

# Clouds House

## Quality Report

East Knoyle

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Date of inspection visit: 10 October 2018

Date of publication: 20/12/2018

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?

Good 

Are services effective?

Good 

Are services caring?

Good 

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.

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 rated Clouds House as good because:

- Staff provided safe detox and treatment for clients based on national guidance and best practice. Pre-admission assessments used by the service were high quality and included questions which assessed current substance use, risk of blood borne viruses and physical health needs. Staff used the pre-admission assessment to develop risk assessments, on admission, to guide development of individually tailored detox medication regimes. Staff regularly reviewed the effects of medication on each client's physical health and used nationally recognised tools, including the Clinical Institute Withdrawal Assessment for alcohol scale and the Subjective Opiate Withdrawal Scale.
- Recovery treatment was provided based on the 12 step model. The environment was fit for purpose and there were adequate rooms to provide psychosocial therapies, activities, and safe detox. All areas were safe, clean, well-equipped, well furnished and well maintained. The design, layout, and furnishings of the service supported clients' privacy and dignity.
- Staff were skilled, competent and knowledgeable in meeting the needs of people who used the service. The service provided training in key skills to all staff and made sure everyone completed it. The service had ensured all registered nursing staff had completed part 1 of the Royal College of General Practitioners certificate in the management of drug misuse and the clinical lead had completed part 2. Psychosocial therapies were provided by qualified counsellors and psychotherapists. Staff had completed monthly topical training on substance misuse subjects. Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- Clients were positive about the service and staff treated clients with compassion and kindness. They respected privacy and dignity, and supported their individual needs. Staff involved clients in decisions about their care, treatment and changes to the service.
- Staff supported clients to make decisions on their care for themselves. They understood the service policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly when appropriate.

- The service treated concerns and complaints, and client safety incidents seriously. The service provided a variety of forums for clients and staff to give feedback on the service and raise any concerns or complaints. There were systems in place to record, review and discuss complaints and incidents and there was evidence of improvement in response to this. The service monitored service risk through a local and corporate risk register which staff could contribute to. Changes to the service were discussed with clients and staff.
- Leaders within the service were visible and approachable for both clients and staff. Staff morale was high and the staff team felt respected and valued. The nursing team and counselling team worked well together and were supported by their managers.

However:

- Staff did not always complete all sections of risk management and care plans. Staff did not regularly review risks and progress within care plans. Six out of seven care records did not have risk assessments completed for the 'aftercare' section of the management plans. Risk assessments and care plans had only been reviewed in one care record of the seven reviewed.
- Although staff were managing the risks, documentation of the ligature point risks and plans to mitigate the risks were incomplete (a ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation). The checklists database for care records, which staff were expected to complete, was not up to date. Although clinical care record audits were being completed monthly, these had highlighted issues with reviews of care plans for three consecutive months without significant improvement or an action plan being developed.
- Some of the blanket restrictions used did not include a clear rationale for their use in the consent paperwork. This included, restricted times to watch television, and set bedtimes without access to other areas of the building. The service did not have a plan or policy in place for reducing restrictive practice.

# Summary of findings

## Our judgements about each of the main services

### Service

**Substance misuse/detoxification**

### Rating

**Good**



### Summary of each main service

Clouds House provides medical detoxification and a therapeutic recovery programme based on the 12 step model.

# Summary of findings

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Good 

# Clouds House

**Services we looked at**

Substance misuse/detoxification

# Summary of this inspection

## Background to Clouds House

Clouds house is located in Wiltshire and provides residential treatment for people with addictions, including alcohol and drug dependency to clients across the country. Clouds House provides medical detoxification and a therapeutic recovery programme based on the 12 step model. The service is located in one building and is set across four floors. Therapy, activity and communal rooms are located on the ground floor. The medical centre is located on the first floor. The service can accommodate 38 clients and provides separate bedrooms for male and female clients across the first and second floors. Clouds House is registered by the Care Quality Commission to provide the following regulated activities

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

The service has a registered manager and nominated individual. Our last inspection took place on 4 April 2018. This was a focused inspection to find out whether Clouds House had made improvements to meet the requirement notices issued following our last comprehensive inspection in October 2016. We found that the service had met all the requirements.

## Our inspection team

The team that inspected the service comprised of two CQC inspectors and one specialist advisor with experience of working in 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

Before the inspection visit we reviewed information 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 five clients who were using the service

- Spoke with the registered manager
- Spoke with six staff members including registered nurses, counsellors, doctors and non-medical prescribers
- Looked at seven care and treatment records of clients
- Carried out a specific check of medicines management
- Looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

During the inspection we spoke with five clients who were using the service. Clients told us that they were

encouraged to join in and engage with their peers during treatment and felt a sense of belonging. Clients praised

## Summary of this inspection

medical and clinical staff and felt they were treated individually. They told us that the environment was clean and had good furnishings and they praised the quality of the food.

Clients told us there were lots of activities to take part in but they felt that the service was restrictive at times and that staff applied the house rules inconsistently.

# 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 rated safe as good because:

- All areas of the building were clean, well equipped, well furnished, well maintained and fit for purpose.
- Staff knew how to manage the risks of infection and followed the services policy on infection control.
- Staff implemented procedures to mitigate ligature risks which had been identified through a ligature risk assessment.
- Pre-admission assessment identified any potential risks during admission. Admission criteria was used to ensure the service could meet client needs and manage risks.
- Staff provided safe detox and treatment for clients based on national guidance and best practice. Pre-admission assessments used by the service were high quality and included questions to assess current substance use, risk of blood borne viruses and physical health needs. Staff used the pre-admission assessment to develop risk assessments on admission to guide development of individually tailored detox medication regimes.
- Emergency equipment and medication was available and checked weekly.
- There was sufficient staff who were skilled in meeting the needs of clients. Mandatory training completion was at 100% compliance. All registered nurses had completed part 1 of the Royal College of General Practitioners (RCGP) certificate, in the management of drug misuse, as a minimum.
- Staff knew how to protect clients from abuse and the service worked well with other agencies to do so.
- Staff recognised and responded to deterioration in client health.
- Staff followed best practice when storing, giving and recording medication.
- The service had a system in place for reporting, investigating and learning from incidents.

However:

- Although the service completed a ligature risk assessment, documentation of specific actions to mitigate the risks were not completed.
- Staff did not regularly review and update some risk assessment and management plans. Some remained incomplete during the treatment episode.

Good





# Summary of this inspection

## Are services effective?

We rated effective good because:

- The service completed comprehensive and high quality pre-admission assessments.
- Doctors and non-medical prescribers prescribed in line with the National Institute for Health and Care Excellence guidelines.
- Medical staff used nationally recognised tools to assess the acuity of a clients withdrawal symptoms and used these to assist during detox. The service specifically used the Clinical Institute Withdrawal Assessment for alcohol scale (CIWA-r) and the Subjective Opiate Withdrawal Scale (SOWS).
- Physical health screening was routinely offered. Clients physical health was monitored appropriately throughout admission.
- The service provided monthly specialist training in drug misuse and dependency topics alongside the mandatory training programme.
- Staff from different disciplines worked together as a team to benefit clients.
- Staff had a good understanding of the Mental Capacity Act 2005 and applied its principles appropriately.

However

- Staff did not always complete the aftercare sections of recovery and risk management plans.
- Six out of seven care records did not include a review of client care plans. The service did not clearly document the review of client progress through treatment.

Good



## Are services caring?

We rated caring as good because:

- Staff treated clients with compassion and kindness, and respected their privacy and dignity. Clients were positive about the service and told us that the care they received was tailored to their individual needs.
- Clients told us that they understood their care and treatment.
- Staff gained clients consent to share information with family and other professionals.
- The service provided information on the local advocacy service and informed clients about their role.
- Clients could provide feedback on the service through a variety of means and received feedback from the service on any issues raised.
- The service held focus groups with clients, to gather their views, when making changes to service provision.

Good



# Summary of this inspection

- Clients were actively encouraged to interact with peers and family. Family therapy, workshops and support groups were provided every weekend.

## Are services responsive?

We rated responsive good because:

- The service had a dedicated admissions team who managed referrals, waiting lists and assessment.
- Discharges took place in office hours and involved good liaison with relevant care managers.
- The design, layout and furnishings of the service supported client treatment and promoted comfort and recovery.
- Clients felt that staff worked hard to help them build links with the community, and to build healthy relationships with their families.
- The service was accessible to all who needed it and took account of clients' individual needs.
- Staff understood potential issues facing vulnerable groups in relation to substance misuse. The service had identified training needs and organised training on specialist areas.
- There was a complaints policy in place and clients and staff were aware of the process for handling complaints. The service treated complaints seriously, investigated them and learned lessons from the results and shared these with all staff.
- The service provided a variety of forums for clients to raise concerns and kept a tracker of complaint progress and learning outcomes.

However:

- Recovery and treatment plans were not regularly reviewed with clients and therefore appropriate adjustments were not made.

Good



## Are services well-led?

We rated well-led as good because:

- Managers were visible and approachable for staff and clients.
- Managers at all levels in the service had the appropriate skills and abilities to run a service providing high-quality sustainable care.
- The service provided opportunities for staff to contribute to discussions and decisions around service changes.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Good



# Summary of this inspection

- The service used a systematic approach to continually improve the quality of its services and safeguard high standards of care.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Staff had access to the equipment and information technology needed to do their work.

However

- Managers had not ensured that some governance processes were being completed in full. Staff had not completed all required information on a ligature risk assessment and the checklists for care records, used to inform the service information database, were not being completed.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had a good understanding of the Mental Capacity Act 2005 and were applying its principles appropriately. All medical and counselling staff had completed mandatory Mental Capacity Act training. The consultant psychiatrist had also provided specific training on the Mental Capacity Act and Deprivation of Liberty Safeguards. Nursing staff could give examples of how






they would assess capacity and circumstances when an assessment would be considered or completed. Staff told us they would not complete consent paperwork with patients while they were intoxicated. The service did not accept referrals for clients who lacked capacity to consent to treatment.

## Overview of ratings

Our ratings for this location are:

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

# Substance misuse/detoxification

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are substance misuse/detoxification services safe?

Good 

### Safe and clean environment

- All areas were clean, well equipped, well furnished, well maintained and fit for purpose. Housekeeping and nursing staff completed cleaning schedules and these were up to date.
- Staff implemented procedures to mitigate ligature risks. The service did not admit clients with a medium to high risk of ligaturing. High risk areas were locked off at night and could not be accessed. Clients were observed during the day and if their risks increased these observations were enhanced. However the ligature risk assessment document had not been fully completed and these procedures were not documented on the action plan.
- Clients were observed in line with the service’s observation policy. Routine observation checks were completed four times per day at 8.30am, 1pm, 5pm and 11pm. The service observation policy included capacity and ‘best interest’ considerations. Any observations undertaken more than the routine regularity were referred to as enhanced observations. Enhanced observations were used, with clients consent, to manage clients with increased risk behaviours or to monitor physical health. The service did not admit clients with high risks and therefore enhanced observations were not routinely used. Enhanced observations were agreed with the consultant psychiatrist and client before use.
- Clients going through detox in the observation room were issued with an alarm for calling staff assistance from the medical centre. There were no alarms in the rest of the building. Staff used ‘walkie talkies’ while lone working and there was a procedure in place for staff to summon assistance in an emergency using these.
- We visited the medical centre which was clean and well maintained. Nurses checked emergency equipment and medication on a weekly basis and cleaning staff kept a regular cleaning record.
- Staff knew how to manage the risks of infection and followed the providers policy on infection control. There were handwashing technique posters displayed above wash basins to prompt staff, clients and visitors. The service monitored infection control through a bimonthly audit.
- Bedrooms were single sex and most were shared by two clients. There was a single occupancy bedroom located near to the medical centre. This had been used previously as a bedroom for physically unwell clients who required extra monitoring by staff. Staff told us this bedroom could also be used for clients with protected characteristics which meant that shared accommodation was not appropriate. Male and female bedrooms were located on separate floors. Shared bedrooms enabled clients to utilise peer to peer support as part of the 12 step recovery approach offered by the service.
- Clients told us that housekeeping staff kept communal areas clean and that maintenance issues were resolved in a timely manner.

# Substance misuse/detoxification

## Safe staffing

- There were enough skilled staff to meet the needs of the clients. The service had in post, registered nurses, healthcare workers, qualified counsellors, a clinical lead who was a GP, consultant psychiatrist and non-medical prescriber. The nursing team had one vacancy for a health care assistant and a full complement of registered nurses. The service held workforce and staffing meetings and proactively monitored staffing levels. One healthcare assistant was due to start maternity leave and the service was recruiting staff to cover this absence.
- We reviewed the last months rotas which documented that the service had been fully staffed in line with their policy and staffing matrix. The service was staffed 24 hours a day, 7 days a week, by at least one registered nurse and one health care worker. During the night shift there were three staff members including at least one registered nurse. On weekdays, between the hours of 9am and 5pm there were 6-8 counsellors on duty. One counsellor covered Saturday day shifts and two counsellors covered Sunday days shifts. Patients told us that there were enough staff to meet their needs and that planned activities were not cancelled due to staff shortages.
- The sickness rates for the previous 12 months were 2.9%. The service used three agencies and employed bank staff to cover unforeseen staff shortages. Staff told us that they could make requests for extra staff through agency to cover staff absences. If the needs of clients or risk increased, nursing staff could request more staff through the registered and clinical managers. Out of hours there was a senior nurse, GP, consultant psychiatrist and counsellor on call.
- The service employed a doctor and consultant psychiatrist on a sessional basis. The clinical lead for the service was a GP with a Royal College of General Practitioners certificate in the management of drug misuse part 2. There was a plan in place for the non-medical prescriber to complete part 2 in 2019 and the consultant psychiatrist and all registered nurses had completed part 1. The service also had an agreement with a local GP practice and clients could access general medical care through this practice.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. All mandatory training was up to date with 100%

completion rates. The service had a training matrix which highlighted individual staffs training dates in green, amber and red, dependent on whether these were complete, close to expiry, or out of date. The human resources team managed the training matrix and informed individuals of the need to renew training one month in advance. Mandatory training was provided through a mix of e-learning and face to face sessions.

- Staff received basic training to keep people safe from avoidable harm. Mandatory training sessions included health and safety, lone working, and the Mental Capacity Act. The consultant psychiatrist had also provided a specialised Mental Capacity Act training session to all clinical staff. We interviewed four staff members who were able to discuss the Mental Capacity Act principles and their application in relation to their roles within the service.

## Assessing and managing risk to patients and staff

- The admissions team screened client risk prior to admission to ensure any risks could be safely managed. During an admissions meeting on Wednesday afternoons the consultant psychiatrist screened admission assessments for clients with mental health problems. Clients were not accepted if their mental health was not stable and or their risk behaviours were high.
- Risk assessment and management plans in the care records were not always complete. The service had developed their own risk assessment which was combined with a needs assessment. These assessments were supposed to be logged for three stages, pre-admission, in treatment, and aftercare. In the majority of care records these needs and risks had been recorded for the pre-admission and in treatment sections. However, the aftercare sections were not completed. These assessments did not always include sufficient details of how to manage these risks, or identify steps for staff to take to reduce them.
- Although documentation of risk management did not include sufficient detail, individual client risk issues were discussed during twice daily multidisciplinary meetings. Staff were knowledgeable about their clients current risks and this was reflected in the low number of incidents at the service.
- The service policy for violence and aggression was well structured and gave clear guidelines for the

# Substance misuse/detoxification

management of aggression. The policy focused on a therapeutic approach, with the use of verbal de-escalation, to manage violence and aggression. Staff told us that clients were low risk of violence and aggression and that they felt confident in managing the level of risk in line with this policy. Staff sought further assistance from the police if required.

- Staff recognised and responded to deterioration in client's health. The consultant psychiatrist was available over the phone to discuss any change in client's health. A visiting GP assessed physical health and the service had an agreement to register clients with a local GP practice. We saw recent documentation of staff responding to a deterioration in the mental health and increased risks of an individual. The service organised a mental health act assessment, increased observations and involved the consultant psychiatrist.
- At the point of admission nursing staff created personalised contingency risk plans for unplanned discharge from the service. Harm minimisation and safety planning was an integral part of these plans. They included details on overdose risks following a period of abstinence and contact details to seek further support.
- The service had blanket restrictions in place. Clients were informed about these restrictions during pre-admission assessment and were required to sign a consent form in relation to these restrictions on admission. The 'consent book' contained details about the restrictions and some rationale behind them. However, some of these restrictions were not necessary or proportionate. Television access was restricted to specific times on Wednesday evenings and weekends. There was no rationale provided for this restriction in the consent paperwork. Bedtimes were also restricted, clients had to remain in their bedroom between 11pm and 6am. Opportunities to access other areas for a drink or fresh air were restricted to after 1am for a period of 30 minutes at a time. The rationale for this was based on good sleep hygiene. However, this was not considered as part of individualised needs assessment. The managers told us that the service did not currently have a plan in place to review or reduce restrictive practices. Clients told us that the environment was restrictive and staff were inconsistent in their application of boundaries.

## Safeguarding

- Staff knew how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Safeguarding training attendance was at 100% for all staff. We saw evidence of staff considering safeguarding risks in care records and pre-admission assessments.
- Nursing staff told us that they could report safeguarding concerns to managers and the local authority. Managers told us they would report safeguarding concerns to the local authority in the client's home area. They also accessed safeguarding advice from their local authority safeguarding team.
- The service was reporting safeguarding statutory notifications to Care Quality Commission as required. We viewed documentation of nursing staff responding to a safeguarding concern relating to a client on client assault. Staff had acted to reduce the risks to clients by discharging the client responsible.

## Staff access to essential information

- Staff had easy access to clinical information and it was easy for them to keep detailed records of clients' care and treatment. The service used paper notes and these were stored securely in the treatment room. All medical and therapy staff had access to the notes through use of assigned keys. Counselling and nursing notes were contained in separate files, stored together. Staff told us that information required was easily accessible.

## Medicines management

- Staff followed best practice when storing, giving and recording medication. Registered nurses were administering medication and completing records in line with national guidance from the Nursing and Midwifery Council. We reviewed 21 prescription charts. The doctors and non-medical prescriber demonstrated safe practice in prescribing. A visiting pharmacist completed medication management audits. Nursing staff promptly resolved issues raised in the audits.
- Medication reconciliation forms were included in prescription charts. Staff contacted the relevant GP prior to admission to obtain medication summaries. Staff also contacted the methadone clinic for any clients already prescribed this.
- Nursing staff monitored the effects of withdrawal and detoxification in line with National Institute for Health and Care Excellence (NICE) guidance. Staff regularly

# Substance misuse/detoxification

reviewed the effects of medications on each client's physical health. The service monitored the effects of withdrawal with the Clinical Institute Withdrawal Assessment for alcohol scale (CIWA-r) and the Subjective Opiate Withdrawal scale (SOWS). These were completed effectively and stored in clients' prescription charts. The service had specific policies for opiate, alcohol and benzodiazepine detoxification. These included procedures used in accordance with NICE guidelines.

## Track record on safety

- The service reported having no serious incident in the last 12 months

## Reporting incidents and learning from when things go wrong

- The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. The service used an electronic incident reporting system. Incidents logged on the system were sent to managers as an email. Managers assessed severity of the incident and arranged necessary investigations.
- Managers investigated incidents and shared lessons learned with the whole team and wider service. Team meetings and head of department meetings had incident review and learning outcomes as a standing agenda item. Staff told us that any learning from incidents was fed back through staff meetings and handovers. Incidents were analysed and discussed during clinical governance meetings.
- Management completed a tracker for incidents which included lessons learned and changes to practice. We were provided a recent example of an incident which had been reviewed and learning needs identified. Staff had identified a need for further training in psychosis following the incident and, in response, this was delivered by the consultant psychiatrist.

## Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

- Care records had a structure for staff to use to ensure clients' needs were holistically assessed and care planned. However, we saw that in six out of the seven care records that these were not always reviewed in line with the set timelines and there was no evidence of the review of a client's progress through treatment. Staff put a checklist in patient records to log when they had completed care plans, reviewed them, and completed other aspects of the client's care. This was to remind them to upload the information on the services information database. However, we saw that this checklist was not always completed appropriately, and did not accurately reflect the actions staff had completed. For example, not reflecting that care plans had been made.
  - Clients told us that their treatment was tailored to their individual needs and they were involved in their care. We saw evidence of clients being offered to review and sign their care plans.
  - The pre-admission assessments used by the service were comprehensive and of high quality. They included questions to assess the clients risk of blood borne viruses, as well as assess their substance use. The pre-admission checks also included a comprehensive physical health assessment, and the service sought up to date blood checks before clients were admitted. We saw that where clients had specific physical health needs, staff monitored these and helped them access appropriate physical health services. Harm reduction information was provided to clients when they left the service.
  - Staff completed separate simple care plans should the client leave treatment early or unexpectedly. These included details on transport and accommodation arrangements, contact details for future treatment, crisis support, and advice. Clients were also provided information on risk of overdose and harm reduction following a period of abstinence.
- ## Best practice in treatment and care
- Staff provided treatment and care for clients based on national guidance and best practice.
  - Doctors and the non-medical prescriber at the service prescribed in line with the National Institute for Health and Care Excellence guidelines. Medical staff used nationally recognised tools to assess the acuity of a



# Substance misuse/detoxification

client's withdrawal symptoms. The service used the Clinical Institute Withdrawal Assessment for alcohol scale (CIWA-r) and the Subjective Opiate Withdrawal scale (SOWS).

- Recovery treatment was provided based on the 12 step model. Clients were offered both individual and group based interventions, including alcoholics anonymous (AA) and narcotics anonymous (NA). The 12 step model is an internationally recognised abstinence-based approach which supports clients through providing access to self-help groups and peer to peer support. This approach is recommended in 'Drug misuse and dependence: UK guidelines on clinical management' (2017).
- Staff supported clients with their physical health and encouraged them to live healthier lives. Physical health screening was routinely offered. Blood borne virus testing was provided as part of the admission process. Clients physical health was assessed prior to detox by the contracted GP. Physical health was monitored weekly throughout the clients stay. Clients were registered with a local GP during their admission.
- Clients were offered client evaluation of treatment scales that considered self-efficacy and self-esteem at the beginning and end of treatment. The service also kept a log of premature discharges, and completed treatment numbers for discussion at leadership team meetings.
- Staff completed monthly clinical audits and resolved issues raised. There was an improvement in audit outcomes over a three month period.

## Skilled staff to deliver care

- Managers made sure they had staff with the skills needed to provide high-quality care. They supported staff with appraisals, supervision, opportunities to update and further develop their skills.
- The service mostly employed experienced staff but also provided training for staff working in substance misuse services for the first time. The staff team comprised of registered general and mental health nurses, healthcare workers, qualified counsellors and psychotherapists, a clinical lead who was a GP, consultant psychiatrist and non-medical prescriber.
- The service employed a doctor and consultant psychiatrist on a sessional basis. The clinical lead for the service was a GP with Royal College of General

Practitioners part 2 certificate in the management of drug misuse. The non-medical prescriber and all registered nurses had completed part 1 with a plan in place for the non-medical prescriber to complete part 2 in 2019.

- The service provided monthly specialist topical training. This training had recently included a session on chemsex (which is, the use of drugs before or during planned sexual activity to alter the experience) and another on seizure management.
- Staff were provided weekly group clinical supervision.
- All staff had completed an induction including mandatory training on relevant subjects. Mandatory training rates were at 100%. These included regular refreshers to ensure learning was up to date.

## Multi-disciplinary and inter-agency team work

- Staff from different disciplines worked together as a team to benefit clients. The multidisciplinary team met twice a day to discuss needs, progress and risks. The morning meeting included the doctor, registered nurses, counsellors, and admissions team. The afternoon meeting took place between nursing and counsellor staff to facilitate an evening and night shift handover.
- The consultant psychiatrist attended on Wednesdays. Clients with mental health issues were discussed on a Wednesday morning. During Wednesday afternoons the consultant psychiatrist screened referrals and pre-admission assessments for clients with mental health diagnosis.
- Staff told us that they worked collaboratively with clients' local team, for those that were care managed. Care coordinators were involved in aftercare planning and provided updates on clients' progress. Clients were asked to sign a consent to share information form on admission to ensure those involved with their care would be involved in providing treatment and supporting recovery.
- Relevant GPs were contacted prior to admission so that physical health information was used as part of assessment. Medicines reconciliation was completed at the beginning of treatment. This included staff contacting GPs and methadone clinics to obtain up to date prescriptions and dosages.

## Adherence to the MHA and the MHA Code of Practice

- The service did not provide treatment for persons detained under the Mental Health Act

# Substance misuse/detoxification

## Good practice in applying the MCA

- Staff had a good understanding of the Mental Capacity Act and applied its principles appropriately. All medical and counselling staff had completed mandatory Mental Capacity Act training. The consultant psychiatrist had also provided specific training on the Mental Capacity Act and Deprivation of Liberty Safeguards. Nursing staff were able to give examples of how they would assess capacity and circumstances when an assessment would be considered or completed. Staff told us they would not complete consent paperwork with patients while they were intoxicated. The service did not accept referrals for clients who lacked capacity to consent to treatment.
- The service had devised a consent pack which included consent to admission, treatment, information sharing, and the service code of conduct.

## Are substance misuse/detoxification services caring?

Good 

## Kindness, privacy, dignity, respect, compassion and support

- Staff treated clients with compassion and kindness. They respected clients' privacy and dignity, and supported their individual needs. Clients were positive about the service and praised it over past treatment centres. They said that staff were caring, respectful and were happy to make time to meet with clients one to one when the clients needed.
- The service had clear confidentiality policies in place that were understood and adhered to by staff. Clients were informed of these policies and consent was requested regarding sharing of information with family and other professionals.
- New clients were assigned a buddy peer to support them through the induction and transition into treatment.

## Involvement in care

- Staff communicated with clients so that they understood their care and treatment. For clients who had difficulties with communication they had previously used dictaphones and interpreters to aid communication.
- Staff informed clients of the role of advocates and signposted them to Rethink advocacy service. Contact details for advocacy was also provided in literature around the building and in the induction information.
- Clients could provide feedback on the service and the care they had received in a variety of forms. These included suggestion boxes, community meetings and a quality of service evaluation completed on discharge.
- There were weekly community meetings, where clients could raise any concerns, and be involved in decisions about the service. Clients had representatives that met with staff before each meeting to discuss the actions taken on the past meeting, and the notes from the community meetings were displayed in a communal area for clients to see the actions staff were taking based on the meetings.
- The service had held focus group meetings with clients when making changes to the way the service was provided. This included recent focus groups to discuss and pilot a new consent pack. The service had also arranged a focus group to discuss the introduction of a new female lounge to gather clients' views on this.
- Visiting took place on a Sunday and family were offered to attend support groups and workshops. The service employed a family therapist who facilitated the weekend groups. Clients were encouraged to develop their interpersonal skills through therapy to improve their relationships during and after treatment.

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

Good 

## Access and discharge

- The admissions team worked collaboratively with the referrer to admit clients within their preferred time frame. The service did not have a documented specific

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time frame for referral to triage. The admissions team were responsible for pre-admission assessment. The service was running a waiting list for clients funding treatment with the action on addiction bursary.

- The service provided a variety of methods for referrals to be made, including telephone, skype and website enquiries. Where clients were difficult to contact, or homeless, the admissions team used mobile numbers, or made contact via care managers. Clients that did not attend for appointments were offered new appointments.
- Discharges took place within office hours and involved good liaison with care managers. Clients and care managers were provided discharge plans. Aftercare services were offered to clients and this was provided using skype for clients who were not local to the service. The service also provided signposting and contact details for local 12 step fellowships, and Self-Management and Recovery Training (SMART) programmes.

## The facilities promote recovery, comfort, dignity and confidentiality

- The design, layout and furnishings of the service supported clients' treatment and promoted comfort and recovery. There were adequate rooms for therapies and activities. There was access to well-maintained outdoor space. There was a dining room and a separate pantry where clients could make drinks and snacks. The service had recently agreed funding and identified space for a female only lounge.
- Clients did not have their own bedrooms and all accommodation was shared. Males and females were allocated bedrooms on separate floors. Shared dormitories were used as part of the 12 step recovery approach which relies on mutual peer to peer support. Suitability of shared dormitories was assessed and discussed with clients during pre-admission assessments. A single bedroom was available for use if necessary and had previously been used for clients with protected characteristics, including a transgender client. All clients had access to their own safe to safely store their possessions.

## Patients' engagement with the wider community

- Clients reported that staff worked hard to help them build links with the community, and to build healthy

relationships with their families. Clients family and friends could visit on weekends. Family and carers were invited to attend support groups and workshops on Sundays.

- The service also provided signposting to carers assessment and support. The service provider (Action on Addiction) offered a residential course for families and, for those that required it, there was access to a bursary to fund this.

## Meeting the needs of all people who use the service

- Staff showed an understanding of the potential issues facing vulnerable groups. A topical training session on lesbian, gay, bisexual, and transgender issues had recently been provided for all staff.
- The service was accessible to all who needed it and took account of clients' individual needs. The service had a dedicated admission team to help minimise the length of time people had to wait for care and treatment. For example, the admission team took steps to engage potential clients who were homeless or difficult to contact in the assessment process. Clients were contacted via care managers, family or mobile numbers. Clients who were admitted while homeless had a care plan developed in relation to accessing accommodation on discharge.
- Clients said that staff catered for their dietary needs. Clients said that the food on offer was of high quality, and although there was one set menu for the day, staff were happy to cook alternatives for clients when asked.
- Staff demonstrated an understanding of the importance of meeting clients' religious needs. There was a multi-faith room available and leaders from religious groups could visit the site as requested.

## Listening to and learning from concerns and complaints

- There was a complaints policy in place and clients and staff were aware of the process for complaints. The service provided details on how to make a complaint within the welcome pack and on signs within the building. Staff told us that they would initially attempt to resolve client's issues where possible and refer these on to their managers.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared there with all staff. The chief executive officer took overall responsibility for complaints. The

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day to day handling of complaints was undertaken by the governance administrator. Once complaints were received these were forwarded to the appropriate manager for an investigation to be organised.

- The service logged a tracker of complaints and progress with the process. The tracker for the past 12 months showed that individual complaints had been responded to in accordance with the service's complaint policy. The tracker detailed required time frames for responses, outcomes and any lessons learned. Details and lessons learned were included in the quarterly quality report which was sent to clinical governance board. Complaints and client feedback were also disseminated as part of clinical governance, heads of service, and health and safety meetings.
- The service provided a variety of forums for clients to raise concerns. This included through a suggestion box, comment box, daily journal and community meetings. Staff told us that they would attempt to resolve clients issues, as appropriate before the client wished to make a complaint.

## Are substance misuse/detoxification services well-led?

Good 

### Leadership

- Leaders were visible in the service and approachable for patients and staff. Staff had met the managers and executive team members for the service. Staff told us that the leadership team were visible and visited the service regularly. The leadership team also kept contact over the telephone and provided advice and guidance as needed.
- Managers at all levels in the service had the right skills and abilities to a run a service providing high-quality sustainable care.
- The managers that we spoke with had a good understanding of the service and the care being provided.

### Vision and strategy

- Although the service had reviewed its business strategy in July 2018, staff were unclear on the outcome. Staff did not provide details of any specified shared values, vision or strategy that they were aware of for the service.
- Managers supported staff to progress in their careers. Staff told us they could access specialised training relevant to their role and could access further education through the service.

### Governance

- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care. The service monitored clinical risk, processes and policies through audits and trackers. The service's 'client overall safety governance approach' detailed the responsibilities of the clinical governance board. The clinical governance board met three times a year and were responsible for monitoring the quality of service and standards of care. The governance board monitored, complaint and incident outcomes, policies, and regulatory compliance.
- There were clear governance policies and procedures for the service. However, managers had not always ensured that some governance processes were being completed in full. For example, the ligature risk assessment had empty columns for completion dates and staff were not completing the required care records checklists.
- Staff completed clinical audits and most of the outcomes for these had improved over a period of three months. However, the care records audit identified that review of risks and care plans had not taken place. Governance procedures to monitor the audit outcomes had not ensured improvements with this issue.
- The service was submitting data and notifications to Care Quality Commission as required.
- The service had a whistleblowing policy. This was available on the intranet and staff told us they knew how to access it.

### Management of risk, issues and performance

- The service kept a local and corporate risk register. These were reviewed at two-month intervals and kept as a live document. The risk registers were detailed and contained a robust review of risks and mitigation plans. A risk score was provided for previous reviews and indicated likelihood and level of risk for each area. Staff submitted items to the risk register as necessary.

# Substance misuse/detoxification

- The service had plans in place detailing protocols in emergencies. This included fire, interruption to energy supply, loss of keys, IT systems, flooding, and adverse weather including snow.
- The service monitored sickness and absence rates and staff reported low sickness rates. Staff sickness rates were 2.9% over the previous 12 months.

## Information management

- Staff had access to the equipment and information technology needed to do their work. Staff were able to use technology such as skype to improve the quality of care provided. Skype was used as a method of contact for referral assessments, aftercare and clients' family.
- Staff used security safeguards for email communication, such as encryption, passwords and initials, when sending confidential information by email.
- The service used paper notes and these were stored securely in the medical room. All medical and therapy staff had access to the notes through use of assigned keys. Counselling and nursing notes were contained in separate files, stored together. Staff told us that the information required was easily accessible.
- The service had a policy on confidentiality including client records. Clients were provided information and a consent form regarding sharing of information.

## Engagement

- The service ensured staff, clients and carers had up to date information about the work of the provider. This was provided through the intranet, the providers social media accounts, and the website. Staff were provided information via staff email addresses.
- Clients and carers could provide feedback to the service. Feedback was provided through quality of service surveys and comment boxes.
- Staff told us they could provide feedback to managers through team meetings and supervision. They told us that they felt empowered to make suggestions regarding the running of the service.

## Learning, continuous improvement and innovation

- The service provider, Action on Addiction, had recently funded research into sleep patterns of people with reported alcohol or drug problems. This research led to the development of the substance use sleep scale (SUSS) and the research was published in 2018.
- The SUSS measurement tool helps clients describe, monitor and reflect on their own sleep to enable identification of strategies to improve sleep as part of their treatment. The service had invited the authors of the research to attend Clouds House to present on the outcomes of the research and the implementation of the SUSS.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider SHOULD take to improve

- The service should review the rationale for restrictive practice and consider least restrictive and individualised approaches.
- The service should ensure that risk, care and treatment plans are completed and reviewed. Clients should be involved in the development and review of care plans and progress should be documented.
- The service should ensure that governance processes for ligature risk assessments and care records checklists are completed in full.