

# FOCUS12 - One Hundred and Twenty

## Quality Report

FOCUS 12.  
120 Cannon Street,  
Bury St Edmunds,  
Suffolk,  
IP33 1JU.  
Tel: 01284 701702  
Website: [www.focus12.co.uk](http://www.focus12.co.uk)

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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:

- Clients received an induction to the house upon admission. This allowed them to familiarise themselves to the layout of the house and the fire exits and procedures.
- Night intervention service staff provided support to this location up to 23:00 hours. Contact numbers were available for clients to contact these staff members if required during the night.
- Accommodation contracts were in place and these identified the expected standards of behaviour when sharing this accommodation with others.

# Summary of findings

- Weekly accommodation meetings were held at which any concerns identified by clients were addressed.

# Summary of findings

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# Summary of this inspection

## Background to FOCUS12 - One Hundred and Twenty

The provider of this service is Focus 12 - an independent charity, which was established in 1997. It is based in Bury St Edmunds.

120 Cannon Street is a residential accommodation for clients receiving detoxification from both drugs and / or alcohol under staff supervision. This was provided at the Charity's treatment centre located at 87-92 Risbygate Bury St Edmunds.

120 Cannon Street had three spaces and was rented by the Charity from a private landlord and the accommodation is then sub-let to clients conditional upon them receiving treatment at the Charity's treatment centre.

There were no clients receiving accommodation at 120 Cannon Street on the day of our inspection. There were a total of nine clients receiving treatment from the main treatment centre.

Primary treatment was offered over a 12 week period. Ongoing abstinence based treatment, which included group therapy and individual counselling was provided.

Clients using this service were either privately funded or had their funding approved by statutory organisations.

The provider was registered with the Care Quality Commission to provide the following regulated activities.

Treatment of disease, disorder or injury

Accommodations for persons who require treatment for substance misuse.

87 - 92 Risbygate Gate was last inspected on 4 January 2017 and this report is available on our website.

## Our inspection team

The team that inspected the service comprised of a CQC inspection manager - Peter Johnson.

## 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, asked other organisations for information and requested information from the provider.

During the inspection visit, the inspection team:

# Summary of this inspection

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with the lead administrator
- Looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

Clients were not available for interview during the inspection as they were receiving care and treatment at the Charity's main treatment centre.

# 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 areas of good practice:

- Staff and clients regularly cleaned the house. The location was visibly clean and tidy.
- Staff had been trained in the provider's incident reporting procedure. Staff used a standard incident form and knew what to report.
- Clients received an induction to the house upon admission. This allowed them to familiarise themselves to the layout of the house and the fire exits and procedures.
- Night intervention service staff provided support to this location up to 23:00 hours. Contact numbers were available for clients to contact these staff members if required during the night.
- Staff used a recognised screening tool in relation to the detoxification and withdrawal from drugs and alcohol. This ensured staff were monitoring clients' physical signs during withdrawal. Staff understood the warning signs associated with withdrawal from substances.
- Accommodation contracts were in place and these identified the expected standards of behaviour when sharing this accommodation with others.
- There had been no serious incidents reported since this location was registered.
- Clients were told about incidents and included in any debriefs. Staff said they could discuss incidents at weekly team and counsellor meetings. Management meetings were held every fortnight, minutes confirmed that incidents had been discussed.
- Staff were aware of the duty of candour and emphasised the importance of being open and honest with clients.

### Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff completed initial assessments via telephone including an initial measurement of severity of dependence for alcohol or

# Summary of this inspection

drugs. The service had an admissions criteria. Staff considered mental health issues and discussed these with the psychiatrist. If staff felt that they could not support a client through treatment, arrangements were made for alternative support.

- Staff followed guidance in the "orange book"; Drug Misuse and Dependence: UK Guidelines on Clinical Management (September 2007) when prescribing medications. The prescribing Doctor used appropriate medications and doses during treatment and reviewed these weekly.
- Each client received a residential handbook prior to admission. This had been reviewed in April 2016 and provided clear information about the accommodation provided as part of treatment prior to admission for each client.
- Clients using the service had access to staff with a range of skills and experience. The service included a consultant psychiatrist, counsellors, resettlement worker and a keyworker. The service also employed night intervention workers who were contactable via telephone after 23:00 hours. There was a variety of volunteers with varying experience.
- Staff reported positive working relationships with agencies in their local area to enable co-ordinated pathways of care.
- This accommodation was not suitable for someone with a physical disability. The provider confirmed that this was made clear to clients upon initial referral to the treatment centre.
- The service had a process in place for clients who leave the treatment unexpectedly. Clients were asked to sign a document, which stated that the discharge was against the advice of staff. Staff talked to the client around the dangers of relapse and harm reduction. Staff gave a limited amount of medication (two to three days), and communicated the client's decision to relevant people, that included their GP, care co-ordinator and families (where appropriate).

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Systems were in place to support clients while they were receiving accommodation in this location. This included evening visits from night intervention staff.
- Weekly accommodation meetings were held at which any concerns identified by clients were addressed.
- Clear contractual arrangements were in place to ensure that clients were committed to their treatment plan.

# Summary of this inspection

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Contractual arrangements were in place to ensure that clients complied with the treatment models being provided by the Charity
- The location was used as accommodation for clients receiving care and treatment at the Charity's treatment centre.
- Self-catering arrangements were in place and clients received support from staff where required.
- Clients had agreed to stay in this house whilst they were receiving care and treatment from the Charity.
- Discussions took place at weekly accommodation meetings where any individual needs were discussed.
- No formal complaints had been made about this location in the past 12 months.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff said morale was good, they said they get along as a team and enjoyed the work they did. They felt managers promoted an honest and open culture.
- Staff told us they had sufficient authority to do their job. They had sufficient administrative support in place and received appropriate support from the board of trustees.
- Managers gave examples of how they had improved the service for clients. For example, an improved medication administration system had ensured that clients received the correct medication.
- Systems were in place to monitor the quality of care given to clients.



# Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

## Are substance misuse services safe?

### Safe and clean environment

- Staff completed detailed up to date client risk assessments on admission. Individual risks were reviewed as necessary.
- Staff regularly cleaned the house. The location was visibly clean and tidy. Clients assisted staff with cleaning tasks.
- 120 Cannon Street provided accommodation for both men and women. Accommodation choice was based on an initial risk assessment carried out by staff on admission.
- Clients received an induction to the house upon admission. This allowed them to familiarise themselves to the layout of the house and the fire exits and procedures.

### Safe staffing

- The provider defined staffing levels for the treatment centre and the four houses. There were 18 members of staff consisting of, one full time clinical lead nurse, a part time consultant psychiatrist, counsellors, key workers, administration and night intervention workers.
- The provider did not use bank or agency staff. Short-term absences were covered by the staff team. There had been no long-term staff sickness since our last inspection.
- Managers adjust staffing for shifts daily and there was a duty rota in place. There were student counselling staff and volunteers trained in reception duties, to offer cover if needed.

- A consultant psychiatrist worked one day a week at the treatment centre and was available via telephone or email. Out of hours, staff would contact the local GP service or local general hospital in case of emergency.
- Managers now kept a record of staff training. This included details of future training. Staff administering medications had been trained and were up to date. Staff had received substance abuse specific training, and were being booked onto further Safeguarding Adults level 2 training.
- Night intervention service staff provided support to this location up to 23:00 hours. Contact numbers were available for clients to contact these staff members if required during the night.

### Assessing and managing risk to clients and staff

- Staff sought additional information from GP's, mental health teams, social workers and criminal justice workers as appropriate. These formed part of the initial risk assessment, which staff updated regularly.
- Staff had received further training about how to best assess the dependency of drugs and alcohol with clients on admission.
- Staff used a recognised screening tool in relation to the detoxification and withdrawal from drugs and alcohol. This ensured staff were monitoring clients' physical signs during withdrawal. Staff understood the warning signs associated with withdrawal from substances.
- Accommodation contracts were in place and these identified the expected standards of behaviour when sharing this accommodation with others.
- Staff were trained in safeguarding vulnerable adults. There was a safeguarding lead for the service. Staff said

# Substance misuse services

they would ask the lead or local authority if they needed guidance. There was an easy flow chart available for staff to follow on the procedure for abuse or suspected abuse of children and adults.

- Night intervention staff transported medication from the main treatment centre to this location so that clients received their night time medication before going to bed.

## Track record on safety

- There had been no serious incidents reported since this location was registered.

## Reporting incidents and learning from when things go wrong

- Staff had been trained in the provider's incident reporting procedures. Staff used a standard incident form and staff knew what to report. Managers had investigated incidents and provided feedback to staff about these.
- Clients were told about incidents and included in any debriefs. Staff said they could discuss incidents at weekly team and counsellor meetings. Management meetings were held every fortnight, minutes confirmed that incidents had been discussed.

## Duty of candour

- Staff were aware of the duty of candour and emphasised the importance of being open and honest with clients.

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

## Assessment of needs and planning of care

- Staff completed initial assessments via telephone including an initial measurement of severity of dependence for alcohol or drugs. The service had an admissions criteria. Staff considered mental health issues and discussed these with the psychiatrist. If staff felt that they could not support a client through treatment, arrangements were made for alternative support.

## Best practice in treatment and care

- Staff followed guidance in the "orange book"; Drug Misuse and Dependence: UK Guidelines on Clinical Management (September 2007) when prescribing medications. The prescribing Doctor used appropriate medications and doses during treatment and reviewed these weekly.
- Staff drug tested clients upon admission and randomly thereafter depending upon risks and presentation of individual clients.
- The counselling team offered a wide range of therapies that adhered to best practice guidance.
- Each client received a residential handbook prior to admission. This had been reviewed in April 2016 and provided clear information about the accommodation provided as part of treatment prior to admission for each client.

## Skilled staff to deliver care

- Clients using the service had access to staff with a range of skills and experience. The service included a consultant psychiatrist, counsellors, resettlement worker and a keyworker. The service also employed night intervention workers who were contactable via telephone after 23:00 hours. There was a variety of volunteers with varying experience.

## Multidisciplinary and inter-agency team work

- Clients were involved in regular weekly meetings with staff to discuss treatment progress and individual concerns.
- Staff reported positive working relationships with agencies in their local area to enable co-ordinated pathways of care.

## Equality and human rights

- This accommodation was not suitable for someone with a physical disability. The provider confirmed that this was made clear to clients upon initial referral to the treatment centre.

## Management of transition arrangements, referral and discharge

- The service had established working relationships with other agencies, such as housing providers and employment charities.

# Substance misuse services

- The service had an effective process in place for clients who leave the treatment unexpectedly. Clients were asked to sign a document, which stated that the discharge was against the advice of staff. Staff talked to the client around the dangers of relapse and harm reduction. Staff gave a limited amount of medication (two to three days), and communicated the client's decision to relevant people, that included their GP, care co-ordinator and families (where appropriate).

## Are substance misuse services caring?

### Kindness, dignity, respect and support

- Systems were in place to support clients while they were receiving accommodation in this location. This included evening visits from night intervention staff.

### The involvement of clients in the care they receive

- Weekly accommodation meetings were held at which any concerns identified by clients were addressed.
- Clear contractual arrangements were in place to ensure that clients were committed to their treatment plan.

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

### Access and discharge

- Contractual arrangements were in place to ensure that clients complied with the treatment models being provided by the Charity.
- Clients received accommodation for their full 12 week treatment programme.

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

- The location was used as accommodation for clients receiving care and treatment at the Charity's treatment centre.
- Self-catering arrangements were in place and clients received support from staff where required.

- Clients had their own bedrooms where they could access quiet spaces, except for the agreed shared bedrooms. There was a separate lounge and dining room which clients used.
- Clients were able to access outside space whenever they liked via the garden.
- Clients made their own food and had access to this 24 hours a day.
- Clients had a timetable where they could access groups as part of their treatment plans in the evenings and at weekends.

### Meeting the needs of all clients

- Clients had agreed to stay in this house whilst they were receiving care and treatment from the Charity.
- Discussions took place at weekly accommodation meetings where any individual needs were discussed.

### Listening to and learning from concerns and complaints

- Systems were in place for clients to raise individual concerns about the accommodation provided.
- Staff confirmed that most issues raised were dealt with as informal complaints and addressed immediately.
- No formal complaints had been made about this location in the past 12 months.

## Are substance misuse services well-led?

### Vision and values

- The service had recovery based visions and values. Staff knew these and reflected the values of the organisation in their work.
- Staff had been informed of the provider's vision and values at interview, and on induction.
- Staff knew who the most senior members of the Charity were. They said they visited the treatment centre service and sometimes worked from there.

### Good governance

# Substance misuse services

- Staff told us they had sufficient authority to do their job. They had sufficient administrative support in place and received appropriate support from the board of trustees.

## **Leadership, morale and staff engagement**

- Staff said morale was good, they said they get along as a team and enjoyed the work they did. They felt managers promoted an honest and open culture.

- Staff spoke with passion about working with clients in recovery.

## **Commitment to quality improvement and innovation**

- Managers gave examples of how they had improved the service for clients. For example, an improved medication administration system had ensured that clients received the correct medication.
- Systems were in place to monitor the quality of care given to clients.