Liberty House Clinic Limited

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

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 did not have access to personal alarms for staff and client safety. There were no alarms located throughout the building.
- The service did not have designated bathrooms for males and females. The service had a shower room on the second floor which contained three showers, there was no frosting on the shower doors to maintain client dignity and privacy.
- Female and male sleeping areas were not segregated. Risk assessments did not include risk of mixed sex accommodation and were not being regularly updated.
- The blood pressure machine and alcometer (had not been calibrated. Staff had not received adequate training on taking clients blood pressure.
- Staff did not record the temperature of the clinic room. Staff did not know if the room temperature was too high.
- Staff were not reviewing or updating care plans regularly. Staff completed risk assessments as part of the initial assessment but risk assessments were not reviewed or updated regularly or following an incident.
- The service used several folders for recording different types of incident, including serious incidents, incidents, medication errors and safeguarding. This created confusion for staff as incidents may have fallen in to more than one of the recording categories. Staff were not able to feedback any learning from incidents.
- Clients had a lack of one-to-one key working and activities outside of therapy. Clients told us the only physical activity they were able to take part in was a walk around the local park with a staff member.
- Staff were not being supervised regularly in line with the provider's supervision policy.
- Historically management did not follow the service recruitment policy. The new management team had developed a system to ensure that staff recruitment followed the provider's policy.

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

- A recently implemented management team had ensured that all staff had completed mandatory training. Staff morale at the service had recently improved and staff felt able to input to service development.
- We saw policies, procedures and training related to medication and medicines management including prescribing, detoxification, and assessing clients' tolerance to medication. We observed medication administration which was in line with NICE guidelines.
- On admission clients had a doctor's assessment with a member of the clinical team. We saw record of thorough clinical assessments and prescriptions located within client care and treatment files.
- Prior to discharge all clients completed an exit survey which included plans and coping strategies following discharge, improvements in mental and physical health and feedback on the treatment they received.
- We observed staff interacting with clients in a kind, considerate and caring manner.Clients we spoke with told us staff were interested in their wellbeing and that staff were respectful, polite and compassionate. Clients felt safe
- All clients we spoke with were aware of the service complaints procedure. The service held weekly community meetings where clients were encouraged to raise any issues with staff.

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

Summary of findings

Contents

Liberty House Clinic

Services we looked at
Substance misuse/detoxification

Summary of this inspection

Background to Liberty House Clinic Limited

Liberty House Clinic opened in February 2016 and is a twenty bedded residential drug and/or alcohol medically monitored detoxification and rehabilitation facility based in Luton, Bedfordshire. Liberty House Clinic provides ongoing abstinence based treatment, which focuses on the 12- step programme, group therapy and dialectical behaviour therapy (DBT), a type of talking therapy.

Liberty House Clinic is registered to provide accommodation for persons who require treatment for substance misuse.

The location was registered with the CQC in June 2015. At the time of inspection, the service did not have a registered manager; a new manager who was due to fill this position had been recently recruited.

The registered provider changed to UKAT in August 2016 and a new management team was implemented to offer additional support to the service in November 2016. At the time of inspection the paperwork was in the process of being submitted to change the provider details to UKAT and a new statement of purpose had been developed.

At the time of inspection 14 people were accessing the service for treatment. Length of stay for clients in treatment was between two and twelve weeks.

The service provides care and treatment for male and female clients, Liberty House Clinic takes self referrals from privately funded individuals.

This service has not previously been inspected by the Care Quality Commission.

Our inspection team

The team that inspected this service included CQC inspector Hannah Lilford (inspection lead), one inspection manager and one other CQC inspector.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and gathered feedback from staff members in response to an email we asked the provider to send to them.

During the inspection visit, the inspection team:

- Looked at communal areas and clients bedrooms

Summary of this inspection

- spoke with 14 clients
- spoke with four staff members employed by the service provider
- looked at eight care and treatment records for clients and four care and treatment records for recently discharged clients.
- observed medicines administration at lunchtime
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

- Clients we spoke with told us staff were supportive, respectful, polite and compassionate. Clients said they felt safe while using the service.
- Clients we spoke with told us that they did not feel that they were receiving the service that was advertised. Clients said that therapy sessions were cancelled regularly due to a lack of counselling staff and there was a lack of activities outside of therapy to promote physical and mental health.
- Clients felt that the service was in need of refurbishment as it had become tired in places and some furniture was damaged. Clients felt they would benefit from additional quiet areas and seating in their bedrooms.
- Clients we spoke with said they did not feel involved in their care plan. However, all care plans reviewed had a client signature to confirm agreement with the care plan.

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:

- Staff did not have access to personal alarms for staff and client safety. There were no alarms located throughout the building.
- Bathrooms were not designated for males or females. The service had a shower room on the second floor which contained three showers, there was no frosting on the shower doors to maintain client dignity and privacy.
- Female and male sleeping areas were not segregated and this had resulted in patients entering intimate relationships whilst in treatment. Risk assessments did not include risk of mixed sex accommodation and were not being regularly updated.
- Staff had not calibrated the blood pressure machine and alcometer (used to measure level of alcohol in breath).
- Staff were not recording the clinic room temperature. Staff did not know if the room temperature was too high.
- Clients told us activities and group sessions were cancelled weekly due to a lack of counsellors.
- Staff were unable to feedback any learning from an investigation into a recent incident that happened at the service. We saw no evidence of change being implemented following on from an incident where clients entered into intimate relationships whilst receiving treatment

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

- Staff had completed environmental risk assessments, including fire risk assessments, water temperature checks, weekly health and safety checks and ligature audits.
- The clinic room was clean and tidy. The clinic room had a working fridge and temperature checks were carried out daily. A clinical waste disposal company contract was in place to collect and dispose of clinical waste.
- Cleaning rotas were up to date and demonstrated that the environment was regularly cleaned.
- Overall, 100% of staff had completed safeguarding adults training.

Summary of this inspection

- We saw policies, procedures and training related to medication and medicines management including prescribing, detoxification, and assessing clients' tolerance to medication. We observed medication administration which was in line with NICE guidelines.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- Staff had not received adequate training on taking clients blood pressure or monitoring a patients physical health.
- Staff were not reviewing care plans regularly.
- Clients had a lack of one-to-one key working and activities outside of therapy. Clients told us the only physical activity they were able to take part in was a walk around the local park with a staff member.
- Staff were not being supervised regularly in line with the provider's supervision policy. We saw a personnel file where staff performance and conduct had been managed inadequately and without supervision being clearly logged.

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

- On admission clients had a doctor's assessment with a member of the clinical team. Admissions were accepted daily and could be facilitated at short notice. We saw record of thorough clinical assessments and prescriptions located within client care and treatment files.
- Prior to discharge all clients completed an exit survey which included plans and coping strategies following discharge, improvements in mental and physical health and feedback on the treatment they received.
- The service offered daily therapy, group work and access to mutual aid groups.
- Staff had access to weekly team meetings and twice daily handovers.
- Overall, 100% of required staff had completed training in the Mental Capacity Act. Staff had knowledge of capacity and the impact it could have on clients they were working with.

Are services caring?

We do not currently rate standalone substance misuse services.

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

Summary of this inspection

- Clients we spoke with said they did not feel involved in their care plan.
- There was no information about independent advocacy; clients said they did not have access to an independent advocate.
- Clients we spoke with said they were not receiving weekly one-to-one sessions as stated in their treatment contract. Care and treatment records we looked at showed a lack of one-to-one sessions.

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

- We observed staff interacting with clients in a kind, considerate and caring manner.Clients we spoke with told us staff were interested in their wellbeing and that staff were respectful, polite and compassionate. Clients felt safe.
- Clients were given a welcome pack on admission. The welcome pack included the complaints procedure, treatment philosophy, expectations, rules and regulations, the process for leaving treatment and a weekly timetable.
- Families could be involved in treatment with client agreement. Client care and treatment records contained a contact consent form which identified what information the client was happy to share with family members. Family sessions could be offered if there was an identified need.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Management told us admissions were able to be accepted daily as the clinical team could attend the service daily to carry out a full physical assessment. The clinical team had flexibility and were able to see urgent referrals as needed. The service had no waiting list at the time of inspection.
- Hot drinks, cold drinks and snacks were available for clients at all times. All clients we spoke with were approached by the chef when the first entered treatment to discuss allergies, dietary requirements and dislikes.
- The service held weekly community meetings where clients were encouraged to raise any issues with staff.
- All clients we spoke with were aware of the service complaints procedure. One client told us they had a complaint that was being dealt with and they had been kept updated with progress on their complaint.

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

Summary of this inspection

- Clients felt they would benefit from more quiet space as the main lounge could be very busy and loud. Clients felt they would benefit from seating and a desk in their bedrooms.
- Clients felt there was a lack of activities to support the holistic treatment.
- The service did not have information leaflets for local services available for clients, staff we spoke with were unsure of how they could access leaflets in other languages if required.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- Staff were not supervised in line with the providers supervision policy. We saw gaps in staff supervision of several months.
- Historically management did not follow the service recruitment policy. One staff file contained only one reference whereas the provider's standard was to gain two employment references. Some staff files contained two references, which were dated after the staff members start date. Since the implementation of a new management team all staff had DBS checks completed.
- We saw no evidence of staff learning from incidents, complaints or service user feedback.

However, we also found areas of good practice, including that:

- All staff had completed mandatory training. This had recently been implemented with the introduction of a new management team.
- Staff morale at the service had recently improved. Staff told us that they felt valued and rewarded for the job they do, staff said they enjoyed their roles and that the team was supportive. Staff we spoke with told us the new management team had developed positive changes and increased morale within the team.
- Staff felt able to input into service development. One staff member we spoke with told us they had requested a budget for rugs and plants which had been agreed by management.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff discussed and checked capacity with all clients on admission, staff we spoke with told us that if a client was unable to consent to treatment due to intoxication they would be approached at a later stage when they were no longer under the influence of illicit substances.
- Overall, 100% of staff had completed training in the Mental Capacity Act. Staff had knowledge of capacity and the impact it could have on clients they were working with.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse/ detoxification	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- Staff did not have access to personal alarms, there were no alarms located throughout the building, meaning that staff would not be able to raise the alarm quickly in the event of a medical emergency. Management told us that risk was mitigated through individual clients risk assessments and the use of CCTV.
- Mixed sex accommodation was not being managed effectively. The service had five shared bedrooms and 11 single bedrooms, single bedrooms were unisex. Female and male sleeping areas were not segregated. Risk assessments did not include risk of mixed sex accommodation.
- Bathrooms were not designated for males or females. The service had a shower room on the second floor which contained three showers, there was no frosting on the shower doors to maintain client dignity and privacy. Clients had the option to use single shower rooms on other floors. At the time of inspection one shower room was broken. However, this had been reported to maintenance.
- Staff had completed environmental risk assessments, including fire risk assessments, water temperature checks, weekly health and safety checks and ligature audits. Ligature audits identify points where clients are able to tie something to if they intend to self-harm.
- The service did not have access to emergency equipment. Staff did not have access to naloxone (used to reverse the effects of opioids) or resuscitation equipment. A process was in place to call emergency services if required.
- The blood pressure machine and alcometer had not been calibrated. Staff told us that the alcometer was new.
- The furnishings in areas accessed by clients were clean, communal areas would have benefited from some refurbishment. We saw a sofa in the communal lounge being supported by books and latches on the windows were broken and damaged.
- The clinic room was clean and tidy. Urine testing was carried out in the toilet, maintaining client privacy and dignity. The clinic room had a working fridge which contained only medication requiring refrigeration, temperature checks were carried out daily and staff were aware of what action should be taken if the temperature went out of range. The clinic room temperature was not recorded. Staff did not know if the room temperature was too high which may have resulted in medication or equipment, such as drug testing kits being used when they should have been disposed of.
- A clinical waste disposal company contract was in place to collect and dispose of clinical waste.
- The service employed a cleaner, cleaning rotas were up to date and demonstrated that the environment was regularly cleaned.
- There was evidence of PAT (portable appliance testing) on all electronic equipment throughout the service.

Safe staffing

- The service employed 14 members of staff and had access to a self-employed GP and a self-employed psychiatrist.
- Management had estimated the number, of staff required based on client need and the therapy programmes in place at any given time. Monday to

Friday the service had two counsellors and two support workers during the day with administration support, housekeeping and a chef. Weekend staff included two support workers during the day. Overnight the service had two waking night staff each night.

- Between February 2016 and December 2016 six members of staff left the service. A new manager had been recruited and was due to start in January 2017 who would also offer clinical support. At the time of inspection there was one vacancy for an additional counsellor to join the team as it had been identified that more counselling support was required.
- Between February 2016 and December 2016 two members of staff had taken sick leave for a total of three days.
- The provider had plans in place to manage unforeseen staff shortages. Cover arrangements were in place for sickness and annual leave. Management used the core team for any additional staffing requirement.
- Primary counsellors told us that clients were allocated weekly one-to-one sessions. However, clients told us weekly one-to one sessions rarely happened and we saw minimal evidence of one-to-one support in client care and treatment records.
- The service cancelled group sessions on a weekly basis. Client's told us this and the service had identified this as a staffing need and were in the process of recruiting a third counsellor. Staff reported that with third counsellor in post staffing levels would be appropriate.
- Overall, 100% of staff had completed safeguarding adults training. All staff who observed clients taking medication had completed medication administration training. However, certificates in staff personnel files showed that staff had only completed this training in November 2016. All staff were required to complete the care certificate which included equality and diversity, safeguarding adults, safeguarding children, basic life support and health and safety.

Assessing and managing risk to clients and staff

- We reviewed eight care and treatment records for clients in treatment during inspection. All clients had a comprehensive initial risk assessment and risk management plan. However, these had not been updated since admission and did not include
- Clients were expected to follow treatment rules, signed agreement forms indicating client's willingness to comply with the rules and protocols were present in all client files and were discussed before each community meeting.
- Staff said that if they noticed deterioration in client's physical health they would refer them to the local GP or seek guidance from the doctor or psychiatrist.
- We saw policies, procedures and training related to medication and medicines management including prescribing, detoxification, and assessing clients' tolerance to medication. We observed medication administration which was in line with NICE guidelines.
- Support workers carried out a controlled drug audit twice daily, a nightly internal audit and a weekly medication audit, all of which were countersigned by a second staff member.
- The doctor or psychiatrist reviewed all clients' medication on admission, introduced detoxification medication, and reviewed medication periodically during the clients stay at the service. The doctor advised staff on medication administration and was available for phone and face to face consultation when needed. We saw comprehensive medical assessments.
- Staff monitored early warning signs of mental or physical health deterioration during daily contact with clients and during medication administration. However, staff had not received training in monitoring physical health such as using the blood pressure machine.
- Overall, 100% of staff were trained in safeguarding. Staff we spoke with were aware of the providers safeguarding process.
- The service did not allow child visits. All visits were carried out away from the treatment centre.

Track record on safety

- The service reported no serious incidents since opening in February 2016.

Reporting incidents and learning from when things go wrong

Substance misuse/detoxification

- The service used several folders for recording different types of incident, including serious incidents, incidents, medication errors and safeguarding. This created confusion for staff as incidents may have fallen in to more than one of the recording categories.
- Staff were able to tell us what incidents would require reporting and how they would be reported.
- There had been two incidents reported since the service opened in February 2016.
- Staff were unable to feedback any learning from an investigation into a recent incident that happened at the service. We saw no evidence of change being implemented following on from an incident where clients entered into intimate relationships whilst receiving treatment.
- Staff told us that debriefs were facilitated during the handover. However, we did not see evidence of debriefs being recorded in handover minutes.

Duty of candour

- Managers and staff were aware of the duty of candour. Staff told us they were supported to be candid with clients.

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

Assessment of needs and planning of care

- Centrally located admission staff completed an initial admissions telephone assessment with all clients, which was reviewed by the management. On admission clients had a doctor's assessment with a member of the clinical team. Admissions were accepted daily and could be facilitated at short notice.
- The clinical team undertook physical health checks including blood pressure, breathalysing, and urine testing before initiating a treatment and detoxification plan. This included appropriate medication regimes to support the first few days of the detoxification programme. Staff completed blood pressure, breathalysing, and urine testing at regular intervals thereafter. However, staff had not received adequate training on taking clients blood pressure.
- Staff completed an initial risk assessment and management plan, consent to treatment, confidentiality and information sharing form and treatment contract with each client, these were located in each client's care and treatment record.
- Staff completed care plans on client admission but had no review date. We looked at eight care plans of clients in treatment and no care plans had been updated. Care plans were personalised but focussed on long term goals rather than small manageable steps that clients could take to maintain abstinence.
- Staff kept client files in locked cabinets within their offices which were only accessible to staff. The service used paper recording systems.
- Primary counsellors were assigned to clients at the point of admission. Prior to discharge all clients completed an exit survey which included plans and coping strategies following discharge.

Best practice in treatment and care

- The service followed good practice in managing and reviewing medicines including following British National Formulary (BNF) recommendations.
- The service told us that the clinical team prescribed medication as described by Department of Health guidance, drug misuse and dependence: UK guidelines on clinical management (2007) for alcohol and opiate detox. We saw record of thorough clinical assessments and prescriptions located within client care and treatment files. An alcohol and opiate detox protocol was in place which followed national guidance.
- The service offered daily therapy, group work and access to mutual aid groups. However, there was an identified lack of one-to-one key working and activities outside of therapy. Clients told us the only physical activity they were able to take part in was a walk around the local park with a staff member.
- Staff assessed all clients on a detox were using clinical institute withdrawal assessment of alcohol scale (CIWA-ar) or the withdrawal scale (COWS).
- Staff temporarily registered all clients accessing treatment who were not local to the area, with the local GP surgery and dentist for any healthcare needs.

Substance misuse/detoxification

- Staff did not routinely check for blood borne viruses if a client was at risk of having one. Clients could be taken to for blood borne virus testing and vaccination and advice or treatment for sexual health.
- Health screening was routinely conducted as part of clients care and treatment. This included physical observation to help inform the client's treatment and detoxification regimes. Staff knew what early warning signs to be aware of when clients were on detoxification programmes. Staff explained how any concerns they observed or suspected were reported to the clinical team.

Skilled staff to deliver care

- The multidisciplinary team at Liberty House clinic consisted of a senior counsellor, a counsellor, waking night workers, seven support workers, a housekeeper, a HR administrator, two chefs and a maintenance worker. An additional counsellor vacancy was being advertised and service manager position had recently been recruited to and was due to start at the time of inspection.
- Staff were available at the service when required for support. The clinical team attended the service dependent on need and were available for phone call support.
- Staff were experienced and skilled; all staff were required to complete a care certificate, at the time of inspection one staff member had completed the care certificate.
- Staff were not being supervised regularly in line with the provider's supervision policy. Following a change in management, steps had been taken to address this issue. However, at the time of inspection staff were not being regularly supervised.
- Staff had access to weekly team meetings. Meetings included client issues and concerns, staff issues, risk management, medication, health and safety and training.
- We saw a personnel file where staff performance and conduct had not been managed in line with the providers policy. Supervision had not been clearly logged. Management on site were not aware of the issue and this was resolved during inspection.

Multidisciplinary and inter-agency team work

- Staff had access to weekly team meetings, minutes were stored in a file located within the staff office.
- Staff attended handovers twice daily, Handovers included discussion around any client issues or risks and minutes were emailed to all staff members immediately following handovers. Handovers were emailed to all staff after they had taken place.
- Staff told us they had good links with the dispensing pharmacy, local GP surgeries, dentists and the local move on housing scheme.

Adherence to the MHA

- The Mental Health Act was not applicable to this service; clients using the service were not detained.

Good practice in applying the MCA

- Staff discussed and checked capacity with all clients on admission, a signed capacity document was visible in all files checked.
- Overall, 100% of required staff had completed training in the Mental Capacity Act. Staff had knowledge of capacity and the impact it could have on clients they were working with.
- Staff we spoke with told us that if a client was unable to consent to treatment due to intoxication they would be approached at a later stage when they were no longer under the influence of illicit substances.

Equality and human rights

- The service had an equality, diversity and human rights policy in place. Staff we spoke with were aware of this policy and were able to tell us how it impacted on their work.
- There were restrictions on visitors for one week upon entering treatment, after the initial one week settling in period clients were able to have weekend visits away from the treatment centre. Clients had restrictions on mobile phones for one week upon entering treatment, after this week clients were allowed access to their mobile phones for three hours in the evening. A signed mobile phone contract was in place in each of the eight client care and treatment files we looked at. Clients who did not have a mobile phone were given access to the office phone.

Substance misuse/detoxification

- The service did not have suitable access for people with a physical disability and therefore were not able to accept physically disabled people.
- All staff were in the process of completing the care certificate which covered a module on equality and diversity.

Management of transition arrangements, referral and discharge

- The service did not have set admissions criteria and assessed clients on a case by case basis. There was a clear discharge processes in place.
- Prospective clients were initially assessed by phone by the central admissions team to assess suitability, this assessment was then sent to service managers for consideration. The provider did not have a waiting list for new admissions.
- New clients were allocated a buddy who had been at the service for a few weeks to offer them support.
- All clients were privately funded and self-referred. Clients were able to visit the service prior to admission.
- Clients formulated their own discharge plans as part of the exit survey. Plans included support they client would access upon discharge, improvements in mental and physical health and feedback on the treatment they received.
- Clients who did not have suitable accommodation on discharge were offered the opportunity to access several follow on recovery housing providers nationwide. Funding was supported by housing benefit.
- Staff contacted clients following discharge. We looked at four discharged client care and treatment files and six exit questionnaires. From the six exit questionnaires we looked at, five clients had successfully completed treatment and one client had self discharged. Five exit questionnaires were positive about the care and treatment received. One was negative and said that the showers and food provided were not adequate.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed staff interacting with clients in a kind, considerate and caring manner.
- Clients we spoke with told us staff were interested in their wellbeing and that staff were respectful, polite and compassionate. Clients said they felt safe while using the service.
- Clients we spoke with told us that they did not feel that they were receiving the service they paid for. Clients said although the staff were caring and experienced, therapy sessions were cancelled regularly due to a lack of counselling staff, there was a lack of activities outside of therapy and the service was in need of refurbishment.
- Staff knew clients' on a first name basis and were able to discuss clients in depth. Staff had an awareness of clients' individual needs.
- All client files contained a confidentiality and information sharing agreement, along with a signed copy of the treatment contract.

The involvement of clients in the care they receive

- Clients were given a welcome pack on admission. The welcome pack included the complaints procedure, treatment philosophy, expectations, rules and regulations, the process for leaving treatment and a weekly timetable.
- Clients we spoke with said they did not feel involved in their care plan. However, all care plans reviewed had a client signature to confirm agreement with the care plan.
- Families could be involved in treatment with client agreement. Client care and treatment records contained a contact consent form which identified what information the client was happy to share with family members. Family sessions could be offered if there was an identified need.
- There was no information about independent advocacy; clients said they did not have access to an independent advocate.
- All clients had a named focal counsellor. Clients we spoke with said they were not receiving weekly one-to-one sessions as stated in their treatment contract. Care and treatment records we looked at showed a lack of one-to-one sessions.

Substance misuse/detoxification

- Clients were able to give feedback on the service during community meetings or by completing the exit survey upon discharge.

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

Access and discharge

- A central admissions team assessed clients by telephone prior to admission. Clients were then allocated to the service that would be most suitable to support their needs.
- The clinical team assessed clients upon admission. Management told us admissions were able to be accepted daily as the clinical team could attend the service daily to carry out a full physical assessment. The clinical team had flexibility and were able to see urgent referrals as needed. The service had no waiting list at the time of inspection.
- Liberty House clinic was a privately funded detoxification and rehabilitation service which accepted self referrals.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had three group rooms, which were also used as quiet rooms or one-to-one rooms, the service also had a dedicated clinic room. Plans had been made to utilise another spare room as a one-to-one room to optimise space.
- Clients felt they would benefit from more quiet space as the main lounge could be very busy and loud. Clients felt they would benefit from seating and a desk in their bedrooms.
- Staff issued each client with a welcome pack on admission, which included the complaints procedure, treatment philosophy, expectations, rules and regulations, the process for leaving treatment and a weekly timetable.
- Hot drinks, cold drinks and snacks were available for clients at all times.
- Clients we spoke with had varying views on the quality of food available and felt they would benefit from less processed food. However, all clients we spoke with were approached by the chef when the first entered treatment to discuss allergies, dietary requirements and dislikes.
- Clients felt there were a lack of activities to support the holistic treatment. Clients felt they would benefit from more physical activity and the opportunity to leave the treatment centre to take part in activities to reintegrate into the community. Clients were able to go for a short walk three times a week to the local park with staff supervision.

Meeting the needs of all clients

- The service did not have suitable access for people with a physical disability and therefore were not able to accept physically disabled people.
- The service did not have leaflets for local services available for clients, staff we spoke with were unsure of how they could access leaflets in other languages if required.
- Clients had access to a courtyard area for smoking and a further garden area.
- Clients were encouraged to take responsibility for therapeutic duties such as cleaning in order to aid them with their rehabilitation.
- Special dietary requirements, allergies and client preferences were catered for.
- The service held weekly community meetings where clients were encouraged to raise any issues with staff.

Listening to and learning from concerns and complaints

- The service received five formal complaints since opening in February 2016, two of these were upheld.
- Three complaints related to family or clients feeling that the treatment received did not reflect the website and feeling that they had been miss-sold treatment. Management advised us the website had recently been updated to reflect the treatment Liberty House clinic provided.

Substance misuse/detoxification

- All clients we spoke with were aware of the service complaints procedure. One client told us they had a complaint that was being dealt with and they had been kept updated with progress on their complaint.
- Staff told us that complaints were dealt with by management. Staff we spoke with said they were not aware of any current complaints within the service.
- We noted the tone of the provider's response to complaints could be taken as abrupt, they were not titled to the recipient and did not state who had dealt with the complaint or the timescale for dealing with the complaint.

Are substance misuse/detoxification services well-led?

Vision and values

- Liberty House clinic had a clear mission statement, visions and values, which staff were aware of.
- Staff knew who the most senior members of staff were and said that they visited the team on a regular basis.

Good governance

- A recently implemented management team had ensured that all staff had completed mandatory training.
- Management had not completed appraisals with any staff at the time of inspection as the service had only been open since February 2016.
- Staff were not supervised in line with the provider's supervision policy. We saw gaps in staff supervision of several months. Counselling staff received external supervision.
- Historically management did not follow the service recruitment policy. One staff file contained only one reference whereas the provider's standard was to gain two employment references. Some staff files contained two references, which were dated after the staff members start date.
- The provider did not record staff interviews appropriately and it was not clear when staff had interviewed for the role. There were discrepancies in start dates, DBS dates and staff training dates. Since the implementation of a new management team all staff had DBS checks completed.
- Risk assessments had been completed for staff with previous criminal convictions.
- We saw no evidence of staff learning from incidents, complaints or service user feedback.
- The service did not have targets or key performance indicators.
- At the time of inspection the service manager position was vacant but had been recruited to. Management we spoke with felt they had sufficient authority and administrative support.

Leadership, morale and staff engagement

- The service reported that since opening in February 2016 two members of staff had taken sick leave, equating to three working days. Six members of staff had left the service between February 2016 and December 2016. At the time of inspection there was no registered manager in place. However, a new management team had been implemented to make improvements to the service.
- The provider had a whistle-blowing policy in place. Staff told us they knew the whistle-blowing process and said they felt able to raise concerns without fear of victimisation.
- None of the staff or management team we spoke with raised any concerns regarding bullying or harassment.
- Staff morale at the service had recently improved. Staff told us that they felt valued and rewarded for the job they do, staff said they enjoyed their roles and that the team was supportive. We saw positive interactions between staff members. Staff said they worked well together as a team.
- Staff we spoke with told us the new management team had developed positive changes and increased morale within the team.
- Staff felt able to input into service development. One staff member we spoke with told us they had requested a budget for rugs and plants which had been agreed by management.

Substance misuse/detoxification

Commitment to quality improvement and innovation

- The provider did not participate in any national accreditation schemes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure client privacy and dignity is maintained whilst attending to personal hygiene.
- The provider must ensure that staff are able to raise the alarm in the case of a medical emergency.
- The provider must ensure that equipment is appropriately maintained and calibrated.
- The provider must ensure that room temperature is being recorded.
- The provider must ensure that risk assessments are regularly updated to reflect any changes in risk.
- The provider must ensure that staff receive training in monitoring physical health such as using the blood pressure machine.
- The provider must adhere to a robust recruitment policy that ensures that staff the service employs are qualified and competent to work with the service user group.
- The provider must ensure that staff are supervised in line with the providers policy.

Action the provider SHOULD take to improve

- The provider should ensure that risk assessments include shared sex accommodation. And that measures are in place to minimise any risks to client safety.
- The provider should ensure patients have access to therapeutic activities as agreed in the care contract.
- The provider should ensure a system is in place for leaning from incidents.

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 10 HSCA (RA) Regulations 2014 Dignity and respect **Regulation 10: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **Dignity and respect** The service had a shower room on the second floor which contained three showers; there was no frosting on the shower doors to maintain client dignity and privacy. **This was a breach of regulation 10 (2) (a)**

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **Safe care and treatment** Staff did not have access to personal alarms to ensure staff and client safety. The blood pressure machine and alcometer had not been calibrated. The clinic room temperature was not recorded daily. Risk assessments were not being updated regularly. Staff had not received training in monitoring physical health such as using the blood pressure machine. **This was a breach of regulation 12 (2) (a) (b) (c) (f) (g)**

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **Staffing** Staff were not being supervised regularly in line with the providers supervision policy. **This was a breach of regulation 18 (2) (a)**

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **Fit and proper persons employed** The service was not following the recruitment policy- staff files did not contain the correct level of employment references, there were discrepancies in start dates, DBS dates and staff training dates **This was a breach of regulation 19 (1) (a)(b)(c)**