incident.
- Managers demonstrated that they were aware of the duty of candour in relation to incidents. The duty of candour puts responsibility on the provider to be honest when things go wrong.

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

Good

Assessment of needs and planning of care

- We looked at six care records. Staff completed care plans with clients shortly after their admission.
- Staff ensured that there were plans of care in place however they were completed on generic templates. We looked at five care records including recovery and medical care plans. The care plans were holistic, however not personalised. The templates were generic with fields where clients` names could be added rather than creating a care plan that reflected the individual. This meant that all clients had the same care plans in place despite having very different presentations. The medical care plans described detoxification regimes, actions to take in an emergency and monitoring of withdrawal symptoms.
- Physical care plans were in place and were comprehensive and detailed. Staff took clients' physical health needs into consideration. We saw examples of physical health issues that had been planned for and were being monitored.

Best practice in treatment and care

- Staff provided a range of care and treatment interventions suitable for the client group. The treatment programme was person centred. It included cognitive behaviour models and workshops on relapse prevention. Clients could access counselling through the staff team. There were links with other services who provided detoxification, bereavement counselling, primary care talking therapies and counselling for sexual and domestic abuse. Staff also provided support for employment, housing and benefits. Clients treatment included acquiring living skills. For example, clients took part in therapeutic duties which included cleaning the service and cooking for each other.
- The provider followed national best practice guidelines treatment such as National Institute for Health and Care Excellence guidelines (NICE). Staff we spoke with told us they used the Department of Health drug misuse and dependence UK guidelines on clinical management (also known as the 'Orange Book'). The registered manager told us that two hard copies of the Orange Book were available for staff to refer to on site.
- The provider used the '12-step' model to support clients who were on detoxification treatment. The 12-step model is focused on interaction within a group support structure as opposed to individual counselling and medical intervention. Whilst counselling and medical intervention were also part of addiction recovery, it was the 12-step model that participants go through that provided a bridge between past behaviours and an addiction-free future.
- The provider submitted data to the National Drug Treatment Monitoring System (NDTMS) as a means of monitoring the effectiveness of the therapeutic program. Staff evaluated the effectiveness of treatment and clients` progress by using an in-house tool called entry and exit questionnaire. These were reviewed to inform improvements, for example the staff reviewed and adapted the therapeutic programs based on the clients they had at the time. and the introduction of clients healthy eating plan including allergies identification.
- Staff used the clinical institute withdrawal assessment of alcohol scale (CIWA-Ar) and clinical opiate withdrawal scale (COWS) to identify and monitor withdrawal symptoms. Staff were aware and able to identify withdrawal symptoms by observations and when reported by clients. Staff acted promptly seeking medical advice if required regarding 'when required medication' (also known as PRN). The GP did not routinely prescribe PRN medications for detoxification regimes but would provide verbal prescriptions over the telephone if extra doses were required. Staff described good practice around receiving verbal prescriptions. However, staff did not always clearly document communication with the GP.
- The provider hired a private psychiatrist who could review clients with mental health problems and prescribed or review psychoactive medication these conditions if the need arise. Psychoactive medications are used to treat a variety of mental health conditions. Although Allington House followed a 12-step treatment model, which traditionally does not support medical treatment of mental health problems, this facility enabled clients to access support for their mental health problems should this deteriorate whilst at Allington House.
- The provider provided individual psychological therapy to clients. Staff offered daily groups based on cognitive behavioural therapy principles.
- Staff ran therapeutic groups five days per week for around an hour. We attended one of these groups and staff used cognitive behavioural therapy techniques

which is appropriate for use with this client group. Clients appreciated the therapeutic groups as they said the groups addressed their needs and helped them in their recovery journey.
- Records showed staff enabled clients to access the physical healthcare they needed including dentists, GPs, hospital appointments and other specialists such as physiotherapists. The provider also weighed clients weekly if they were concerned about weight loss.
- The service catered for clients who had specific dietary requirements, for example diabetic diets and any food allergies.
- Naloxone was available for use if needed at Allington House. Naloxone is an emergency medicine used to treat opiate overdose. If a client relapses onto opiates after detoxification, they are at higher risk of overdosing. Staff were signposting clients to a local service that issued take home naloxone.

Skilled staff to deliver care

- The multidisciplinary team comprised of counsellors, support workers, recovery champions(volunteers), a registered manager and a team leader.
- There were professionally qualified staff working in the service such as counsellors. The support workers had relevant qualifications and training for their role.
- Staff were provided with a comprehensive induction program on appointment. Staff were also provided specialist training in approaches that were recommended for substance misuse rehabilitation providers, such as, cognitive behavioural therapy, relapse prevention, harm reduction and motivational interviewing.
- The provider gave training for staff in the treatment model and they were issued with a copy of the treatment model book.
- Staff had access to regular supervision and annual appraisals. Staff supervision were conducted every two months using a standard form and were delivered by an external supervisor. Staff were involved in their appraisals such as their self-appraisal meeting or review and their yearly appraisal. In staff records we reviewed, staff had personal development plans. All staff had had an appraisal within the past 12 months.

Multi-disciplinary and inter-agency team work

- There was a multidisciplinary team meeting every week with individual clients reviewed every week. The support workers and counsellor team attended the meeting. Staff always invited the clients care manager for clients who were from other areas and counties but they were not always able to attend.
- Clients records showed good joint working between the support workers and counsellor teams. Staff attended these team meetings weekly.
- Staff completed a handover at the beginning and end of each shift. An additional handover took place at midday where the counsellors and support workers handed over and shared information. Staff had daily process meetings where they reflected on the day and put in place any necessary changes to the program or client's individual treatment.
- Managers told us they had effective working relationships with other organisations such as local Community Mental Health Teams (CMHT), social services, local hospital, local dentist and a local GP practice.

Good practice in applying the Mental Capacity Act

- All staff had completed training in the Mental Capacity Act.
- Staff had a good level of understanding of the Mental Capacity Act and the guiding principles.
- The provider had a policy on the Mental Capacity Act including Deprivation of Liberty Safeguards that staff could refer to.

Are substance misuse services caring?

Outstanding ☆

Kindness, privacy, dignity, respect, compassion and support

- The service had a strong recovery philosophy with staff committed to ensuring that clients had the best outcomes. Staff repeatedly stated that they were there to support them and help them change their lives. Clients said that the staff were committed to helping them turn their lives around and that they saved their lives. All clients we spoke to were grateful for the opportunity to be supported by the staff at the house and be treated like a family. Clients were consistent in saying Allington House was amazing and that decisions and support came from a caring place, staff were always understanding, supportive and encouraging.

Good

Substance misuse services

- Staff showed an outstanding attitude of respectful, compassionate care. There was a strong, visible person-centred culture. Staff were extremely motivated and inspired to offer care that was kind and promoted clients' dignity. Relationships between clients, carers and staff were strong, caring, understanding and supportive. These relationships were greatly valued by staff and promoted by leaders.
- The provider ensured that the needs of clients were met. Bursary beds were routinely offered to clients in crisis, clients who needed to remain in treatment longer or who did not have accommodation to return to when treatment had finished. The ethos of the organisation was to ensure that all vulnerable clients were cared for, irrespective of the funding received.
- Clients complimented the staff in helping them to talk about areas of their life they had previously kept to themselves. Clients were taught to be truthful and honest as well as being taught to take care of themselves physically and emotionally. They felt respected by staff and they understood changes of emotion such as getting angry and wanting to leave. We heard of several stories where the service had gone over and above helping clients, such clients physically unwell and with nowhere to go. There was a policy to ensure that clients completed treatment if there were shortfalls in funding. There were adaptations to normal therapy such as doing walking therapy to help get the best out of the clients.
- Clients told us they could openly discuss their personal, cultural, social and religious needs with staff, as they knew staff would respect their wishes and help meet their needs. Staff also told us that the established good relationship with the local Jewish community which supplied the house with Kosher products when required. Staff were keen to promote a culture of respect and assured clients that they were safe to raise any allegations of discriminatory behaviour.
- Through assessing clients appropriately, and working with them collaboratively, staff knew how to meet their needs and they ensured that clients had access to other teams when they needed it.

The involvement in care

- There was barbecue in the summer and they put on a reunion where they invited over 300 ex-residents to an open evening at the hotel. Ex-residents shared their experience and their recovery. The manager told us that clients took part in a football competition called the Unity Cup set up by the organisation and invited local recovery services to join and bring a team. The service had also put on a gala to raise money to pay for clients that had no funding but needed treatment, we found that a lot of free treatment was given away.
- During the admission process, staff helped clients settle into the house. The service had a detailed welcome pack and assigned staff to be key workers with clients at Allington House.
- Staff used various communication tools to help clients communicate their wishes. Staff used these tools to help clients be involved in their care, and to give them information about their care in a way they could understand. There registered manager told us that information in foreign languages could be made available if the need arose, however these were not routinely kept.
- Clients were involved in decisions about the services they used. Staff involved clients in the recruitment process when they held interviews for new staff. Clients and carers had been included in discussions about the house developments such as weekly menu planning, activities and decorating the house.
- Staff regularly gathered feedback from clients in a way they could understand. This feedback was collected and helped staff to address anything that arose. Staff collected formal client feedback quarterly, monthly, upon discharge and held weekly house meetings for clients to raise any issues. Clients told us that staff always responded to issues raised and explained the reasons for decisions made.
- The House Group Leader book allowed clients to communicate any requests with staff, for example going to the doctors or to the shops.
- Staff made sure that clients had access to advocacy and included the advocate in meetings when clients wished to do so. This was important to help ensure clients had their voice heard.
- No carers were available to speak to us during this inspection. However, staff told us they helped carers access support.

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

Good

Substance misuse services

Good

Access and discharge

- There was no waiting list for the service. The service admitted urgent referrals, in some instances, in under 48 hours.
- Staff screened and assessed referrals for suitability. The admissions manager assessed clients and discussed with the manager before agreeing admission. There were no documented exclusion criteria as staff agreed admissions on an individual basis.
- The provider employed a driver who collected clients from anywhere in the country and drove them to the service to facilitate admission.
- In the event of clients relapsing, staff tried to work around triggers for relapse or supported them to transfer to another house within the organisation rather than discharging them. The service transferred clients to other houses within their organisation if they could not meet the client's needs. The service also supported clients to access treatment and accommodation outside of the organisation such as access to dry houses.
- The provider referred clients to supported living, which clients could move onto after successful completion of treatment if they wanted to stay in the area.
- The service provided aftercare to support clients with their recovery journey following discharge. Clients accessed 10 days of treatment in the house following discharge to facilitate the transition from treatment back into the community. The clients also had access to lifelong aftercare through the provider's supported housing provision.
- Staff did not document discharge plans. None of the client care records we reviewed contained a discharge plan. However, staff discussed good practice around planned and unplanned discharges and transferring clients to other services.
- Staff rarely cancelled appointments and workshops and only when necessary and when they did, they explained why and helped clients to access treatment as soon as possible. The therapeutic programme ran on time and the structure of the day was part of the treatment.

The facilities promote recovery, comfort, dignity and confidentiality

- Allington House had a range of rooms for clients, including living rooms, a large dining room and a multi-faith room. There were other rooms for group and individual therapy. The living rooms were bright, spacious and well maintained.
- Bedrooms were individual or shared rooms. Clients undergoing a medical detoxification slept in a shared bedroom with a client further along in their treatment to provide night time support and alert staff if there was a problem. All other clients had their own bedrooms and were able to personalise their room.
- Clients had private spaces to make telephone calls from. There was a payphone in a private location and some clients used their mobile telephones in their bedrooms. However, clients in their first week of treatment were expected to make all telephone calls in the office in the presence of staff.
- Clients could prepare their own drinks and snacks. The registered manager told us the kitchen was closed at 11.00 pm to encourage clients to have a bedtime routine but they could request refreshments during the night from the member of staff if required.

Clients' engagement with the wider community

- Staff supported clients to access and attend external support groups such as Alcoholics Anonymous and Narcotics Anonymous, LGBT groups and workshops run in the community.
- Clients had limited access to the community within the first phase of treatment. They were required to take a volunteer with them when accessing the community. However, specific requests were considered by staff and planned for with the clients and access to the community was more flexible in the second phase of treatment.
- Staff supported clients to access suitable voluntary work and education opportunities.
- The service organised day trips for the whole house. For example, trips, ice skating or for a walk in the countryside.

Meeting the needs of all people who use the service

- The ground floor at Allington House was wheelchair accessible. There were bedrooms and bathrooms on the ground floor. However, there were no mobility aids in the bedrooms or bathrooms requiring clients to be able to transfer independently. We were told that mobility aids were accessible if required.

- When clients had additional care needs, such as personal care, the provider used a domiciliary care agency to provide this support to enable the client to remain in treatment.
- Staff provided access to spiritual support on and off site. Clients accessed faith groups in the community and had a multi-faith room on site.
- Staff understood the clients' needs, encompassing their different social and cultural needs including those with protected characteristics such people from the lesbian, gay, bisexual and transgender community. Clients had been supported to safely access gay pride events whilst accessing treatment following requests from the clients.
- Staff facilitated "all about me days" where clients shared their culture with each other. For example, clients chose food for the day or delivered a presentation about what it is like to be them.
- Allington House provided a weekly psychological based session to address Chemsex addiction. Chemsex is sexual activity engaged in while under the influence of stimulant drugs such as GHB & GBL also known as "G", methamphetamine or mephedrone (these drugs have a relaxing, anaesthetic effect which reduces users' inhibitions), typically involving several participants. These three substances, especially in combination, make users feel relaxed and aroused. Tolerance and withdrawal can occur with frequent and excessive use of methamphetamine, GHB or mephedrone, thus the user could become dependent. As a physical dependence grows, so does the likelihood of risky behaviours, such as sharing needles and ignoring safe sexual practices.
- Allington House were not doing assisted withdrawal for GHB; however, they were accepting people after medical detox elsewhere for the psycho-education program around Chemsex.
- The counsellors told us they provided an informal, judgment-free chat (one to one) about sex and drugs. These conversations in the session covered topics such as; being better informed, getting some more control of client`s use, playing more safely, using less frequently, getting support with becoming chemical-free, stopping altogether, sober sex support, getting clean needles and safer injecting information and relapse prevention.

Listening to and learning from concerns and complaints

- Allington House had not had any complaints in the 12 months prior to our inspection. However, staff and clients both knew the complaints procedure. Staff escalated complaints to the registered manager. Serious complaints were referred to the board of directors for investigation and response. Other complaints were dealt with by the manager.
- Staff gave clients information on the complaints procedure on admission. This information was available in their induction packs. Staff regularly informed clients of the complaints procedure in house meetings. Clients could also raise concerns informally through a feedback book, house meetings and in client evaluation surveys.

Are substance misuse services well-led?

Good

Leadership

- The registered manager had the skills, knowledge and experience to perform their role including a relevant management qualification. The registered manager had a good understanding of the services they managed. Staff and clients told us that the registered manager and team leader were very approachable and available when needed. The registered manager and team leader were visible at Allington House and led by example. They were involved in providing front line care when needed and got involved in therapeutic duties to support clients and staff. The service had a clear definition of recovery which was, 'to enable people to be abstinent and live meaningful and purposeful lives, free from addictive behaviours'.
- Staff felt that the leadership was good. The registered managers and team leader were approachable. Staff felt that they could raise any concerns and that they were well supported by management.

Vision and strategy

- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The recruitment process had changes to be a value based so staff had a "values" based interview. The ethos of the service was to go the extra mile for clients and this was evident in the way the registered manager and the staff spoke and conducted themselves. We heard that they put people before profits and had provided free care to clients who were not ready to end treatment but had their funding stopped. The manager

supported staff to try and keep clients in treatment by spending time with staff to make sure they understood clients' problems, and ensured that staff were committed to helping clients rather than terminating their treatment.
- The service was committed to putting money available to them to where it was most needed, for example in providing clients with healthy food choices over decorating the house that could wait to be corrected.
- Staff had been included in decisions for the service and had been recruited due to their commitment to clients' recovery.

Culture

- There was a positive culture within Allington House, staff felt respected and valued as members of the team and there was support from the registered manager. Staff had good working relationships within the team and were proud working for the organisation. We were told that although there were pressures to perform, staff were not overwhelmed by the workload and that there was not too much stress.
- Staff have yearly appraisals in line with the service policy, this included conversations about training and career development as well as current practice. Staff receive supervision every two months by their line manager. They have a staff development meeting monthly which includes training and supervision. Counsellors receive supervision by an external supervisor monthly.Staff told us that supervision was of a good quality and effective and that managers supported them to access training.
- Staff were aware of the whistle blowing policy and the manager said that in the past they have had to encourage staff to use it. There was a positive culture around openness and team support, therefore there had been no bullying or harassment cases. The manager felt that any issues amongst staff or clients and staff were dealt with quickly and at the time. Managers dealt with poor staff performance when needed. There were examples of managers actively supporting staff to improve their performance following sickness periods.

Governance

- There were policies in place to guide staff within their work. The registered manager told us that some of these had been created from previous learning within the organisation, for example, the policy of referring a client to the local mental health service prior to admission if they had mental health issues. Organisational changes in therapeutic work such as the "life story" group, from it being delivered at the beginning of clients` treatment to "progression of the client`s substance use" which were delivered at a later stage in treatment. A steering committee was in place to raise issues and incidents from the house to share across the organisation.
- The service did not have sufficient governance systems in place to ensure sufficient oversight and risk management. There was no oversight of trends of incidents by the manager of the house. Staff provided the management with an incident form to be stored in one place. However, there was no analysis of incidents over a period to look for trends, this meant that if the same incident kept on occurring then there was no oversight to look at the reasons why or for example, if there was a gap in staff training.
- Safeguarding governance was not as robust as expected.
- Managers and staff conducted audits of notes within the house and in other houses in the organisation. This allowed practice to be reviewed and any shortfalls to be picked up.
- Managers evaluated the effectiveness of client treatment. Clients completed feedback questionnaires every quarter and on discharge. Treatment outcome profiles (TOPS) were completed and submitted to National Drug Treatment Monitoring System (NDTMS). However, the latest information available to manager was almost a year old. The provider also gauged the effectiveness of the service through contacts they received from previous clients such as phone calls and Christmas cards.

Management of risk, issues and performance

- The registered manager maintained a service health and safety risk assessment that included environmental risks and necessary actions.
- The provider maintained and discussed the organisational risk register at the business meeting and agreed to escalate risks to senior management and board level if needed. We saw evidence of this in the minutes of these meetings.
- The provider had emergency procedures in place to mitigate potential obstacles to business continuity such as loss of amenities, infection control and adverse

weather. The plan did not cover what the provider would do if all the staff were sick at the same time. When staff were on leave, other staff covered for them as extra bank shifts and there were no agency staffing arrangements.
- The registered managers monitored staff performance within their teams. Performance management plans were in place where they were needed.

Information management

- Staff stored the paper records in a way that maintained client confidentiality.
- Staff had access to relevant policies which were accessed via the computer on the intranet. There were enough computers and staff told us that they had access to equipment to help them provide care to clients.
- The manager discussed learning from individual incidents and complaints with staff via emails, in team meetings, during supervision or to individual staff.

Engagement

- Staff told us feedback from clients was collected through satisfaction surveys. At the time of our inspection five feedback had been received from clients and the manager showed these to evidence this.
- Allington House had a "you said, we did" board with examples of feedback received and the actions taken by the service.
- Clients had regular opportunities to give feedback about the service, including; house meetings, evaluation forms, suggestion box and a feedback book. The provider also gauged client's opinion of the service through self-evaluation forms during and on completion of treatment.

Learning, continuous improvement and innovation

- During this inspection we found no specific examples of programs or processes to facilitate or innovation however the registered manager told us improvement were made from previous learning within the organisation, for example, the policy of referring a client to the local mental health service prior to admission if they had mental and organisational change in therapeutic work such as the "life story" group, from it being delivery at the beginning of clients` treatment to "progression of the client`s substance use" which were delivered at a later stage in treatment.

Outstanding practice and areas for improvement

Outstanding practice

- The ethos of the service was to go the extra mile for clients and put people before profits. The provider regularly provided free care to clients who had unmet needs but did not have funding available. The provider offered free aftercare for life to all clients after completion of treatment.
- The provider actively worked to reduce barriers to treatment for their clients. For example, the service had admitted clients with their pets, purchased support from domiciliary care agencies for clients requiring personal care and employed a driver who collected clients when public transport was a barrier to treatment.
- Allington House had purchased a de-choker and ventilated pillows to prevent suffocation during a seizure and for use in emergency situations. Staff also trained clients how to use the AED in events of medical emergencies.

Areas for improvement

Action the provider MUST take to improve

Action the provider MUST take to improve

- The provider must ensure that staff follow safe medicines prescribing and management procedures.
- The provider must ensure that risk assessments reflect all risks for clients using the service.

Action the provider SHOULD take to improve

- The provider should ensure that restrictions are individually assessed.
- The provider should ensure that there are effective care plans in place that are personalised.
- The provider should ensure that managers have robust oversight of incidents and safeguarding procedures.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Clients care records did not contain sufficient information around risks or their management. Risk assessments highlighted if a risk existed but did not provide detail around the highlighted risk, therefore there was little information documented to inform staff of the potential current or historical risks. Staff did not document crisis planning with clients. This meant there was no documented plan in place for staff if a client's mental health deteriorated. Staff did not routinely obtain GP summaries prior to starting detoxification regimes. Staff did not clearly document medical decisions, instructions or conversations with medical professionals. There was no process in place to ensure that client's medication was checked against the most up to date and accurate list of prescribed medication. Community staff sent a GP summary, including a medication list, up to four weeks prior to admission. Clients brought in 28 days of medication with them and this was checked against the potentially inaccurate GP summary. Support workers transcribed medicines onto drug charts on a client's admission. There was no standard double checking of these charts by another member of staff or a prescriber. This was a breach of regulation 12(2)(a)(b)(g)