

East Coast Recovery Ltd

Substance misuse services

Quality Report

East Coast Recovery
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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-112075115	East Coast Recovery	East Coast Recovery	NR32 2AA

This report describes our judgement of the quality of care provided within this core service by East Coast Recovery. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by East Coast Recovery and these are brought together to inform our overall judgement of East Coast Recovery.

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

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

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

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	3
The five questions we ask about the service and what we found	4
Information about the service	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the provider's services say	7
Good practice	7

Detailed findings from this inspection

Findings by our five questions	9
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Summary of findings

Overall summary

Currently the Care Quality Commission is not rating specialist services pending a review of our national methodology.

We found that:

- The service was safe. Staffing levels were good and there were no issues with sickness within the team. There was a robust system in place to manage medication. There was a safeguarding policy in place that addressed staff and service user boundaries.
- The service was effective. Staff were up to date with mandatory training and there was also evidence of people being supported to complete specialist qualifications. Regular audits took place to ensure quality. We saw evidence of a case file audit underway at the time of the inspection.
- The service was caring. Staff interacted with people in a positive way and the service was recovery focused. People felt they had benefited from the service and told us they felt that staff were caring.
- The service was responsive. People knew how to raise concerns regarding their treatment. The meeting structures meant staff were made aware of complaints and the outcomes of complaints in order to learn from them.
- The service was well led. The provider has a clear definition of recovery. Several recovery awards were on display. The awards were for work in the local community to raise awareness of recovery and for supporting people with opportunities to engage with community activities. The provider had taken steps to update existing policies to address recent concerns raised about the service. Managers Were present in the office most days and visible to staff and people who use the service.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

The service was safe because:

- Staffing levels were based on the service occupancy being 100% regardless of whether the service was full. This meant staff had capacity to address any issues with peoples care. East Coast Recovery have started to develop their own bank of sessional workers. This means that any staff absences can be covered with people who are familiar to service users and who know the service. 27 staff members were trained in Emergency First Aid at Work. There were no staff absent due to sickness and no ongoing cases of long term absence from work.
- Risk Management was discussed in morning handover meetings, clinical supervision and one to one supervision sessions. This meant staff had plenty of opportunities to identify potential risks to people health and wellbeing. Medications were managed safely. Staff knew how to report incidents and learning was discussed in clinical supervision and within management meetings.
- The safeguarding policy set out guidelines regarding staff and service user boundaries along with the providers code of conduct. All staff have recently signed the code of conduct following its implementation.

However:

- Risk management plans did not always address all risks identified in assessment. This meant that some important risks did not have strategies outlined to reduce risk to people health and wellbeing.

Are services effective?

The service was effective because:

- Comprehensive assessments were completed prior to people's admission to the service. Assessments included physical, mental health and social needs. Discharge planning forms were used to plan peoples exit from treatment. An audit of care files was underway during inspection to check the standard of record keeping.
- All staff were up to date with mandatory training and there was evidence of staff accessing speciality training such as National Vocational Qualifications (NVQ's). Staff were regularly appraised and supervised.

Summary of findings

- Handovers took place each day to ensure communication between the teams regarding the care of people who use the service.

However:

- Care plans were not always holistic. There was significant focus on meeting 12 step objectives. This meant that other areas of people lives were not always being supported which may also help them achieve recovery.

Are services caring?

The service was caring because:

- People told us that they felt supported and were treated with respect. People were given information about the service during the admission process which includes information on how to provide feedback about the service. Weekly feedback sheets were offered to people who use the service so they are able to feedback on staff, the service or their treatment.
- Staff told us that they work with people based on their individual needs. This was supported by the people we spoke with.

Are services responsive to people's needs?

The service was responsive because:

- There was an individual approach to re-engaging people who were close to dropping out of treatment.
- People told us that they knew how to complain and were told the outcome when they did complain.

Are services well-led?

The service was well-led because:

- There was a clear definition of recovery for people who use the service. This was known to both people and staff.
- There had been recent updates to staff codes of conducts and safeguarding practise to address recent concerns raised about the service. Staff are regularly supervised and appraised. Management are visible and available to staff at the premises on most days. Staff told us that morale in the team was good.
- A meeting took place with the local safeguarding team to address communication and to develop a way of working together more effectively in the future.

Summary of findings

Information about the service

East Coast Recovery provides treatment for those with drug or alcohol addiction through a residential rehabilitation programme.

People are referred to the service from all areas of the country and take part in a programme of therapy that is based on the 12 step approach of Narcotics Anonymous (NA) and Alcoholics Anonymous (AA).

People are able to become peer mentors within the service once they are in stage three of the programme.

The service was last inspected in February 2015.

Our inspection team

The team was led by a CQC inspector, supported by an expert by experience who had substantial experience of using substance misuse services.

Why we carried out this inspection

We carried out an unannounced focused inspection of this core service following concerns identified by the Care Quality Commission.

How we carried out this inspection

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

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

This inspection was a focused inspection that was completed to address some recent concerns that had been raised by the public and other agencies with the commission.

Before the inspection visit, we reviewed information that we held about this service. This included information from commissioners of this service and a review of the identified concerns raised with the care quality commission.

During the inspection visit, the inspection team:

- Spoke with eight patients who were using the service.
- Interviewed the acting manager of the service.
- Met with five other staff members; including support workers, volunteers and peer mentors.
- Attended and observed a clinical handover meeting.

We also:

- Reviewed five treatment records of people who use the service.
- Examined in detail six staff personnel files.

Looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

We spoke with people who use the service in one to one meetings and in small groups.

- People told us that they felt supported by staff and staff were easy to talk to and get along with.
- They felt that the accommodation provided was comfortable.
- People said that they had raised concerns within community meetings when they needed to and that they felt listened to. They also said that they were told the outcome of their complaint.
- They said that there were lots of opportunities to look at future employment opportunities, this included being able to peer mentor in the service.

Good practice

There were displays of the services recent achievements in the entrance to the building. This showed that the service was involved in the local recovery community.

East Coast Recovery Ltd

Substance misuse services

Detailed findings

Name of service (e.g. ward/unit/team)

East Coast Recovery

Name of CQC registered location

East Coast Recovery

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

Our findings

Safe staffing

- Staffing levels were safe. The team consisted of one support work manager, two senior support workers and nine support workers. There was also a management team and administration support. This meant the team had capacity to spend time with people using the service to support them in their treatment.
- Support workers caseloads were capped at seven people per caseload. This meant that staff were able to see people regularly for care plan reviews and one to one sessions.
- East Coast Recovery were in the process of recruiting to a bank of workers to use to cover staff absence which means that temporary staff will be familiar with the treatment of people who use the service and of the services policies and procedures.
- Staff were 100% compliant with mandatory training.

Assessing and managing risk to patients and staff

- Risk assessments were completed at initial assessment prior to people accessing the service. The risk assessments were comprehensive and looked at a variety of issues including past substance misuse and overdose risks.
- Risk management plans were completed in order to create ways to reduce risk and to keep people who use the service safe. However, not all identified risks were translated in the risk management plan in the records that were reviewed. This meant that some risks did not have plans created to reduce risk to people's health and wellbeing.

- We looked at medication management and complete a random count of medication to ensure everything was accounted for. We did not find any discrepancies. There was a robust system in place to log medication in to the service. One member of staff was a lead worker for medication management. 100% of staff had received safe administration of medication training.
- Training records showed us that staff were 100% compliant with safeguarding training. We spoke with staff and they were able to describe the process for reporting safeguarding concerns. They told us that people would have a new risk assessment completed and they would inform the safeguarding lead for the service.
- The service has a safeguarding policy, which described the different types of abuse people may be subjected to. Staff were aware of this policy. The policy also addressed professional boundaries and appropriate relationships between staff and people who use the service. The policy was last reviewed in August 2014.
- A room search policy was in place which meant peoples rooms were searched if there was a suspicion of substance misuse which may be putting the safety of others at risk.

Track record on safety

- There were no serious untoward incidents in the last 12 months involving people accessing treatment at the service.
- Incidents and near misses are recorded in the service. A revised incident reporting form was introduced to the service in October 2014.
- All incidents were discussed by management in a weekly managers meeting. The incidents were reviewed and decisions were made on how to prevent incidents happening again. The learning was then disseminated via email to the staff team and also discussed in clinical supervision.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

Our findings

Assessment of needs and planning of care

- Individual needs were assessed at the beginning of treatment and an initial care plan was created to support those needs. The comprehensive assessment included information relating to physical health, mental health and social circumstances.
- The service ethos is based on the principles of 12-step recovery. The care records we reviewed showed that care plans were formulated to support clients in working through each step. However, the care plans lacked further detail in ways to support people with other needs such as employment, education and family relationships.
- Information about care was stored securely and staff had access to this information.

Best practice in treatment and care

- The service based its treatment on 12-step recovery which was a recognised treatment approach for people with drug and alcohol addiction.
- During the inspection there was evidence that a file audit was underway. The audit was checking the quality of care records and actions were listed for staff to follow up where there was information missing.
- The staff code of conduct was based on the FDAP (Federation of Drug and Alcohol Professionals) principles.

Skilled staff to deliver care

- The staff team consisted of therapists, support workers and managers, all of which had experience of drug and alcohol services.
- Staff receive a comprehensive induction when they begin their employment in line with East Coast Recovery's induction policy.
- Staff receive monthly supervision and are appraised on a yearly basis. Staff files were reviewed and there were no gaps in supervision and appraisal records. These were signed by staff members.
- Staff have access to a comprehensive mandatory training programme including training in boundaries, risk assessment, administration of medication and safeguarding.
- There was evidence of staff being supported to obtain further specialist training such as NVQ Level 3 in Health and Social Care.
- Evidence in staff files showed that the provider had dealt with performance issues within THE appropriate timeframes.

Multi-disciplinary and inter-agency team work

- The co-ordination of care was discussed through the monthly clinical meetings.
- Formal handovers took place in the service at the start of each day which allowed staff to communicate any issues relating to people's care.
- The service told us that they had positive working relationships with local authorities who support people to refer to the service. These relationships continued throughout the treatment of people who use the service. Commissioners were provided with regular treatment reports.
- A meeting took place with local social services during the course of the inspection to allow the service to address some recently identified concerns with the provision of treatment by this service.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

Our findings

Kindness, dignity, respect and support

- Staff spoke to people in a compassionate and caring way during our inspection.
- The treatment centre had a variety of private consultation rooms for people to receive therapy and support. This meant that people's confidentiality and privacy could be upheld.
- People said they were treated with dignity and respect when receiving therapeutic and other interventions from staff.
- Staff spoke with enthusiasm and passion about being able to deliver person centred care.

The involvement of people in the care that they receive

- Two people who use the service told us that they were not aware of the contents of their care plan. All other people said they were involved in creating their goals. There was evidence in care records that people had signed their individual care plan.
- People told us they were given lots of information during the first days of treatment and that they were sent information prior to them starting treatment with East Coast Recovery.
- People have access to weekly one to one meetings with their allocated worker and care plans were reviewed monthly. This means that people's care plans are up to date with current information.
- People had access to weekly feedback forms which allowed them to feedback on all aspects of the service, including how they felt they were treated by staff. People who use the service told us that they were happy with the outcomes they had received following feedback and making complaints.
- There were weekly community meetings that provided an opportunity for people to feed back on the service.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary of findings

Our findings

Access and discharge

- There was no waiting list for accessing treatment at the time of inspection.
- There was evidence of staff working in an individual way to engage people who had suffered a RE-lapse or were considering stopping treatment.
- We saw evidence of treatment reports being sent to local authorities updating them of a person's recovery journey and starting conversations about discharge.
- People were signposted to the 12-step fellowship for support outside of the service.
- Activities and Therapy sessions were not cancelled. The team had capacity to cover sessions if staff were sick, due to the appropriate levels of staffing.

The facilities promote recovery, comfort, dignity and confidentiality

- There were displays of the services recent achievements in the entrance to the building. This showed that the service was involved in the local recovery community.
- All rooms were fit for purpose and were decorated in a way which supported therapy.

Listening to and learning from concerns and complaints

- Complaints posters were visible in the service and had recently been re-designed to make the information easier to understand for people who use the service.
- People told us that they felt staff were approachable and they felt listened to. One person told us that they had recently made a complaint and they were happy with the outcome. Staff had met with them and made sure they had addressed the complaint in full.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

Our findings

Vision and values

- Staff and managers were able to communicate the vision for people who use the service and had clearly defined recovery in line with the National Drug Strategy.

Good governance

- There were effective systems in place to ensure the staff team were supported including a training matrix, supervision arrangements and a professional development cycle.

- Policies had been updated in response to some recent issues that had been raised by local partners. This had been completed to support staff with clear guidelines regarding boundaries and professional relationships. The policies were based on recognised practise.
- A meeting took place with the local safeguarding team to address communication and to develop a way of working together more effectively in the future.
- Incidents were reported and discussed in a team setting to ensure that learning was shared and improvements were made.

Leadership, morale and staff engagement

- Staff reported that the team worked well together and morale was good. They reported that morale had improved in recent months as a result of increased support from each other and additional management support.
- Managers were available in person to staff on most days of the week and senior staff were always on duty to offer support to the team.