

The Pavilion

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

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.

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service had enough staff to care for clients. Staff were highly motivated and person centred in their approach. Staff had all completed a comprehensive mandatory training programme and there were opportunities for staff development across the service.
- Care plans were holistic, recovery-orientated and included clients' views. Clients could access a

comprehensive therapy programme as part of the treatment. Clients' physical healthcare was monitored throughout their stay. Staff supported clients to plan for discharge.

- The use of shared care records was innovative as clients were able to access, input and read their records at any time using an electronic recording system. They were provided with their own password to enable them to access their care records from the

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service both during and after treatment. They were able to document their own thoughts and views directly into on their own care records. Care records were highly inclusive of clients' views.

- There were overall good medicines management practices in place. There were good operational procedures and medicines were prescribed and administered as appropriate. Medical cover was in place at all times
- Clients were treated with kindness, dignity and respect. Clients told us that they felt listened to and staff knew their individual needs well. The diverse needs of clients were accommodated across all aspects of the service. Clients had the opportunity to give feedback about their care and treatment. Carers were involved where appropriate and spoke highly of the service.

- There were excellent governance and management structures which enabled the service to be run to a very high standard.

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

- Staff did not routinely monitor the temperature of the clinic room. This meant that staff could not be certain that medications stored at room temperature were safe to use.
- Risk assessments were not always completed as per the treatment pathway.
- There was a blanket rule around the use of mobile phones.

Summary of findings

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Summary of this inspection

Background to The Pavilion

The Pavilion was an independent centre providing detoxification programmes from alcohol and substance misuse. It was located in a rural setting near Chorley in Lancashire with open views of the countryside.

The length of stay at the centre was based on individual need ranged from seven to 28 days. A combination of clinical and therapeutic services were provided to support people during the detoxification programme. The Pavilion provided a total of 12 beds to both men and women over the age of 18. At the time of our inspection two of the bedrooms were being used as an office space.

The Pavilion had been registered with the CQC since 22 February 2016. It was registered for the following regulated activities: Accommodation for persons who require treatment for substance misuse.

The service was commissioned by five organisations; four in the Lancashire area and one in the Yorkshire area. Referrals were also accepted from clients who privately funded their stay.

No previous inspections had been carried out at The Pavilion.

At the time of this inspection, there were two registered managers in place however one of the registered managers was due to apply to remove their registered manager status.

Our inspection team

The team that inspected the service comprised three CQC inspectors and one pharmacist specialist.

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 asked other organisations for information.

We carried out an announced visit to this location on 18 August 2016. During the inspection visit, the inspection team:

- looked at the quality of the physical environment
- observed how staff were caring for clients
- spoke with seven clients or ex-clients

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- spoke with two carers
- spoke with the current registered manager and the head of clinical services
- spoke with five other staff members employed by the service provider, including the referrals co-ordinator, pharmacist, nurses and support workers
- attended and observed a handover meeting and a group therapy session for clients
- looked at care and treatment records for all three clients receiving treatment on the day of our inspection
- carried out a specific check of the medication management in the hospital and looked at all relevant prescription charts
- observed medicines administration
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with seven clients or ex-clients of the service and two relatives. Clients were extremely complimentary about the support they received from the staff and felt staff provided the help they needed. Clients said they felt safe. They told us that staff were polite and treated them with respect and dignity. Clients said there were a variety of activities including at weekends and evenings, and they were encouraged to make their own choices. Clients told us they were involved in their care and treatment. They felt they would be able to raise concerns should they have one and were confident that staff would listen to them.

Carers felt fully involved in the treatment of their relative. They said the staff were extremely welcoming and caring and knew them by name. The family sessions they were offered were beneficial. They commented that the building and the grounds were fantastic and they would have no hesitation in recommending the service to others or their relative returning there if this was ever necessary.

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 routinely monitor the temperature of the clinic room. This meant that staff could not be certain that medications stored at room temperature were safe to use.
- One risk assessment for a client had not been completed fully.

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

- The environment was clean and well maintained.
- The service had enough staff to care for the number of clients and their level of need.
- All staff were given a comprehensive induction.
- There was a fully equipped clinic room with emergency drugs that were checked regularly.
- Medicines management practices were good.
- Observations of clients were robust.
- All staff were trained in safeguarding adults and children and had a good understanding of the alert process.
- There was a clear incident reporting system in place.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All client records contained a comprehensive and holistic assessment of need.
- Clients were able to access their own care records using an innovative electronic recording system.
- All clients had received a physical examination on admission and throughout their stay.
- Regular audits were carried out to ensure continuous improvement of the service.
- There were structured group and individual therapy sessions on a daily basis.
- The service had experienced and appropriately qualified staff. All staff had received a full induction.
- Regular follow ups were completed following a client's discharge from the service.
- Handovers were completed in an organised and respectful way.

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

- There was a blanket rule around the use of mobile phones with no individual assessments around the use of these.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We saw staff interacted with clients in a relaxed, kind and respectful way. Staff showed positive engagement and willingness to support clients. Staff actively listened to clients.
- Clients were complimentary about the support they received from the staff and felt staff provided the help they needed.
- Clients were oriented to the unit on admission on and provided with a welcome pack.
- Clients were actively involved in the care planning process. They were able to access an electronic recording system which gave them full access to care plans, risk assessments and their notes. They were able to provide written comments regarding their care although it was not possible to delete any information that had been written about them.
- Carers spoke highly of the service and felt involved from the moment their relative was admitted.
- Staff acted upon issues raised by clients.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- An admissions coordinator dealt with referrals ensuring a well managed process from referral to admission.
- Clients could be admitted quickly to the service.
- All clients signed a treatment contract upon admission which provided the client with clear expectation of them and the service.
- There was a clear pathway if clients were to exit unexpectedly from the service.
- Clients had access to hot drinks and snacks anytime of the day.
- Staff offered clients a range of activities including at evenings and weekends.
- The service had information leaflets in English. Staff told us that leaflets in other languages and interpreter services could be made available when needed. Staff gave clients relevant information that was useful to them such as treatment guidelines and conditions.

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- Clients were given choice of food they wanted to meet their dietary requirements and their health, religious and ethnic needs when required. Clients said the food was delicious.
- The environment was accessible to those requiring disabled access.
- There was a clear complaints process and clients knew how to complain.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff knew the vision and values of the organisation and embedded these in their practice.
- Staff morale was high. Staff reported a positive,cohesive team culture.
- Staff spoke positively about their roles and demonstrated their dedication to providing high quality client care.
- Audits were regularly completed and improvements made as a result of these.
- Staff felt supported by their managers. They told us that the manager was accessible to staff, approachable and had an open door policy.
- Staff had received mandatory training in all areas.
- Staff had received supervision and appraisal at the intervals stated in the provider's policy.
- The service had effective governance processes to manage quality and safety.
- Staff were open and transparent and explained to clients if and when something went wrong.

Detailed findings from this inspection

Mental Health Act responsibilities

The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health

were to deteriorate, staff were aware of who to contact. Some of the nursing staff had been trained as registered mental health nurses which meant that they were aware of signs and symptoms of mental health problems.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff demonstrated a good understanding of the Mental Capacity Act and could apply the five statutory principles. Staff were aware of the policy on the Mental Capacity Act and Deprivation of Liberty safeguards and knew the lead person to contact about the Mental Capacity Act to get advice.

Clients were supported to make decisions where appropriate. When clients may have lacked capacity, for

example when they had just been admitted to the unit or were in the early stages of detoxification, decisions were delayed or made in their best interests, recognising the importance of their wishes, feelings, culture and history.

There were no clients subject to Deprivation of Liberty safeguards.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

The building was maintained to a very high standard. The unit was purpose built and modern. All communal areas were clean and tidy. We saw cleaning rotas that demonstrated that the service was cleaned on a daily basis. Control of Substances Hazardous to Health assessments and information were in place which meant that staff and clients were guided how to use cleaning and other substances safely.

Bedrooms were furnished with a single bed, wardrobe and small lockable bedside cabinet. All bedrooms had en suite facilities. All bedrooms had immediate access to outside space and were light and airy with neutral décor. Clients could bring personal items from home to put in their bedroom during their stay.

At the time of the inspection, there were only female clients admitted to the unit. We were told that if males were admitted the small lounge was designated as a female only lounge.

We found that the wall between the small lounge and the clinic room was not soundproofed. We could hear people talking in the clinic room next door when we were in the small lounge although speech could not be heard clearly. The registered manager was already aware of this issue. We were assured that no therapeutic or confidential sessions took place in the small lounge and the registered manager for the service was looking into ways of soundproofing the wall between the clinic room and the lounge.

Staff carried out environmental risk assessments regularly. The manager carried out a health and safety walk through the building each month which ensured that action was taken when shortfalls were identified and any new risks were highlighted.

All fire safety checks were carried out regularly. There were weekly fire alarm checks and checks on fire extinguishers. There were six monthly alarm maintenance checks and current fire safety certificates for fire fighting equipment.

There were current gas safety and portable appliance testing certificates in place which meant that equipment was maintained and tested to ensure they were safe to use.

There was a legionella water sampling report that had been carried out in May 2016. Staff had put in controls to manage the risk of legionella and monitored and recorded these regularly.

There were ligature points around the building including in the bedrooms. However a ligature risk assessment had been completed and the service did not admit anyone with complex mental health needs. A ligature is a place to which clients intent on self-harm might tie something to strangle themselves. All staff had been trained in applied suicide intervention skills training and nurses completed regular observations of clients. There had been no ligature incidents at the service.

There was a fully equipped clinic room. Records confirmed that resuscitation equipment, emergency drugs and the defibrillator were checked on a daily basis.

Clients were provided with mobile call bells on admission that they could use if necessary which helped ensure the safety of clients.

Safe staffing

There were six qualified nurses employed at The Pavilion and six whole time equivalent support workers. The Pavilion had one administrative vacancy but this was currently under review.

There were no shifts that had to be filled by bank or agency staff to cover sickness, absence or vacancies in the three

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month period up to 3 August 2016. If bank or agency staff were used they were familiar with the service and completed a full induction prior to commencing their shifts. There were no shifts in this period that did not have the expected staff numbers on shift. If staff members were absent the shift could be covered quickly by bank or agency staff. Since opening in February 2016, one nurse and one member of the administrative team had left their post. There was a sickness rate of one percent across the service which meant that clients received consistent care and treatment.

On each shift, there were at least two staff on duty during the day including a nurse and a support worker. In addition to this the registered manager that was based at The Pavilion was a qualified nurse. There were two staff at night, one qualified nurse and one support worker. Staff numbers could be increased if more than six clients had been admitted to the service.

There were three clients currently admitted to The Pavilion during our inspection visit and another client was admitted on the day of the inspection. Clients told us and records confirmed that there were sufficient staff to support clients well. Activities, escorted leave and one to one named nurse or therapist sessions were rarely cancelled.

There was medical cover day and night. There was at least one qualified nurse on each shift and there was an on-call rota for doctors and non medical prescribers. Medical rotas for doctors were centrally organised via the organisations head office to ensure that the service was covered by a doctor at all times. Due to the length of stay at The Pavilion, clients were not routinely registered with a local GP upon their arrival. If there was a medical emergency an ambulance would be called. The 111 service could also be contacted.

There was a programme of mandatory training in place. Compliance rates for each training course were 100%. Staff completed the following mandatory training information governance, infection prevention, basic life support, equality and diversity, accident and incident reporting, safeguarding children, safeguarding adults, records management, complaints, conflict resolution, display screen equipment and medicines management.

There was a fit and proper persons test policy which included a requirement for directors to complete an annual fit and proper person declaration which was to be

presented to the board. We asked the provider for evidence that fit and proper persons checks had been completed for all staff. This included taking up references, disclosure and barring checks, photographic ID checks and checking nurses' registration. We saw that these had been completed.

Assessing and managing risk to clients and staff

There was a risk assessment pathway in place in the service. At the time of our inspection we looked at all three records for the clients currently admitted. We saw that there were two robust risk assessments and management plans completed but there was one that was not completed as per the admission pathway. However we were assured that this would be completed immediately.

All staff were trained in safeguarding and were able to describe how they would identify potential abuse. They were clear about the process of how to make a safeguarding alert.

There were good medicines management practices in the service. We looked at all three prescription charts and found that the charts were written up correctly and all medicines were signed by the prescriber. We saw that standard operating procedures were in place to promote the safe, secure and effective use of controlled drugs (medicines subject to tighter controls as they are liable to be misused). Controlled drugs were checked every day, stored securely and controlled drug orders were all signed by the pharmacist or the doctor.

Patient group directions were in place for oxygen, adrenaline and chlorthalidone and were authorised in the way required by law. Patient group directions allow named nurses to supply and/or administer prescription only medicines to clients using their own assessment of client need without having to refer back to a doctor for an individual prescription. We found that all patient group directions were in date and there was a list of nurses assessed by the clinical manager as competent to administer each medicine covered by a patient group direction.

We observed one medicines administration at lunchtime and found that safe procedures were followed and clients were given their medicines in private to give them the opportunity to raise any issues.

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Medicine refrigerator temperatures were monitored on a daily basis. The temperature of the clinic room was not routinely monitored by staff. The room was very warm on the day of inspection. The recommended maximum temperature for the safe storage of medicines is 25 degrees centigrade. There was no temperature gauge in the clinic so there was no way of knowing the exact room temperature. This meant that staff could not be certain that medications stored at room temperature were safe to use. However, there was a window that could be opened in the room and we were assured that a room thermometer would be installed immediately after the inspection.

Medicines reconciliation was completed on admission (checking that a person continued to receive all the medicines prescribed by their own doctor where appropriate). The pharmacist employed by the service was a non-medical prescriber who clinically checked prescription charts. Staff completed risk assessments so that clients could hold and manage their medicines in their own rooms where this was appropriate.

There were good protocols in place for the annual checks of registered prescriber's competency. The head of medicines management for the organisation completed competency checks and their competency was assessed by the medical director.

There were safe procedures for children visiting the service. If children entered the unit they were immediately directed to the small lounge area which was away from the bedroom areas. Visitors and children were also able to use the grounds of the building when visiting their relatives at the service.

Track record on safety

There were no serious incidents since the service had opened in February 2016. There was an untoward and serious untoward incident policy which outlined the responsibilities of the provider regarding incidents and included client safety incidents.

Governance arrangements were in place to ensure there were appropriate reviews of incidents and complaints, and action on audits.

Reporting incidents and learning from when things go wrong

The provider had a robust incident reporting system in place. Staff were encouraged to report anything that they

believed to be untoward. All staff members completed the incident reporting form and emailed the form to the head of clinical services and the registered manager for information. The incident reporting form was stored on the organisations shared drive. Recommendations and lessons learnt were discussed at the managers meeting and were then cascaded to the staff team. They were also shared with the client if appropriate.

One example of learning from incidents was from a medicines related incident in February 2016. The prescriber had omitted to sign the second page of a prescriptions chart for a detoxification. As a result of this the medicines chart was redesigned with all 'signed for' medicines on one page. A prescription checklist was also produced for nurses to check the prescription chart prior to the prescriber leaving the premises.

Duty of candour

The Duty of Candour regulation means that providers of healthcare services must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of clients) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology.

There was an up to date policy on Duty of Candour and all of the staff we spoke to were clear in their understanding and their role in this area. None of the incidents met the threshold for Duty of Candour.

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

Assessment of needs and planning of care

We looked at three care records and all contained a comprehensive assessment that had been completed by day three of the clients stay. These covered all aspects of care as part of a holistic assessment. Care records showed that all clients had received a physical examination on admission and there was evidence of ongoing physical health monitoring in all of the records we looked at.

The service managed care records appropriately using electronic systems. Records were organised and stored securely. Staff and clients could access their records when needed using an innovative care records system.

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Best practice in treatment and care

The service followed National Institute for Health and Care Excellence guidelines when prescribing medication. All staff had access to information from the National Institute for Health and Care Excellence guidance updates and this was a standard agenda item on both of the multidisciplinary team meeting minutes we looked at. We saw information on clients' medicines based on National Institute for Health and Care Excellence guidance which included information on drug interactions, dosages, contra-indications, side effects and health checks required.

The service was able to offer psychological therapies. The therapist for the service facilitated structured group therapy sessions between 10am – 12pm each day and in the afternoon provided individual counselling sessions to focus on any issues that had arisen for clients during the morning session. The group sessions focussed on different areas for each session. These included anger management, relapse prevention, stress and anxiety, values and beliefs, taking responsibility and effects of substance misuse. We observed a group session focussing on anger management and saw that it was excellently facilitated by the therapist. The group was very well led and the therapist took the time to explain how the group would work. They assured clients that if they felt uncomfortable they could leave the group or take time out. The session was collaborative and we saw that the therapist actively listened to clients. Family therapy and support sessions could also be provided where necessary.

There were effective processes in place for monitoring of physical health care needs. Upon admission, clients were given a full physical health screen. Baseline observations were undertaken on blood pressure, pulse, respirations, oxygen saturations, temperature and urine drug screen. On day three of the admission, staff completed dry blood spot testing on clients to check for blood borne viruses like hepatitis B, hepatitis C and HIV. Staff also took bloods for liver function tests if this was indicated. On day four there would be a repeat drug screen if indicated. Physical observations were completed throughout the detoxification process at the nurse's discretion.

The service used the Severity of Alcohol Dependence questionnaire to establish levels of alcohol use with clients. The Clinical Institute Withdrawal Assessment for Alcohol and the Clinical Opiate Withdrawal Scale were used as appropriate at regular intervals over the course of the

withdrawal to establish whether as required medication would be needed to assist clients. Client observations were taken up to every 15 minutes if the assessment tools indicated this. The Warwick-Edinburgh Mental Wellbeing Scale was used on day three of the admission pathway to monitor and assess clients' mental wellbeing during the withdrawal process.

The service used the Treatment Outcome Profiles to rate outcomes for all clients. A Treatment Outcome Profile was completed on admission and discharge. This information demonstrated the effectiveness of treatment provision and included ratings for improvements in substance use, injecting behaviour, crime and health and social functioning. Follow ups of clients progress were also completed at one week, one month, three months and six months post discharge. Data was submitted to the National Drug Treatment Monitoring System which collected, collated and analysed information from drug treatment services.

Staff at the service had carried out a number of audits including nursing and midwifery council registration, health and safety, training, controlled drugs, disclosure and barring service, and infection control audits. Managers also conducted a monthly CQC audit which included checks on clinical rooms, bedrooms, incidents, and complaints and compliments. An audit action plan was completed after audits had been undertaken to ensure that improvements were made.

Skilled staff to deliver care

The team had experienced and appropriately qualified staff. It consisted of a dedicated clinical manager with significant experience of delivering substance misuse treatment and managing substance misuse services. The clinical manager was supported by two lead recovery nurses and a team of recovery nurses and support workers. The service had access to 24 hour a day seven days a week medical and nursing care. Clients had access to psychological therapies as part of their treatment as individual or group therapy. There was a therapist who provided a bio-psychosocial model of interventions.

All staff employed at the Pavilion had undergone a full induction. The induction included training on infection control, medicines management, blood borne viruses, safeguarding adults and safeguarding children.

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All staff were supervised every four to six weeks and completed an annual appraisal through the organisations appraisal process which focussed on goals, reality, options and ways forward. We looked at nine supervision and appraisal records and saw that all staff had received their supervision and appraisal within the time frame specified.

Poor staff performance was addressed promptly and effectively. Appropriate and structured plans were put in place for those whose performance was being managed and coaching was provided to support staff members who were under performing. There was an up to date policy for the management of poor performance.

Multidisciplinary and inter-agency team work

There were monthly multidisciplinary meetings. We looked at the minutes of the two most recent team meetings and found these were attended by the majority of staff. There were standing agenda items which included safeguarding and health and safety. The meetings demonstrated that all staff provided input into the day to day running of the service and that there was a good flow of information from senior management and back.

There were two handovers each day, one from the night to day staff and vice versa. We observed one handover from the night staff to day staff during the inspection. All members of the clinical team were present and discussions took place around how clients had presented during the night, medication issues, safeguarding issues. The handover was completed in an organised, thorough and sensitive manner.

The Pavilion had good working relationships with the external organisations. Care managers, worked in partnership with the service to gather information about risks, clinical needs and discharge planning. They worked together to facilitate safe discharge. They had effective partnership working with the local pharmacy, mutual aid organisations and the local authority.

Adherence to the MHA

The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health were to deteriorate, staff were aware of who to contact. Some of the nursing staff had been trained as registered mental health nurses which meant that they were aware of signs and symptoms of mental health problems.

Good practice in applying the MCA

All staff had received mandatory training in the Mental Capacity Act (2005) including Deprivation of Liberty safeguards. There were no clients subject to Deprivation of Liberty safeguards.

All of the staff we spoke to had a good understanding of the Mental Capacity Act and its principles.

Care records we looked at and treatment contracts showed that clients had signed and consented to treatment, sharing of information and confidentiality agreements. Discussions with clients demonstrated that they were all aware of, and agreed with, their treatment and care.

Equality and human rights

All staff had completed eLearning training in equality and diversity. There was a comprehensive and up to date equality policy in place which documented the commitment the service had to the promotion of equality of opportunity and the elimination of harassment and discrimination in the workplace. The equality policy included the protected characteristics set out in the Equality Act 2010. The service demonstrated a commitment to promoting equality and diversity. For example by ensuring staff received training delivered directly by representatives from a lesbian, gay, bisexual and transgender group, and a designated nurse who had made links with the local Muslim community. There was a designated lounge for females.

There were some blanket rules in place which were that clients were not to leave the grounds during their stay and that mobile phones and other electronic devices were taken from clients on admission and from day three or four given to them for an hour from 8pm. Clients signed a contract which included this condition upon admission. However, as signing the contract was a condition of admission, this meant that if a client did not sign the contract, they would not be accepted for admission. The restriction of mobile phones was not based upon individual clinical risk and did not reflect the recovery focussed ethos of the service.

Management of transition arrangements, referral and discharge

There were effective processes in place for transition into the community. Clients could be referred on to local agencies upon discharge from the service and referring agencies were always made aware of a client's discharge

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both verbally and in writing. Clients were also provided with details of an on-line evidence based resource that assisted clients to continue with their recovery upon discharge. If clients required or requested a period of rehabilitation after their stay at The Pavilion, suitable accommodation would be sought in collaboration with the client.

Are substance misuse services caring?

Kindness, dignity, respect and support

We spoke to seven clients who either had been or were currently in treatment. All of the clients told us that the staff were very caring and compassionate. Staff took their time to get to know them, did everything they could to support them and treated them as individuals. We observed staff speaking to clients in a respectful way throughout the inspection.

We observed a group session which was led by the therapist and a support worker. They explained the structure and purpose of the session before the group started so that clients understood the purpose of the group and ensured that clients were comfortable to begin the group. We saw that the staff were respectful, polite, encouraging, curious, interested and supportive of clients' needs. They actively listened to what clients had to say.

Staff provided support and treatment in a dignified and discreet manner throughout the inspection.

The involvement of clients in the care they receive

If clients were well enough upon admission, they were shown round the service to enable them to orient themselves to the environment. They were given a welcome pack which provided detailed written information about the service including therapeutic sessions, timetable of activities, the online electronic recording system, the client contract and details of their named nurse.

Clients were actively involved in the care planning process and they could access an innovative electronic recording system which gave clients full access to care plans, risk assessments and clients' notes. They were able to write their own comments in their care records.

Clients were supported to access advocacy and they were also encouraged to self-advocate. There were community

meetings where clients were able to give feedback on the service they received. There was a 'you said, we did' board in the main lounge which demonstrated that staff had acted upon issues raised in the meetings.

We spoke to two carers whose relatives had been admitted to the service. Both carers said that the standard of care offered to their relative was extremely high. They said that upon arrival they were greeted by the manager and provided with a full tour of the service. Different medication options were discussed with the clients' permission and they had full confidence and trust that their relative was being looked after.

Families and carers were encouraged to remain in contact according to the clients' wishes and they could ring at any time of the day or night. Family therapy sessions were offered and carers found these useful in aiding their understanding of substance misuse problems and rebuilding relationships with other family members. Staff members across the service were all welcoming, friendly and knew carers by name.

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

Access and discharge

Clients were referred from five organisations that commissioned the services at The Pavilion. Clients could also refer themselves or were referred by referral agencies on a private basis. There was an admissions co-ordinator who dealt directly with all referrals. The Pavilion website enabled people to make direct contact with the admissions coordinator and then to arrange a visit or an admission within 24 hours or sooner if indicated at initial enquiry stage. Upon receipt of an initial enquiry, the service invited the client to visit the service to establish if their needs could be met and to enable the service to undertake an assessment of client's treatment requirements. If clients preferred not to visit in advance of admission, the service could undertake the initial assessment over the phone.

Clients were seen by the registered manager and either a doctor or non-medical prescriber upon admission to complete the initial assessment. Physical health checks were provided upon admission continued throughout the clients' stay.

Substance misuse services

All clients signed a treatment contract upon admission which clearly detailed what could be expected in terms of services and the service expectations about commitment to treatment. There were three client commitments which would result in immediate discharge from the treatment programme. These were:

- The use of illegal drugs, alcohol or non-prescribed medication or the possession of drug paraphernalia
- leaving the Pavilion grounds and
- threats or use of violence toward staff or other clients.

There was a robust and clear pathway if clients were to exit unexpectedly from the service. The manager would attend or be called if they were off site or out of hours. Clients would be provided with a discharge care plan and relatives or carers would be contacted with the clients consent to provide a safe exit from the service.

Prior to discharge clients were provided with a list of aftercare services local to their area of residence and appointments were arranged to enable them to continue their treatment journey in the community. There was an ex-clients group facilitated by the service which took place every Saturday and was well attended.

The facilities promote recovery, comfort, dignity and confidentiality

There were a range of rooms to support treatment and care. There was a clinic room where medicines were administered, a small lounge and a main lounge where group sessions took place. If clients needed a quiet area to go to they were able to access their bedrooms throughout the day. Clients could make a phone call in private between eight and nine o'clock on their mobile or by using the nurses office phone at any other time. However clients told us that they would like access to their mobile phone for a longer period of time.

Clients had access to the large grounds and could access the outside space at any time of the day or night. Bedrooms all had direct access to outside space.

All of the clients we spoke to said the food was delicious and we saw that food was well presented and of good quality. Clients had access to hot drinks and snacks at all times through the day and night. These were located in the main dining room.

Clients were able to personalise their bedroom during their stay and there was a lockable cabinet to enable clients to safely store any possessions that were valuable to them.

Meeting the needs of all clients

The environment was accessible to those requiring disabled access and was all on one level. There was a bedroom adapted for clients who were wheelchair users which included an adapted bathroom.

Information leaflets could be provided in different languages should these be needed and staff knew how they would access an interpreter or those proficient in sign language. Some members of staff spoke additional languages to English which meant that the service was more accessible to clients who may only have spoken those languages.

Food could be tailored to individual need, for example if a client required a special diet for health or religious reasons, this could be accommodated.

Spiritual support could be accessed at clients request. Local places of worship could be accessed and spiritual leaders could be brought in to see clients if necessary.

Listening to and learning from concerns and complaints

Since the service opened in February 2016 there had been four complaints. All of these complaints had been investigated and they were all upheld. Three of these complaints were made about the same agency member of staff on the same day and the complaints were dealt with immediately. None of the complaints were referred to the next tier of the complaint process such as the Parliamentary and Health Service Ombudsman where this was appropriate.

Clients told us that they knew how to complain and we saw that there were leaflets in the main lounge that detailed the complaints policy.

The Pavilion had received 12 compliments since February 2016. We saw a book of testimonials from previous clients and they were overwhelmingly positive about the service.

Are substance misuse services well-led?

Vision and values

Substance misuse services

Staff were aware of the organisation's vision and values. The vision and values focussed on the service being sustainable, accountable, person centred and accessible. Staff were aware of these values and their practice throughout the organisation kept these values central to their ethos. We saw that staff interviews were based on questions around the values of the service.

Staff knew who their senior managers were, they were a visible presence and said they felt supported by them.

Good governance

The organisation had highly effective governance processes to manage quality and safety. There was a clear organisational structure. The senior management team provided regular input into the service, in particular from the head of clinical services. There was also regular input from the head of human resources, head of business development and head of medicines management. There were separate monthly meetings for contract delivery, medical and clinical issues, governance and risk, performance and quality, finance and human resources and business development. Each of these was discussed at a quarterly senior management meeting and any developments or outcomes were given to the registered managers to discuss with the team as appropriate.

All of the policies we looked at were well written. Their purpose and scope were clear. All of the policies we looked at were up to date.

Outcomes for clients were measured using Treatment Outcome Profiles and fed into the National Drug Treatment Monitoring System. Key performance indicator requirements were managed by on site locality meetings which reported into the service monthly operational management meeting.

The manager felt they were given the freedom to manage the service and had administration staff to support the team. They also said that, where they had concerns, they could raise them. Where appropriate the concerns could be placed on the organisation's risk register. There was a local and provider risk register that staff at The Pavilion could place items onto. We looked at the current provider risk register and saw that there were identified risks, hazards, likelihood and consequences of the identified risk. The Pavilion had one high risk item on the risk register

regarding minimum requirements for bed occupancy and financial viability. The management of these risks were discussed at senior management meetings and managers had implemented plans to promote the service.

Leadership, morale and staff engagement

There was highly effective leadership within the organisation. The registered manager was highly motivated and demonstrated enthusiasm to ensure the service provided to clients was of a high quality. More senior managers had clearly defined roles and expectations of service delivery.

Our observations and discussions with staff confirmed that the team was cohesive with good staff morale. Staff told us that they worked well as a team, supported each other and respected each other's views regardless of their role. They all spoke extremely positively about their roles and demonstrated their dedication to providing high quality client care in line with the service visions and values. Staff were proud of the organisation as a place to work and spoke highly of the positive culture. This was reflected in the low sickness and absence rate in the 12 month period of one percent.

There were no grievances being pursued, and there were no allegations of bullying or harassment.

Staff told us that they were aware of the organisation's whistleblowing policy and that they felt free to raise concerns and would be listened to.

We saw staff feedback forms that had been completed in the last three months. These covered CQC domains of whether staff felt the service was safe, effective, caring, responsive and well led. The staff gave the service a rating of 'very satisfied' in all areas.

Staff told us that they felt supported by their managers and were offered the opportunities for clinical and professional development courses. They told us that the manager was accessible to staff, approachable and had an open door policy.

Staff were open and transparent and explained to clients if and when something went wrong. The manager discussed incidents with staff and clients as appropriate.

Staff were able to give feedback on the service and input into service development through their staff meetings.

Commitment to quality improvement and innovation

Substance misuse services

The service had worked with a local university in providing research on service user feedback. The service had completed an internal improvement study on communication styles within the service conducted by one of the organisations medical team.

Outstanding practice and areas for improvement

Outstanding practice

The provider had implemented an electronic recording system that clients could access at any time. This meant that clients were fully aware of their care and treatment.

They could make comments on aspect of their care within the record. This demonstrated that the service was open and honest in its approach and placed great emphasis on client inclusion and empowerment.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that the temperature of the clinic room is routinely monitored to ensure that medicines are stored safely.

Action the provider **SHOULD** take to improve

- The provider should ensure that risk assessments are completed as per the treatment pathway.

- The provider should ensure that restrictions around the use of mobile phones are based on individual clinical risk.
- The provider should ensure that the clinic room temperature is appropriately monitored.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <p>The registered person must ensure the proper and safe management of medicines.</p> <p>Staff did not routinely monitor the temperature of the clinic room. The room was very warm on the day of inspection. The recommended maximum temperature for the safe storage of medicines is 25 degrees centigrade. There was no temperature gauge in the clinic so there was no way of knowing the exact room temperature. This meant that staff could not be certain that medicines were being stored safely.</p> <p>This was a breach of Regulation 12 (2)(g)</p>