Harvey House

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 issues that the provider needs to improve:

- Managers did not supervise and appraise staff's work performance consistently.
- The organisation did not have a ligature and environmental audit in place. This is to ensure that staff take action to reduce any ligature risks and ensure the premises are safe. Fridge temperatures were out of range for a consecutive period and these had not been brought to the attention of the management to address this issue.
- There were gaps in the information held on staff files. Managers were not fully checking whether potential staff were suitable before they started working with clients at Harvey House.
- Not all staff were up-to-date with mandatory training and therefore did not receive ongoing training and support to carry out their roles safely and effectively.
- The auditing programme was not fully implemented. Managers were not fully assessing, monitoring and improving the quality and safety of the service provided.

Summary of findings

- The patient group directive for the emergency administration of chlordiazepoxide was not up-to-date, signed and authorised.
- The company director was not visible within the organisation and staff were not kept fully up to date about the organisation's future direction.
- There was no reference to the Duty of candour in any of the policies and procedures as required under regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The registered person had not submitted a notification to CQC to inform the Commission that an event (flooding) took place that prevented them from carrying out the regulated activities safely and where service users had to be moved to other services as required under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- The service had enough staff to care for the number of clients and their level of need. Staff knew and put into practice the service's values, and they knew and had contact with managers at all levels, including the most senior managers except at director level.
- Staff carried out assessments before clients were admitted to ensure that the service could meet the individuals' needs. Risk assessments were comprehensive and staff reviewed them regularly.
- Clients were involved in decisions about their treatment and care.
- The environment was clean, well maintained, welcoming and comfortable.
- Staff treated clients with respect and kindness and supported them throughout their stay.
- Staff we spoke with were highly motivated in their work and told us they felt supported by the manager and business manager. Staff told us they felt comfortable raising any concerns or issues.

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Background to Harvey House

Harvey House is an 18 bed residential detoxification service providing accommodation and treatment for both male and female clients over the age of 18. Harvey House is situated on the outskirts of Lancaster in Lancashire. A large percentage of placements were funded by statutory organisations although clients were able to self-refer. There is a counselling service that attends on a weekly basis and arrangements outside of this time can be arranged.

Harvey House is registered to provide;

- For persons who require treatment for substance misuse.
- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.

There were seven clients receiving treatment on the day of our inspection.

There is a registered manager in place who has recently been appointed. The service was last inspected by CQC in June 2013 and was found to be compliant with the essential standards of quality and safety we looked at on the inspection.

Our inspection team

The team that inspected the service comprised of two Care Quality Commission (CQC) inspectors and a member of the medicines management team. Lisa Holt a CQC inspector led the team.

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.

During the inspection visit, the inspection team:

- visited the unit and looked at the quality of the environment
- observed how staff were caring for clients
- spoke with six clients

Summary of this inspection

- spoke with the registered manager and the non-medical prescriber
- spoke with five other staff members employed by the service organisation, including a GP who was on a service level agreement, nurses and support workers
- received feedback about the service from four commissioners
- attended and observed one hand-over meeting, a referral multidisciplinary meeting, and a daily meeting for clients
- collected feedback from six clients using comment cards
- looked at three care and treatment records
- looked at medicines records for all clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with six clients. All the clients we spoke with told us that they felt that the service was safe and welcoming. They told us that the staff were caring and very approachable. They told us that the staff were friendly and respectful, and that they always felt listened to by staff. They also told us staff were always available to speak to if they needed further support. Clients said their treatment and care had been clearly explained to them and information about any risk issues had been discussed. They said staff helped them to understand their treatment and their physical health needs were continually being assessed.

We received six comment cards. The comments were all positive. Some of the comments received included;

- the staff have been excellent
- the place is run so well the staff give 100% and more nothing is too much trouble
- they care so much
- the staff here cater for your every need, if you need to talk about anything ,any worries
- treated as an individual.

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 provider needs to improve:

- There was no ligature and environmental audit to ensure that all that is reasonably practicable to mitigate any ligature risks is in place to ensure the premises are safe to use for their intended purpose.
- Although the service had daily medicines, refrigeration checks in place these had not been brought to the attention of a manager after five days of inconsistent and out of range temperatures. The patient group directive was not up-to-date, signed or authorised.
- Staff had not received the mandatory training required and figures for staff were all less than 75 % compliant. Staff had not received regular supervision and appraisals.
- There was no reference to the Duty of candour in any of the policies and procedures as required under regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- A notification was not submitted to CQC to inform the Commission that an event (flooding) took place that prevented them from carrying out the regulated activities safely and where service users had to be moved to other services as required under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

These points above were a breach in regulation and you can read more about these breaches in the report and at the end of the report.

However, we found the following areas of good practice:

- The service had enough staff to care for the number of clients and their level of need. Vacancy rates, turnover and sickness absence were all low.
- The environment at Harvey House was clean and well maintained.
- All of the three client files we looked at had risk assessments and risk management plans in place. They also contained regular physical health care checks for all clients.

Are services effective?

We do not currently rate standalone substance misuse services.

Summary of this inspection

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

- Staff personnel files did not contain the necessary information so records did not show that staff were fit and proper to work at Harvey House. This meant potential staff were not checked to ensure they were suitable before they started working with clients at Harvey House. This was because the organisation was not keeping appropriate recruitment records as specified in Schedule 3 of the Health and Social Act 2008 Regulations 2014.
- Staff had not received supervision or appraisals.

These were a breach in regulation and you can read more about these breaches later in the report and at the end of the report.

However, we found the following areas of good practice:

- Staff carried out comprehensive assessments before clients were admitted to ensure that the organisation could meet the individuals' needs. Multidisciplinary admissions and referral meetings ensured any identified risks were discussed prior to a client's admission.
- Staff completed care plans.
- Prior to admission, the service sought full medical checks from the client's GPs. Staff completed physical health checks on admission.
- Care and treatment was underpinned by best practice.
- Clients had access to psychosocial therapies, group sessions and individual one to one sessions with a counsellor.
- There were effective multi-agency and teamwork systems in place.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were caring and respectful. Their interactions with clients were person-centred, friendly, and recovery focused. Staff treated clients with respect and kindness and supported them throughout their stay.
- All clients had full involvement in their treatment throughout their stay.
- Views of clients accessing the service had been sought and evaluated. Staff used feedback from clients to monitor the quality and to make improvements at Harvey House.

Are services responsive?

We do not currently rate standalone substance misuse services.

Summary of this inspection

We found the following areas of good practice:

- The service met the needs of all the clients who used the service. This included physical access into and around the building, their access to religious and spiritual support, and ensuring that their dietary requirements were addressed.
- Staff discussed risk, individual needs and appropriate aftercare with clients following the completion of the treatment.
- Staff communicated appropriately with funding authorities.
- The service was able to respond promptly to requests for support and offered clients an admission date and time to suit their needs.
- Clients were listened to and had opportunities to raise a complaint or concerns.
- Harvey House had a full range of accessible rooms to support clients' in their treatment and care pathway. Clients could also access a pleasant, clean and well maintained outside garden area.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- Staff did not receive regular supervision and ongoing appraisals of their work performance from their line managers.
- Whilst there were some local governance arrangements in place as well as policies and procedures, robust clinical audit to oversee the service was not in place. This meant that managers were not monitoring the effectiveness of the health and detoxification services provided at Harvey House.

These points above were a breach in regulation and you can read more about these breaches later in the report and at the end of the report.

- The company director was not visible within the organisation and staff were not fully aware of the organisation's future direction.

However, we also found areas of good practice:

- Staff we spoke with were motivated in their work and told us they felt supported by the management. Staff told us they felt comfortable raising any concerns or issues.
- Clients and their families were engaged in the planning of their admission, treatment and care needs.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 was part of staff mandatory training. However only 23% of staff had completed this. Staff understood the principles of the Act and the service had a Mental Capacity Act policy to provide guidance for staff and information about the Mental Capacity Act. Informed consent was sought for client's prior to clients being admitted into the services. Where the capacity of the client was in doubt, the psychiatrist employed by the organisation assessed the client's capacity and their capacity to consent to treatment on admission and again during the 24 hour review.

Staff informed us they would report any concerns about a client's capacity and the manager would liaise with the funding local authority to arrange a capacity assessment.

There was a policy and procedure about the Deprivation of Liberty safeguards. There were no clients subject to Deprivation of Liberty safeguards during our inspection.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

The premises were clean, tidy and well maintained. The atmosphere was welcoming and clients told us they felt safe. The client accommodation was based over two floors with designated male and female sleeping areas. All of the bedrooms were single en suite with shower, sink and toilet facilities. There were three bathrooms and toilets for clients. Access to bathroom facilities was via a separate staircase for female and male clients. There was a female only lounge available.

The service employed three cleaners who completed checks against their cleaning schedules and provided cleaning throughout the week and at weekends. A cleaning audit was completed monthly. There was an infection control policy and protocols that included the disposal of clinical waste. During the inspection, we checked the outside clinical waste bin and the lock was broken. This meant that clinical waste was not stored safely and could pose a risk to anyone that was exposed to the decontaminated waste. The environmental checks carried out at Harvey House were not robust enough, as they had not identified, and managed this shortfall.

Most bedrooms contained ligature risks. Two bedrooms had reduced anti-ligature points. These included anti ligature taps, door handles and collapsible curtain tracks and heavily weighted furniture. The organisation informed us that staff assessed clients before admission and during the detoxification period. The comprehensive assessments we looked at confirmed this was in place. If a client posed a current risk to themselves or to others, staff would assign them to these reduced ligature point bedrooms and increase their observations of clients. There were no ligature environmental audits to ensure any identified ligature risks at the location were identified and the risks mitigated where reasonably practicable. This is to ensure the premises are safe to provide safe care and treatment and any avoidable harm should the client's risks change during their course of their treatment.

Harvey House had many blind spots that impeded client observation. There were no mirrors positioned that could improve lines of sight. There were nurse/staff call systems in patient areas and bedrooms.

There was a business continuity policy to address any loss of services to the building. This included arrangements to respond to emergencies and major incidents. This had been tested with the recent flooding due to the weather where clients had to be moved to other facilities and this was successfully achieved through agreement. The organisation did not notify us of the event by submitting a statutory notification under Regulation 18 Care Quality Commission (Registration) Regulations 2009 (Part 4) as would be required if the event lasted for longer that a continuous period of 24 hours.

There was a fully equipped clinic room with accessible resuscitation equipment that was checked regularly. Refrigeration temperatures were checked daily. However, we found five recorded temperature checks that were outside the required checks and these had not been actioned or reported to the managers. This meant that staff could not be assured that medicines were stored at the correct temperatures and some medicines could deteriorate and lose their effectiveness if not stored correctly.

Fire safety checks were in place. We found sixty one per cent of staff had received their yearly mandatory training against the 75% figure they had set themselves. The premises were owned by a NHS trust and maintenance of

the building was reported to their estates department. We saw maintenance work for the inside of the building was being addressed and the business manager arranged this locally.

Safe staffing

The service was staffed 24 hours a day seven days a week. Clients could seek support from staff at any time. If urgent medical care was required, clients could attend a local GP service or access the local accident and emergency hospital if this was needed.

Clients received medically managed and medically monitored detoxification programmes for drugs and alcohol, led by a general practitioner with a special interest in substance misuse supported by an employed psychiatrist, GP, qualified nurse specialists, a nurse prescriber and recovery support workers. A doctor and nurse manager was on call at all times.

The local general practitioner provided medical support through a service level agreement. They provided:

- a medical practitioner to clinically assess new clients on admission
- prescribed to support the detoxification regime
- on going medical interventions to clients
- provided emergency telephone support or visited if needed.

The service employed 18 contracted staff in total and had bank staff to increase staffing levels when additional clients were admitted. There was always a qualified nurse on shift with a support worker during the day and at night. The service also employed an admissions coordinator who worked Monday to Friday. The registered manager who worked three days a week was additional to the staffing establishment as well as the business manager who also worked three days per week to ensure there was sufficient staff available. Whilst minimum staffing levels were maintained, staffing levels varied to reflect client numbers and the complexity of their presentation and detoxification programme. The organisation reported a staff sickness rate of 3% overall and a substantive staff turnover of 27% over 12 month as at 01 May 2016. The organisation reported one qualified nurse vacancy and no nursing assistant vacancies, as at 01 May 2016. During April 2016, bank staff covered nine shifts. The organisation advised that no agency staff were used.

We found that group work, care, and treatment were not cancelled by the service. We spoke with clients who confirmed that the service did not cancel or delay any activities. Staff were available to cover sickness and absence as well as accessing regular bank staff when needed.

The completion of mandatory training courses by staff was less than 75% compliance in all of the courses including training on fire safety, equality and diversity, infection prevention, safeguarding, basic life support, information governance, Mental Capacity Act, falls prevention, medicines management. This meant that staff did not have the required up to date training to ensure the safe running of the service. The lowest levels were for infection prevention control, equality, diversity, and the highest in fire safety with 61% compliance. Figures we reviewed also indicated that although 18 staff members had completed their annual basic life support they were only 28% compliant, as some staff had not received their updated annual training.

Assessing and managing risk to clients and staff

We looked at three care and treatment records. We found completed risk assessments in all three. Risks were initially identified during the pre-admission process by the referrer to the service. The admissions coordinator spoke with individual clients about their own identified risks. Clients we spoke with confirmed this had happened. They also confirmed the information was checked again when they were admitted to the service.

Risk assessments and risk screening tools were completed on admission reflecting the current risks and at 24 hour review and during detoxification, the risks were again updated.

Staff completed a full, comprehensive and on going assessment of each client's needs, including physical and mental health, and any associated risks, on admission and throughout treatment. They developed care plans from these assessments that addressed drug and alcohol use, health needs, offending behaviour, social functioning and overall quality of life. The care plans were complete but limited in detail. Staff reviewed these weekly with the client. A mental wellbeing tool was used to monitor clients' mental health and wellbeing whilst at Harvey House.

Substance misuse/detoxification

Staff observed clients regularly on admission and throughout their stay to ensure patients were safe. This was recorded in individual client files.

Staff completed generic care plans. These were not always detailed or specific to the needs of individual clients, however, these were reviewed and updated weekly with clients. Staff completed clients' daily notes.

All staff worked to agreed protocols and care pathways. Harvey House provided flexible medically managed assisted withdrawal programmes from 10 to 28 days with up to 14 days post detoxification support based on individual clinical need, especially for dual diagnosis and pregnant clients.

Information we received informed us that as part of the Harvey House treatment agreement, all clients were subject to routine and random (on suspicion) drug and alcohol testing. Staff at Harvey House used an alcometer and a six panel drug urine dip test to test for opiates, methadone, cocaine, benzodiazepines, buprenorphine, and amphetamines. Clients were tested routinely on admission and within two hours following any time spent out of Harvey House unaccompanied by a staff member. In addition, all current clients were tested randomly on suspicion. Any positive test was deemed a breach of the treatment agreement and the service user was discharged from Harvey House immediately (or as soon as practicably possible) and their community key worker was notified accordingly.

There was a twice daily meeting, for clients that focused on various topics to promote discussion. During our inspection, we attended one of these meetings. We saw that clients were able to identify any concerns or any escalating risk issues they may have had. This meeting was supportive and sensitive to individual client needs. Where concerns were raised, the staff team in collaboration with the clients addressed these individually. Clients had a named nurse and we saw staff made time to promote discussion and conversation throughout their treatment.

In the 12 months up to 6 May 2016, CQC received no safeguarding alerts or concerns and they had not reported any to the local authorities. Only one of 18 staff had received their updated training on safeguarding adults. Despite staff training in safeguarding not being up to date all the staff we spoke to were able to outline the procedure they would follow to raise a concern, had a good understanding of safeguarding procedures, and knew when to make referrals and alerts.

There was a child visiting policy in place and the parent or carer accompanying the child has the responsibility for that child. A private lounge area was accessible for children and family members to see their relatives in private.

A nurse prescriber or a doctor assessed clients on their admission to Harvey House. Staff used a recognised tool known as the clinical institute withdrawal assessment for alcohol tool, which was a ten item scale, commonly used in the assessment and management of alcohol withdrawal. As part of the assessment and monitoring of clients for alcohol withdrawal, medication to help manage the symptoms of both alcohol withdrawal and opioid withdrawal were prescribed according to the organisation's prescribing protocol and reviewed after the first 24 hours. Prescribers were completing a review of these protocols to ensure a sound evidence base.

Where relevant, clients were prescribed intravenous thiamine (also known as Vitamin B1) as a protection against or treatment for Wernicke's encephalopathy which is a chronic memory disorder caused by severe deficiency of thiamine, most commonly caused by alcohol misuse. The organisation had a patient group directive for chlordiazepoxide for management of withdrawal symptoms. A patient group directive was an agreement signed by a doctor that can enable clinicians to supply or administer prescription only medicines to clients. Clinicians can do this using their own assessment of need and without necessarily referring back to the doctor for an individual prescription. However, managers were uncertain when this was last used and could not find an up-to-date signed and authorised copy. Managers told us that the need for this patient group directive would be reviewed.

Staff completed medicines reconciliation on admission to the service to ensure that prescribers had a complete list of client's current medication. The prescription charts recorded clients' allergies and were clearly completed to show the treatment people had received. However, one of the six charts we examined was not signed to show administration of the final dose of one medicine and the date of intravenous catheter removal had not been recorded.

Substance misuse/detoxification

The organisation had a service level agreement in place for the supply of medication and for clinical pharmacist support. Staff stored medication securely in the clinic room. However, we found some loose medicines foils that were not in the original pharmacy labelled container, this had been identified previously at an audit completed by the organisation and action had not been taken. This meant that there was a risk of medicine errors with an increased risk of the wrong medicine or incorrect dose being given to the wrong patient.

Medicines and equipment for emergencies was available for use when needed. The service had a nominated controlled drugs accountable officer and controlled drugs checks were completed weekly.

Track record on safety

The organisation reported no serious incidents, which required further investigation in the last 12 months. There was a prescriber's forum where clinical issues and best practice was discussed and shared amongst the prescribers working at Harvey House.

Reporting incidents and learning from when things go wrong

An incident and accident reporting policy was in place across the organisation. In the 12 months up to 06 May 2016, CQC received no safeguarding alerts or concerns.

One whistleblowing complaint had been raised with the CQC in relation to Harvey House in the 12 months up to 06 May 2016. This was 'closed' as we were satisfied that the organisation had taken appropriate action.

No direct notifications had been received by the CQC from this organisation in the 12 months up to 6 May 2016. The organisation should have notified the CQC of the flooding event, which resulted in the regulated activity being carried out at an alternative location for over 24 hours.

The staff we spoke with knew how to report incidents. The governance minutes showed that incidents were discussed and had been reported. The management team provided staff support following incidents and if necessary, counselling was available for staff if this was needed.

Duty of candour

Harvey House did not have a specific policy that related to the duty of candour. The managers had some understanding of the Duty of candour.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Assessment of needs and planning of care

The unit had a multidisciplinary, admissions and referral meeting every week. This was attended by medical and nursing staff to discuss appropriate referrals. This meeting allowed the service to gather further information to determine if they were able to meet the needs of the clients referred into the service and to discuss any planned pre admission issues. These meetings identified the individualised treatment programme required. Where the service determined they were unable to meet their needs at that particular time, then this information would be discussed with the referrer. We observed one of these meetings and saw that appropriate and professional discussions were taking place. At the meeting, we saw staff discussing an individual client who was referred and before agreeing a planned admission an alternative pain relief was requested to reduce the amount of the substance being used before a placement was agreed.

Prior to admission for substance detoxification, staff requested an electrocardiogram from the client's GP depending on the client's identified risks and prescribed medication This was to identify any risk factors for seizures or sudden death. Current medication, medical history and blood results were also requested. On admission, bloods were taken if recent bloods had not been completed.

For alcohol detoxification, staff requested medical history and appropriate tests including a full blood count, liver function, magnesium test, bilirubin test (used to detect an increased level in the blood for example, jaundice or liver disease), liver functioning test, amylase test and gamma-glutamyl transferase test from the GP prior to admission . Staff also requested that the client's current medication be prescribed for the length of their stay and for seven days to cover the post discharge period.

On admission, the medical practitioners completed a full clinical assessment of health issues on the day of admission and prescribed the treatment regime to support the detoxification.

Harvey House had a rolling programme of group work available five days a week, which was linked to 28 topics.

Substance misuse/detoxification

Sessions were delivered twice a day. These promoted group and individual discussion about their addiction and therapeutic stages of treatment. All clients were expected to attend and only when they were unwell were excused. Clients could raise any immediate issues. Evenings and weekends, apart from when the group work was planned on Saturday were spent in a more relaxed manner and activities were provided. Clients were encouraged and expected to complete daily chores throughout the day, including cleaning. There were weekly meetings with clients and their named nurse where a weekly formulation was completed and this then fed into the care plans. The programme of group work followed a four week cycle:

- week one - addressed their current problems and resources
- week two - described what the client wanted to change and how life would be different if it happened
- week three - addressed individual strengths
- week four -addressed individual emotions.

During our inspection, clients were all asked if they wanted to see a counsellor who attended weekly or more frequently if required.

Records were secure and stored in the nursing office that was locked when not in use.

Best practice in treatment and care

Harvey House completed mandatory treatment outcomes profiles to submit data to the national drug treatment monitoring system, which was used to assess and analyse outcomes for clients. This informed practice and enabled the service to look at areas that needed development. The service followed National Institute for Health and Care Excellence guidance and the Department of Health, drug misuse and dependence guidance. At the time of the inspection, managers did not benchmark against the requirements of National Institute for Health and Care Excellence guidance. However, audits were planned for autumn 2016 to audit against the compliance with the national quality standards including quality standard on alcohol-use disorders: diagnosis and management, drug use disorders in adults and opioid detoxification. The coordinated assessment including collating information from a range of external sources showed that the staff worked in line with the national quality statement on assessment produced by National Institute for Health and Care Excellence.

Clients' physical health needs were assessed fully on admission and these were repeated throughout their stay. Clients also had a malnutrition universal screening assessment tool completed weekly and clients were weighed weekly. Staff completed daily routine health monitoring including blood pressure, pulse and respiratory rate and this was increased during the 24 hour admission phase. Staff were therefore assessing and observing for adverse effects during the detoxification process.

Self-help and peer support via group work were all used to ensure that clients could start to build confidence and develop skills that may have been lost due to substance misuse. Discussions about building relationships with families and re-establishing relationships were also seen as part of the recovery process and this was observed in the group session we attended.

Skilled staff to deliver care

The service employed a range of staff including both qualified acute and mental health nurses a non-medical prescriber, support workers an admissions coordinator as well as psychiatry input and a GP via a service level agreement. Out of hours, doctor and nurse managers were on call at all times and provided telephone support or would attend if needed.

Staff attended monthly team meetings with set agenda items to support staff and keep them updated on service developments.

Staff were supervised and supported by their peers. Records we looked at confirmed that although supervision and an appraisal system had been implemented, this was in its infancy and had not been fully established since the new manager was appointed in December 2015.The business manager confirmed that all staff had not received their yearly appraisal and quarterly supervision. Four out of seven staff files we looked at confirmed staff had not received any supervision and or appraisal. Staff raised some concerns around their nurse revalidation and this had been discussed with the managers.

All new starters completed an induction process when commencing employment at Harvey House and completed an induction workbook as well as shadowing staff.

Substance misuse/detoxification

The manager told us that poor staff performance would be addressed in supervision.

We reviewed seven staff personnel files. Three of the seven staff had received staff supervision recently and two had received an appraisal. This meant that staff were not fully receiving the appropriate support necessary by receiving regular supervision and appraisal. The managers confirmed that staff supervision and appraisals were being reinstated for all staff, as there were gaps.

During the inspection, we looked at seven files. The files did not contain the required information required in Schedule 3 of the Health and Social Act 2008 Regulations 2014. Three of the seven files did not contain photo identification records; two of seven did not have an application showing the full work history to show any explanation of any gaps in employment. Only one in seven files contained documentary evidence of qualifications. We saw two checks of driving licences and insurance details, and all staff had current disclosure and barring certificates. Four of seven files did not contain reference checks, and four files contained statements of main terms of employment. The impact of this is that recruitment procedures are not robust and such, staff could be employed without the necessary checks in place.

Multidisciplinary and inter-agency team work

Staff attended a handover meeting before and at the end of each shift. We observed one handover meeting during the inspection. The handover was detailed and

comprehensive. Each client was reviewed and discussed in the handover meeting. Staff showed a good knowledge of the clients and worked together as a team to deliver care.

The manager, nurses and the non-medical prescriber as well as the outreach worker attended the referral meeting and we observed effective multidisciplinary and inter-agency working. The psychiatrist usually attended these meetings but the meeting had been brought forward for our visit and the psychiatrist was not able to attend. We saw effective working relationships with referrers and clients GPs. Clients also continued to receive care from a range of external professionals, which included social workers, care coordinators, private and voluntary organisations and other professionals.

Good practice in applying the Mental Capacity Act

The Mental Capacity Act 2005 was part of staff mandatory training and only 23% of staff had completed this. The service had a Mental Capacity Act policy to provide guidance for staff and information about the Act. Where the capacity of the client was in doubt, the psychiatrist assessed the clients' capacity and their capacity to consent to treatment on admission and again during the 24 hour review. Staff had an awareness, could explain the principles of the Act, and would report any concerns about a client's capacity and the manager would liaise with the funding local authority to arrange a capacity assessment. There was a policy and procedure about the Deprivation of Liberty Safeguards. There were no clients subject to Deprivation of Liberty safeguards during our inspection.

Equality and human rights

Clients were tested for drug or alcohol use routinely on admission and within two hours following any time spent out of Harvey House unaccompanied by a staff member: However, a staff member usually accompanied clients should they need to spend time out of Harvey House for a medical appointment.

The front door was locked for security reasons. However, clients could open the doors and leave at any time. Clients could access the surrounding garden areas at any time. Clients were asked not to leave the premises or surrounding grounds without staff escort. If clients left without an escort, the client would be reviewed and could be discharged from their treatment. Staff discouraged client's leaving unexpectedly but were aware that they could not prevent this if a client decided to leave. Clients signed a treatment agreement to agree to this on their admission. If they did unexpectedly leave, their community keyworkers and funding authorities were notified.

The clients signed a treatment agreement before admission and were asked to comply with certain guidance rules. Previous clients and staff had produced these. Clients signed to consent to these restrictions as they were intended to promote recovery from addiction. The use of restrictions in the service were implemented to ensure that the clients could focus on their recovery and to avoid any disruptions to their treatment. Examples of these restrictions were that no alcohol based aftershaves or perfume or spray deodorants were allowed and these were removed on admission. No mobile phones were allowed but clients could access a private payphone if needed.

Substance misuse/detoxification

Management of transition arrangements, referral and discharge

There were effective processes for transition into the community or onto further rehabilitation placements. All of the clients were encouraged to talk about the next part of their recovery in the group meetings. Some clients had planned substance misuse rehabilitation placements following detoxification at Harvey House and these had been discussed and planned by the service commissioners. Other clients either accessed community rehabilitation as part of their treatment or local support groups where they lived. Clients were aware of these support groups and drop in centres. Clients could be referred on to local agencies upon discharge from the service. Referring agencies were always kept up-to-date about individual's progress whilst at Harvey House and were made aware of a client's discharge both verbally and in writing. Discharge summaries were sent to the commissioners of the clients. Staff followed a procedure for unexpected discharge and funding authorities and community workers were made aware of this when it happened.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

We saw caring interactions between staff and clients. Throughout the service, staff engaged with clients in a respectful way. We observed one group therapy session. We observed staff encouraging and empowering clients to speak freely within this session and listened, respecting and supporting clients where necessary. All staff presented as caring and knowledgeable of the individuals they were supporting. Staff demonstrated compassion, dignity and respect and provided responsive practical and emotional support as appropriate.

We spoke with all of the clients receiving treatment at the time of our inspection, including three as a group. All said staff were caring and treated them with respect.

The three clients we spoke with in a group all said there was enough staff to support them and they were always available. They said staff were polite and supportive of their needs. They all said staff did not judge them and were respectful. Clients went on to state that staff were observant and they noticed if any clients were having a bad day. One individual commented that staff treated them in a professional manner but also spoke to them as equals and were friendly and ordinary.

The involvement of clients in the care they receive

Before their admission, staff telephoned clients and sometimes visited face to face if this was necessary. Clients accessed the service from across the country and received information about the services at Harvey House prior to their admission. Clients told us they were fully involved in the care they were receiving and could contact the service prior to their admission to ask any questions they may have had. Clients were provided with written client information leaflet to explain the service and what was expected of them whilst at Harvey House.

Clients signed a confidentiality statement and consent to sharing information form to say they agreed to information being shared with the national treatment agency for monitoring, service levels, research and quality. They also consented to sharing information with their GP and other community treatment organisations.

During the admission process, each client met privately with a member of staff to inform them about the treatment and orientate them to the unit.

Clients were able to input into the treatment and care they received through being involved in the group sessions held twice daily. These groups enabled clients to identify any concerns or

any escalating risk issues they may have had as well as being allocated a named nurse on arrival.

We found clients were involved and updated about their care, treatment and progress during their stay. We reviewed three care records and saw evidence clients had been fully involved in their assessment and care plans.

Clients had access to local advocacy services and information was displayed.

If clients discharged themselves early from the service then commissioners and appropriate agencies were informed.

Staff had sought the views of clients accessing the service and asked them to complete questionnaires before they

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were discharged. This allowed feedback from clients to be used to monitor quality and to make improvements. The service had implemented changes to the meals at lunchtimes following the feedback from clients.

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

Access and discharge

All admissions were discussed in detail by the clinical team prior to admission, so that care and treatment was tailored to individual need and risks.

Staff took a planned approach to admissions. The outreach coordinator managed all the referrals and sought information from referrers to the service. This ensured the service had as much updated information about client's current alcohol and substance misuse and potential risk information. Staff contacted each client's GP, with consent to gather information related to their current medication regime as well as making contact with the client before deciding on admission. Most clients were funded by statutory organisations, although Harvey House also accepted privately funded clients. Staff also requested and considered information around social and childcare issues, the individual's legal circumstances and history of significant risks prior to a client's admission.

Staff explained how the treatment programme worked and ensured that the client understood the underpinning ethos. This included an explanation of the house rules and expected standards of behaviour, such as abstinence. Clients were required to consent and accept these rules before they were admitted.

The treatment programme extended from 10 to28 days, with up to 14 days post-detoxification support based on individual clinical need, especially for dual diagnosis and pregnant clients. It included a detoxification regime and group therapy sessions. Clients were actively involved in their own care and treatment. Staff worked with each client to plan their treatment. They focused on helping clients to concentrate on their goals for recovery and the progress they had made towards the outcomes they wanted to achieve. This meant that staff ensured clients did not stay in treatment longer than necessary and promoted early discharge.

Discharge plans were in place and the group work sessions and individual sessions ensured clients had the necessary support to move on to either rehabilitation or access support in the community. Where clients had been identified for community or residential rehabilitation then staff kept in close contact with the commissioners and the care coordinator involved in the client's care. This was to support clients following their detoxification to minimise the likelihood of relapse.

Clients were encouraged to consider their objectives following discharge and were supported in meeting these. This included staff discussing with clients about developing support networks, coping strategies and promoting recovery. Whist at Harvey House, clients were not encouraged to access the local community and or activities. This was discussed with the managers who informed us that this was for the safety of the clients due to the medication they were prescribed for detoxification.

During a 12 month period, 256 clients had been discharged from the service. Harvey House did not routinely follow up clients within seven days as all discharged clients were referred to their ongoing case manager or equivalent.

The facilities promote recovery, comfort, dignity and confidentiality

There were communal areas and lounges as well as confidential areas used for group work and therapy sessions. There was access to well-maintained outdoor spaces. Clients could meet visitors in the lounge areas. There was a payphone in a private area, which meant clients had privacy to make calls.

Clients could personalise their bedrooms with their belongings. All bedrooms had secure storage spaces that clients could use. All rooms were en suite with a nurse call system. Additionally there was an emergency alert system throughout the building for staff to summon urgent assistance if necessary. Male and female sleeping areas were segregated. The house rules were explained to clients prior to admission.

Clients told us the food was very good. Food and drinks were available 24 hours a day. Staff would make snacks and drinks for clients if they wanted something outside meal times.

Activities focused on promoting safe, early recovery. The treatment programme provided activities for clients six days a week. There was a therapy timetable on display.

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Activities varied from individual and group sessions to communal and social activities. The programme included free time and dedicated time for clients to spend with their key worker. There were sessions every day where clients reflected on the previous day and their feelings. Clients we spoke with told us that they found the activities beneficial and relevant to their needs.

Meeting the needs of all clients

The environment was accessible to clients with limited mobility. Staff made adjustments according to need, for example, for clients with reduced mobility. There was a stair lift to aid clients with limited mobility should they be allocated an upstairs bedroom. There were an additional three accessible bathrooms and toilets. There were ramps into the building and two downstairs bedrooms for clients with limited mobility.

We saw that local information was displayed in relation to support groups and access to advocacy services. We did not see any information in different formats or languages although staff assured us that they could provide this if necessary by purchasing translation services. Admissions were planned so that these arrangements would be made prior to clients arriving at the service.

Staff supported clients to develop their recovery and support network by identifying recovery communities and or organisations within their home area.

Staff identified clients' cultural and religious needs through assessment. This allowed them to identify whether interpreter services were required and to work with the client and local services to provide appropriate support.

Clients told us there was a good choice of food. Staff could arrange for specific dietary requirements relating to religious, or individual health requirements, such as vegan, halal and diabetic diets and for clients with allergies. Staff identified these needs as part of the assessment process.

Staff supported clients to attend local places of worship if this was requested, although the clients we spoke with said they had no wish for it. The organisation accepted clients with a range of religious beliefs. There was a room set aside for religious worship.

Listening to and learning from concerns and complaints

Harvey House's complaints policy and procedure included policy aims that included:

- To provide ease of access for clients and complainants.
- To provide a simple, rapid and open process.
- To ensure fairness to staff and complainants alike and to ensure confidentiality.
- To ensure an honest approach that is thorough and aimed at satisfying the concerns of complainants.
- To resolve complaints, where possible, as they arise.
- To increase clients trust in Harvey House.
- To learn lessons from complaints and use positively to improve services.

All the clients we spoke with said they knew how to raise concerns. They said they would approach staff if they felt the need to complain.

A client information leaflet explained how to make a complaint and a policy that provided guidance for staff. Staff explained how they dealt with complaints from clients and families.

Complaints were discussed at the clinical governance committee and reported to the managers meeting. On discharge, staff asked clients to complete a feedback questionnaire. We saw from minutes that service user feedback was a regular item on the agenda. Staff told us they received feedback from issues raised through staff meetings although we did not see records of these meetings.

Forty-six formal complaints were made in the 12 months before this inspection. Most complaints were by clients about other clients, whom they may have had a disagreement with. These had been resolved directly by the manager at the time. One (2%) of these was upheld. As a result of concerns, improvements had been made. For example, the menu at lunchtime had been changed. The service had received 111 compliments in the 12 months prior to this inspection.

Are substance misuse/detoxification services well-led?

Vision and values

The service has a statement of purpose in place and a patient leaflet available. They had a website, which informed clients of their visions and values. Harvey House's

aim including the vision and values was to support recovery and rehabilitation from drug and alcohol dependency by providing safe and effective detoxification and respite from substance use.

Staff understood the vision and values of the unit and promoted treatment for the minimum amount of time needed. They attended meetings where service developments were discussed every month.

Staff understood the principles of the treatment programme and about how their work linked in with this. The clients we spoke with told us that staff were always approachable and caring.

Good governance

There were local governance arrangements in place to ensure good quality care and associated local policies and procedures. However, these were not fully embedded nor working effectively. There was a clinical governance committee with terms of reference in place to provide a focus on clinical governance, quality and patient safety issues, overseeing clinical performance and to ensure that Harvey House responded to the clinical issues raised in national and local reports, patient surveys, serious untoward incidents and clinical incidents.

Bed management meetings were held weekly, one of which we observed. These meetings discussed all new referrals to Harvey House, addressed current clients' problems and considered recently discharged clients. There was a handover meeting at every shift change that staff attended. This was recorded so there was a record of discussions and any actions required. We saw minutes of these meetings were in place. We found the meetings we attended or saw minutes of to be well attended structured, informative and productive, addressing issues and concerns clearly.

There were some audits in place to monitor the quality of the service including medication, infection control, care plan audits and fire checks. However, the infection control audit did not identify the broken clinical waste bin. The care plan audit did not properly identify that care plans were limited in detail and consider what could be done to improve these. The medicines audit did not identify that the fridge temperature were showing that medicines were stored above recommended levels.

Managers in the service did not benchmark their service against relevant National Institute for Health and Care Excellence guidance. Following the inspection, managers told us that they would implement the following audits prescribed by the relevant National Institute for Health and Care Excellence guidance following agreement at the clinical governance committee:

- compliance with quality standard 11 alcohol-use disorders : diagnosis and management
- compliance with quality standard 23 – drug use disorders in adults
- compliance with CG52 – drug misuse in over 16's: opioid detoxification.

Staff had not received their mandatory training up to their compliance levels of 75% and supervision and appraisal levels were low. Environmental and ligature risk assessments were not in place. This meant that the full governance arrangements were not in place to monitor, assess, and plan their compliance in these areas.

Leadership, morale and staff engagement

Staff were unsure of the management structure as the director of the company was not visible within the service. The business development manager and the registered manager had day-to-day management within the service, liaised, and updated the director of the company as necessary. Governance minutes and team meeting minutes updated staff also about any business and future development.

Staff were motivated and committed to delivering a good quality of care. Staff morale was mostly positive with some anxieties about the future direction of Harvey House.

Staff meetings were in place and this allowed staff to seek feedback and discuss any issues about the staff team and keep them updated about the service.

Staff were aware of the whistleblowing process and said they would use it if they felt it was necessary. They told us they felt able to raise concerns without fear of victimisation and would not hesitate to inform management of any issues they had.

The registered manager had been in post less than a year. They said they felt well supported by the business development manager and the staff team in place.

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Commitment to quality improvement and innovation

The national drug treatment monitoring system was completed to monitor the effectiveness of the service. Positive feedback from commissioners was good in relation to outcomes for clients.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

Action the provider MUST take to meet the regulations:

- The organisation must ensure that appropriate systems and processes are in place to ensure that information required in respect of employees meet the criteria set out in Schedule 3 of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The organisation must ensure that the supervision, appraisals and mandatory training identified is provided and is sufficient to support staff to carry out their roles safely and effectively.
- The organisation must ensure regular ligature and environmental audits are completed. This is to ensure that all that is reasonably practicable to mitigate any ligature risks is in place to ensure the premises are safe to use.
- The organisation must ensure the proper and safe management of medicines.
- The organisation must ensure their auditing programme is fully implemented to ensure they assess, monitor and improve the quality and safety of the clinical service provided.
- The organisation must ensure that all staff understands the Duty of candour and this is part of their policies and procedures as required under regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The registered person must notify the Commission without delay of the incidents specified in paragraph (2) of the Care Quality Commission (registration) Regulations 2009.

Action the provider SHOULD take to improve

- The organisation should continue to review the appropriateness of all restrictions in place for all clients at all stages of treatment.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: • There was no ligature or environmental audit in place. This must be implemented to ensure that where there is any identified ligature and environmental risks at the location then these are identified and mitigated against where reasonably practicable. • Checks were not in place to address the fridge temperatures that were out of range for five consecutive days. This is to ensure the premises are safe to provide safe care and treatment and any avoidable harm should the service user's risks change during their course of their treatment. The patient group directive was not up-to-date, signed or authorised. This is a breach of Regulation 12 (2) (b) (g)

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Staff had not received the support, training, professional development, supervision and appraisal. This is to ensure persons employed by the service receive such appropriate support, training supervision and appraisal as is necessary to enable them to carry out their duties.

This section is primarily information for the provider

Requirement notices

This is a breach of Regulation 18(1) and (2)(a)

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: Staff personnel files did not contain the necessary information as specified in Schedule 3 of the Health and Social Act 2008 Regulations 2014. This is a breach of Regulation 19(3)(a)

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Systems and processes were not in place such as robust audits to assess, monitor and improve the quality and safety of the service. This is a breach of Regulation 17 (1) and (2)(a)

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

There was no reference to the Duty of candour in any of the policies and procedures as required under regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This is a breach of Regulation 20

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents How the regulation was not being met: A notification was not submitted to CQC to inform the Commission that an event (flooding) took place, which prevented them from carrying out the regulated activities safely and where service users had to be moved to other services. This was a breach of Regulation 18 (1) (2) (g)