

# Cherry Tree Cottage

## Quality Report

Cherry Tree Cottage

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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

### Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- During our recent inspection, we found that the service had addressed the issues that led to the previous requirement notices.
- In December 2015, we had found that the environmental risk assessment had not identified potential ligature points and that ligature cutters were not available to staff. When we visited in December 2016, we found a comprehensive environmental risk assessment, which had identified potential ligature points, along with an action plan to reduce these risks. Staff were aware of these and had access to ligature cutters. This meant that they were able to manage potential risks more effectively.
- In December 2015, we found that there was no Naloxone policy. On this inspection, we found a policy in place and staff had received training in the use of naloxone. This meant staff were aware of the procedures in place to follow safe naloxone use.
- During the most recent inspection, we found that the service had addressed all the 'shoulds' we had recommended from the December 2015 inspection.
- We found the service had made the environment safer by fitting window restrictors on the first and second floor windows and implementing an alarm system for staff and clients to use to summon assistance. They had also fitted two-way locks so clients could lock their bedroom door if they wished.
- Staff had received training in the prevention and management of violence as well as training on the Mental Capacity Act and Deprivation of Liberty Safeguards. This was a recommendation from the inspection in December 2015. In addition to, all staff had completed further training in line with drug and alcohol national standards (DANOS). DANOS provides standards of performance that people in the drug and alcohol field should be working to. Additional training completed including professional boundaries and risk management.
- The registered manager had reviewed and updated all policies and procedures in October 2016, in line with moving to a new location.
- 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 felt supported by each other and the registered manager.

# Summary of findings

- There were good procedures in place for administration of medicines. Staff carried out and recorded appropriate physical observations, and ensured the clients dignity and privacy whilst doing so.
- The staff team met weekly to review client care and discuss governance systems implemented. These included feedback from clients and carers, supervision and support and reviews of policies and procedures. Staff also reviewed any incidents and complaints at these meetings. Staff were able to share examples of learning from incidents and feedback from clients.
- We observed staff to be very caring and knowledgeable about their clients individual needs and all clients we spoke with were overwhelmingly positive about the service

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

- Staff did not record the temperature of the clinic room or clinic fridge, therefore were unable to assure us that the medications were being stored within the correct temperature range.
- It is normal practice in many rehabilitation programmes for the client not to leave the premises

during the first week of detoxification. During this week, if the client had no money with them, clients agreed to share their bank personal identification number (PIN) with the service. Even though, we saw signed contracts between the client and service to do this, they were not formal third party mandates as required by the banking services. This did not safeguard the clients or staff.

- Staff were able to talk about their clients' needs in detail and had a good understanding of the recovery focus, However, this was not always reflected in the written risk assessments and care plans. We found one instance of risk identified by the prescribing doctors assessment which had not been transferred the care plan support staff used.
- Staff did not always contact the clients GP at the beginning of a treatment intervention if the client had not consented. This meant that the client was exposed to potential double prescribing or the service did not have a complete medical history of the client.
- Although staff told us that, they were open and transparent with clients and carers, and that they understood the importance of doing so. There was no Duty of candour policy in place to support and guide staff.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		

# Summary of findings

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# Cherry Tree Cottage

**Services we looked at**

Substance misuse services;

# Summary of this inspection

## Background to Cherry Tree Cottage

The New Leaf Recovery community interest company was established in 2013 as supported living accommodation. In January 2015, it registered with the CQC to provide accommodation and treatment for people with substance misuse. The provider moved the service to Cherry Tree Cottage in November 2016 from Glynn Cottage (this is no longer a registered location with the CQC).

New Leaf Recovery provides supported accommodation for up to seven clients seeking support with recovery from drug and alcohol addictions.

Cherry Tree Cottage location was registered with the CQC in October 2016 to provide:

- Accommodation for persons who require treatment for substance misuse
- Treatment of disease, disorder or injury

- Care for adults under 65 years.

Cherry Tree Cottage provides its service in a three-storey semi-detached Victorian house on a residential street in Birmingham. Cherry Tree Cottage provides a residential drug and alcohol detoxification and rehabilitation programme for men and women aged over 18. Clients participate in a 12-step recovery programme tailored to their needs.

Clients access the service through professional referral or self-referral. Most clients are self-funding.

On the day of the inspection, three clients were resident. The service had been operating at Cherry Tree Cottage for one month prior to inspection.

Cherry Tree Cottage has a nominated individual and registered manager in place, who is also a director of New Leaf Recovery community Interest Company.

## Our inspection team

The team that inspected the service comprised of two CQC inspectors, Lisa Dainty (Inspection lead) and one other CQC inspector.

## 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

This was an unannounced comprehensive 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.

# Summary of this inspection

During the inspection visit, the inspection team:

- visited Cherry Tree Cottage, looked at the quality of the physical environment, and observed how staff cared for clients
- spoke with the registered manager and the lead nurse
- spoke with eight other staff members employed by the service provider, including nurses and support workers
- spoke with three peer support volunteers
- attended and observed two hand-over meetings, a multidisciplinary meeting, and a daily meeting for clients
- spoke with three clients
- looked at three care and treatment records, including medicines records for clients
- observed medicines administration at lunchtime
- looked at policies, procedures and other documents relating to the running of the service.

## Information about Cherry Tree Cottage

The CQC had not previously inspected Cherry Tree Cottage; however, the CQC had inspected the service at the Glynn Cottage location in December 2015. At the inspection in December 2015, we told the service it must make the following actions to improve:

- The provider must ensure there is a policy and procedure in place for the use of Naloxone.
- The provider must ensure that they have undertaken a risk assessment of their premises to identify potential ligature anchor points. They should ensure all staff are aware of ligature points within the premises and any outdoor areas and to know the risks they pose.
- The provider must ensure that staff know how to respond to any ligature incidents and have easy access to ligature cutters.

These related to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

We also told the service it should make the following actions to improve the service:

- The provider should ensure window restrictors are in place on the first and second floor windows.
- The provider should ensure that staff are trained in prevention and management of violence.
- The provider should ensure that all staff and volunteers have DBS checks in place before working directly with clients.
- The provider should update policies and procedures.
- The provider should ensure that staff have a clear understanding of the MCA and DoLS, and its implications on practice.
- The provider should ensure that clients have the option to lock their bedroom doors.
- The provider should ensure there is an alarm system in place for staff and clients to summon assistance if needed.
- The provider should ensure that medication administration charts are completed in a timely manner.

On inspection December 2016 we found that the provider had met all of the 'shoulds' we had recommended.

# Summary of this inspection

## What people who use the service say

People we spoke to were positive about Cherry Tree Cottage. They told us that staff were caring and understood their needs. They felt that staff treated respectfully and that the environment felt safe and supportive.



# 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 monitor or record the room temperature where they stored medicines or the fridge in which medications were stored. The fridge was not a medication fridge and did not have a temperature thermometer. This meant that staff were unable to tell if medication was being stored at the appropriate temperature.
- We found the staff were open and transparent with clients and understood the importance of being so.
- We found that staff did not always update risk assessments and risk management plans in detail or transfer information from doctors' assessments. This could mean that staff were not always fully aware of the risk presented and how to support the client with them.
- The service did not ensure that client's finances were safeguarded adequately. They did not use third party mandates in order access client's monies. However, the service dealt with this concern when we raised it on inspection. The service immediately withdrew contracts and provided a petty cash system.

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

- The premises were visibly clean, comfortable and homely. There was a comprehensive environmental audit, which contained an up to date ligature point assessment. It was complete with action plans to reduce risks identified.
- The service had enough staff to care for the number of patients and their level of need. Vacancy rates, turnover and sickness absence were all low.
- The service dealt with incidents of harm or risk of harm thoroughly. Staff could recognise incidents and documented them well. This meant chances to learn from incidents and prevent their recurrence were reviewed.

### Are services effective?

We found the following areas of good practice:

# Summary of this inspection

- The prescribing doctor conducted a medical assessment of all clients, including those who did not need medical detoxification.
- Staff involved clients in their care and treatment plans and clients could contribute as required.
- The service's structured group programme included a wide range of recovery-focused therapies and mutual aid groups. Staff reviewed these regularly and responded to client feedback about the programme by adapting the programme as required to meet individual's needs.
- Staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. On the previous inspection in December 2015 this had been highlighted as a 'should'.

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

- Although staff were able to demonstrate a sound working knowledge of recovery and individual clients needs they did not reflect this knowledge in clients care records. Although all clients had an up to date personalised care plan they lacked detail and were brief. To a new member of staff it may not be clear what the care plan was or how it could be achieved.

## Are services caring?

We found areas of good practice:

- Staff interactions with clients were extremely positive, caring and supportive.
- Clients had lots of praise for the staff and service provided.
- Clients were fully involved in their care.

## Are services responsive?

We found areas of good practice:

- The service had clear referral criteria and only accepted clients that met this. If staff felt that clients needed support but did not meet the service referral criteria, staff signposted clients to more appropriate services.
- Staff and clients started discharge planning from the point of admission and plans agreed for unexpected exit.
- Bedroom doors had locks; this meant that clients could choose to lock their bedroom door if required maintaining privacy and dignity.
- Staff catered to clients' dietary needs and preferences by providing healthy and nutritious foods.
- Clients could take part in a variety of activities on site and off site.

# Summary of this inspection

- The service had weekly community meetings where policies were reviewed and client feedback was sought. This meant that issues raised by clients could be discussed in an open forum and dealt with in a timely manner.

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

- The service was not fully accessible to people with limited mobility. However, the service shared plans to provide a ground floor extension to meet the needs of people with limited mobility.

## Are services well-led?

We found areas of good practice:

- Staff knew and agreed with the values and visions of the service.
- Staff morale was good and they worked well as a team. All felt fully supported by each other and the management. Staff did not share any concerns about whistleblowing or raising concerns.
- The service had low sickness rates and there were no whistleblowing or bullying cases associated with the service
- The service had ensured that all of the requirement notices given on the inspection December 2015 had been met as well as all of the 'shoulds'.
- There were good governance systems in place that monitored staff training, supervision, audits and learning from incidents.

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

- Although generally we found governance to be good, we found one oversight. The service had not been recording the medication fridge and room temperature. This is important to ensure the efficacy of medicines.

# Detailed findings from this inspection

## Mental Health Act responsibilities

We include our assessment of the service provider's compliance with the Mental Capacity Act 2005 and, where relevant, the Mental Health Act 1983 in our overall inspection of the service.

Cherry Tree Cottage was not registered to provide treatment under the Mental Health Act and therefore did not accept patients that were detained.

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

- There were numerous blind spots and ligature risks throughout the building. This is normal within this type of residential setting. Staff reduced the risks this may pose through risk assessment, observation and environmental audit. The service does not admit clients assessed as high risk of suicide.
- We reviewed the ligature risk assessment for Cherry Tree Cottage. The registered manager had completed this when the service opened in November 2016. Staff had identified ligature risks and actions to reduce these risks.
- The registered manager had also completed an environmental audit prior to opening in November 2016. We could see that the audit was comprehensive and included fire hazards, cleaning materials and asbestos, assault, mobility, manual handling, security and ligature points. The registered manager had also completed action and management plans to address identified risks.
- The service had fitted window restrictors on the first and second floor windows to reduce the risk of clients falling through or jumping out.
- Staff knew how to access and use the ligature cutters.
- Furnishings and fittings were newly purchased and in an excellent state of repair. The environment was visibly clean. It also had a well maintained, secure garden area.
- Clients and staff completed household chores on a daily basis with support from a part time housekeeper. This was part of the therapeutic programme.
- There was no formal clinic room. Staff kept medication and physical health equipment in a small room on the ground floor. It was visibly clean and tidy. Equipment for the monitoring of physical health was present and included scales, blood pressure monitoring equipment, thermometers, scales and breathalyser. They were in working order and dates for future calibration documented.
- Staff followed the infection control policy. We saw that hand gel dispensers were available for clients and staff to use. Staff had placed laminated hand hygiene posters in bathroom and kitchen areas to prompt and remind people about infection control principles.
- Staff and residents shared the kitchen. Each had responsibilities for keeping the area clean. Staff tested the temperature of food before serving and logged fridge temperatures daily. We reviewed temperatures logs and saw that staff completed them daily. There were coloured chopping boards available for food preparation and staff had undertaken food hygiene training.
- Cleaning equipment and substances hazardous to health were stored in the cellar. Staff ensured this was kept locked.
- Cherry Tree Cottage had full fire assessment in place and had a prepared evacuation plan. Fire safety precautions such as smoke alarms and fire-fighting equipment were present. Staff had placed fire evacuation plans in the main hallway and on the backs of doors. Staff pointed these out to clients on admission. We reviewed logs that confirmed that staff recorded when checks of equipment and alarms were undertaken.
- All staff had completed fire safety training. Staff told us what fire procedures were in place. They all had a shared understanding of fire safety within the premises.

# Substance misuse services

- The service had an up to date public liability certificate in place. We saw this displayed on a notice board in a communal area.
- The service had a legionella risk assessment in place and had implemented all the recommendations given.
- There was not always a first aider on duty. However, all staff had received emergency first aid training. Staff knew where to find and how to access the first aid box. Staff knew to call emergency services for a medical emergency.
- All staff carried an alarm system to summon assistance if needed.
- The registered manager told us that had introduced an alarm system for the night worker to contact an emergency call centre if needed. This provided the night worker with a guaranteed immediate response.
- Double rooms were single gender. When a single room was not available, staff told clients before admission. The staff told us they try not to move people into different rooms during their treatment programme. They would ask the client's permission first if they needed to.
- The service had fitted locks to bedroom doors. These meant clients were able to lock their bedrooms if they chose. Staff were able to access the rooms in an emergency with the use of a master key.
- Clients could store valuables securely in the staff office.
- Clients and staff we spoke with reported they felt safe at Cherry Tree Cottage.
- The staff team worked alongside two prescribing doctors who provided medical input to the service. This included medical detoxification and any physical health assessments. The doctors provided cover for each other whilst on leave and both had additional training and special interests in the treatment of substance misuse.
- The administrator completed a four-week rolling rota to ensure there was a member of staff on all shifts. Rotas we reviewed confirmed this. There was a substance misuse worker allocated to every daytime shift, who worked alongside peer volunteers. Staff and clients consistently told us there were no issues with staffing. The registered manager or administrator was able to adjust staffing levels as needed.
- There was a 'sleeping' night shift with one worker on duty. There was also an allocated on call worker if extra support or assistance was needed during the night shift.
- The service had not used agency or bank staff, as the service had covered all shifts internally. The service managed unexpected staff absences by offering additional hours to staff or rearranging shift patterns. Staff confirmed if shifts were short staffed due to unplanned leave, the registered manager and other staff covered shifts.
- Staff were able to access the prescribing doctor out of hours if needed, otherwise they used NHS walk in centres or accident and emergency. .
- All staff had completed up to date first aid training.
- All staff were up to date or booked in to complete mandatory and statutory training. We reviewed training files and could see that this consisted of fire safety awareness, health and safety awareness, food hygiene, first aid at work and Equality and Diversity training.

## Safe staffing

- The service had 13 substantive staff. The staff team consisted of the registered manager, substance misuse workers, volunteer staff, an administrator, a maintenance worker, housekeeper and chef.
- There were no qualified nursing staff. If staff needed further clinical guidance, they contacted the prescribing doctor or a substance misuse specialist. The substance misuse specialist was a professional who specialised in supporting substance misuse services clinical practice.
- Five staff had left in past 12 months, this was a 10% turnover. There were no vacancies and staff sickness levels were below the national average at 3%.

## Assessing and managing risk to clients and staff

- Staff did not use seclusion or restraint within the service.
- The service had clear admission criteria. Staff told us that the service could not accept people with severe mental, high suicide risk, physical illnesses or poor mobility. Staff told us they only accepted clients with moderate drug and alcohol dependency who they had assessed as suitable for a community detoxification.
- Staff said if a client showed or shared any signs of an underlying mental illness or self-harm during

# Substance misuse services

assessment or treatment they would signpost the client to the local mental health crisis team. The service had a list of mental health services contact numbers displayed in the office.

- We found individual risk assessments were in place for all three clients. Staff told us they reviewed and revised risk assessments in line with client's progress. We found that the risk assessments varied in quality. Staff did not always update risk assessments when increased risk had been identified. For example, we found one admission assessment completed by the prescribing doctor which had identified that one client had a past and recent history of attempted suicide. Staff had not transferred this information in detail to the client's risk assessment and management plan. We reviewed the risk assessment for this person and it lacked potential risk triggers and possible protective factors. When spoke to staff about this, we found that they were aware of the risks and triggers, but had not completed the written documentation in enough detail. This could potentially mean that staff may miss risk information. Having two separate risk assessments (one completed by the doctor and the other by the staff) may be lead to confusion or incorrect information.
- All three clients had risk management plans in place. We found that these were brief and again did not reflect the knowledge staff had.. For example, staff had identified one client as a flight risk (in substance misuse services this means the client is at risk of leaving detoxification before treatment is completed). Staff had updated the risk assessment; however, the management plan did not reflect what staff and the client could do to manage the increased risk. However, when we spoke to staff about what they would do they were able to give appropriate responses and were knowledgeable in how they would manage the situation, with that particular client.
- We saw risk assessments included early exit plans. This meant for clients who did not choose to complete the detoxification programme, staff and client had agreed a plan of support for follow up.
- Staff had signed and dated all risk assessments. However, there was no space on the form for clients to sign.
- All Staff had up to date training in risk assessment from an accredited provider. We could see the certificates of completion in all staff files. Staff told us that any new staff had the opportunity to shadow experienced staff prior to completing risk assessments on their own.
- Staff used de-escalation techniques to resolve aggression and there had been no reported incidents within the service. Staff had completed training on managing aggression and violence.
- There was a search policy in place and all staff said they adhered to this.
- House rules were in place as part of the therapeutic programme. Clients signed to say they agreed to the rules and restrictions in place on admission. The house rules included restrictions on when clients could leave the premises and access to mobile and internet. These are normal rules within a residential substance misuse service. Staff documented clearly in patient records that clients understood what they were agreeing to on admission. None of the clients we spoke with expressed any concern about the restrictions.
- All staff were up to date with safeguarding training. A safeguarding policy was in place. Staff we spoke to said if they were unsure about any aspect of safeguarding, they would discuss concerns with the registered manager or the local authority safeguarding team.
- The service had a safeguarding champion who took the lead with safeguarding within the service. They and had planned to deliver refresher training about safeguarding to all staff in May 2017.
- We saw that clients had signed a consent form to allow staff to use their cash card and personal identification number (PIN) to withdraw money on their behalf. Staff said this agreement was in place for the first five days only, during an initial detoxification period, when clients had agreed not to leave the building. on no account should the customer disclose their PIN to a third party in order for them to access their account. A third party mandate is a formal instruction from an individual to a bank. It tells the bank that you would like another party to carry out everyday banking transactions on your bank account. The consent forms used at Cherry Tree Cottage were not official third party mandates and not formally agreed with the banks andpost offices. Therefore, the arrangement did not meet with the banking

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requirements to safeguard those who wish to authorise a third party to access their money. We raised this with senior staff on inspection and they immediately withdrew the contracts and agreed to set up a petty cash system to get people through their first few weeks in residence.

- We saw safeguarding posters and information on notice boards for staff and clients. Staff had a copy of the local Pipot protocol and policy. Pipot outlines the procedures undertaken for dealing with allegations concerning people in a position of trust.
- Staff followed appropriate medicines management practices. We observed staff completing a medication round in pairs. They both checked medications and prepared them for the client to self-administer. Staff then checked the medication was correct with the client, confirming name and date of birth. All staff had received medication administration training.
- We reviewed three client medication files. Staff attached a photograph of the client to the medication administration record sheet (MARS). We saw that staff had documented name, date of birth, allergies, GP and consent in the front section of the file. Staff had completed all the MARS correctly.
- Staff gave clients their medication in a private area next to the clinic room and they signed the MARS chart to indicate they had taken the medication.
- Staff carried out physical health observations at each medication round. This included blood pressure and pulse checks. This was to monitor and reduce any potential risks to health whilst detoxing. Staff recorded results in the clients care records.
- Staff had access to a naloxone. Naloxone is a medication that reverses the effects of an overdose from opioids (e.g. heroin, methadone, morphine). The staff had access to a service naloxone policy for guidance.
- Staff stored clients medications in a suitable medication cabinet based in a small room on the ground floor. There was an appropriate locked cabinet for controlled drugs. We could see that the medication cabinet was locked, as was the room it was stored in. However, we noted that staff did not monitor and record the room

temperature. The room temperature must be monitored to ensure medication is usable. Some medication can deteriorate and become unsafe or ineffective if kept in rooms that are too hot.

- The room also housed a small fridge. Staff told us that they used this fridge to store any medication that needed refrigeration. Staff did not monitor the minimum or maximum temperature of the fridge. Staff must monitor fridge temperatures in order ensure that medications stored do not deteriorate and become unsafe or ineffective.
- The service administrator completed monthly medication audits. We reviewed audits for the last three months. We could see that no major concerns had been identified as a result of the audits.
- Staff completed the Clinical Institute withdrawal assessment of alcohol every time they administered diazepam. We could see from reviewing MARS charts that diazepam detoxifications were tailored to meet individual needs.

## Track record on safety

- There were no reported serious incidents in the last 12 months.

## Reporting incidents and learning from when things go wrong

- An incident reporting policy was in place. Staff were able to tell us what needed to be reported and how to report it. We reviewed the incident file. There were 25 incidents in the 12 months prior to inspection. Staff had reported incidents as per policy and outcomes and action plans documented. Staff told us they reviewed incidents at weekly team meetings. We observed this at the team meeting we attended.
- Staff were able to share learning lessons when asked. One example given was that the professional referrer had not given a full history of the client they had referred. After admission, the team received information that the client had significant risks. These became apparent during the admission. The team placed the client on one to one observations, updated the risk assessment and worked with outside agencies to place the client elsewhere.

## Duty of candour



# Substance misuse services

- Staff were aware of their responsibilities to discuss incidents with clients if things went wrong

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

**Assessment of needs and planning of care** (including assessment of physical and mental health needs and existence of referral pathways)

- Staff conducted the initial assessment prior to the day of admission by telephone. This was to assess if the client met the referral criteria and to see if the service could meet the needs of the client. All three care records we reviewed had a completed telephone triage documented.
- Support workers completed an assessment and initial care plan with the client on admission to the service. All were up to date care plan and signed by both client and keyworker. The assessment covered drug and alcohol use, substance misuse history, physical health, mental health, psychological and emotional health, finance, life skills, functional skills and resettlement.
- We found that the care plans lacked detail and did not reflect how the staff team worked with clients. During the inspection, we observed staff to have very good understanding of the client's needs and recovery. They were knowledgeable and demonstrated good intervention skills, but they did not document this knowledge in detail within the care records.
- The doctors also completed a full assessment on the same day of admission. This included a physical health examination. This included physical observations such as blood pressure, pulse and a drugs screen. Staff breathalysed clients to confirm alcohol levels. Staff recorded the results in a separate file to the care plans. The doctor completed a full assessment of substance misuse including mental state and risks. Staff used standardised assessment tools. For example, the severity of alcohol dependence questionnaire (SADQ) and clinical institute withdrawal of alcohol (CIWA) scale. This enabled the service to document the ongoing condition of clients during treatment more clearly.
- The prescribing doctor conducted a medical assessment of all clients, including those who did not need medical detoxification.
- The prescribing doctor issued a private prescription to those clients needing a medical detoxification. The detoxification was medically monitored. This means that enough medical supervision was provided by a visiting GP, who has had additional substance misuse training.
- Staff and clients had signed all treatment contracts we reviewed. Staff and clients reviewed and signed them again seven days post admission. The contract set out the terms and conditions of treatment. This included fees, confidentiality, treatment protocols and agreeing to the rules of the service, as laid out in the policies and procedures.
- All information to deliver client care was stored securely in the staff office. However, we found it confusing to get an overview of the clients care, as staff recorded clinical information in five different files/logs. This meant that the main care record might not hold pertinent information. For example, if a client made a disclosure in a group this information would not be in their care records. By having several files per client does not necessarily allow the staff to have a clear chronological overview of the treatment/ intervention process. This could result in information being overlooked or confusing.

## Best practice in treatment and care

- The service supported clients in accessing physical health care from other services, such as, dentistry. One client told us the service had supported them in accessing pre planned out- patient appointments with other providers.
- The service offered clients blood borne virus testing and vaccination.
- Treatment and therapy began as soon as the admission process was completed. Clients participated in the therapeutic programme that is based around the 12 steps model of recovery. The 12 steps model is a set of guiding principles outlining a course of action for recovery from addiction, compulsion and other behavioural problems. The timetable that included house duties, key working sessions, recovery focused therapy groups, music, art and dance therapy and mutual aid groups.

# Substance misuse services

- Staff were able to refer clients to counsellors who worked alongside New Leaf recovery. They offered counselling to address issues underlying a client's addiction that may have been identified whilst in recovery at Cherry Tree Cottage.
- All groups had aims and objectives. Staff had written these up and the files were accessible to clients. These also included guidance and worksheets used by the facilitators of each group.
- Nutrition was an important part of the recovery process at Cherry Tree Cottage. Staff and clients worked alongside the chef in order to meet individual nutritional needs.
- Staff asked clients to consent to share admission and treatment details with the clients GP. However, if the client did not agree then staff did not liaise with them. We were told that staff would always discuss the benefits of information sharing, however, if the client was deemed to have capacity and fully understood, but still declined this was accepted. We were concerned that this may expose the client to potential double prescribing.
- The service offered a structured group programme that clients were expected to attend as part of their recovery programme. Staff from Cherry Tree Cottage and external facilitators led groups. The programme consisted of a range of groups including art therapy, movement therapy, meditation, recovery topics, 12 step and mutual aid groups.

## Skilled staff to deliver care

- The prescribing doctor had additional substance misuse training from the Royal College of Psychiatrists.
- Many of the staff working with people in recovery had been on recovery programmes themselves. This enabled them to be empathic with people using the service.
- Staff received individual and group supervision. All clinical staff had an allocated supervisor for one to one supervision.
- Four out of 13 staff had an appraisal in last 12 months. Appraisals for the remaining staff had been planned for February 2017.
- All staff had received training in managing personal and professional boundaries with clients.
- Staff participated in various audits, for example, medication and case note audits. Staff had clearly documented outcomes from these audits. We observed that the information was shared at team meetings.
- All clinical staff had up to date training in safe handling of medications.
- All staff had up to date training in positive interventions, risk management and professional boundaries that linked to drug and alcohol national standards (DANOS). DANOS provides standards of performance that people in the drug and alcohol field should comply with. They describe the knowledge and skills workers need in order to preform to the required standard.

## Multidisciplinary and inter-agency team work

- We observed the weekly multi-disciplinary meeting. Staff discussed clients' progress, treatment observations, interagency working and discharge planning in depth. We noted that staff were knowledgeable about their clients individual needs and it was clear they had a good understanding of the therapeutic processes and recovery model used at Cherry Tree Cottage. The knowledge shared was more in-depth than the individual written care plans in place. This was also apparent in terms of risk assessment, the staff had a good working knowledge of the clients, we observed this to be in depth and personalised. We saw that staff recorded action points from meetings, however, they did not record who was to complete them.
- Staff read and completed client contact and observation logs before and at the end of each shift in a separate file. We felt that this information was useful for sharing and questioned why they did not write up this clinical information in clients' case notes. We felt information could possibly become lost and did not give a chronological overview of the clients care.
- The service was able to register clients with a local GP on a temporary basis whilst in treatment.
- The service liaised with other drug treatment agencies. For example, if a client were from out of area, on discharge they would link the client in with other services for ongoing support if needed.

# Substance misuse services

- Notes and discussions with staff and clients confirmed that the service undertook collaborative work with outside agencies and other disciplines when needed, for example, liaison with community mental health teams.
- The service linked with other local recovery groups in the area. Alcoholics anonymous and Narcotics anonymous evening groups at the service and clients would attend their groups in the local community with peer mentors.
- Counsellors offered one to one counselling at the service for those clients who identified as needing other psychological based work to address issues underlying addictions.

## Good practice in applying the Mental Capacity Act

- All staff had completed Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards training (DoLS).
- There were no Deprivation of Liberty Safeguards applications made in the 12 months prior to our inspection. The service did not use Deprivation of Liberty Safeguards (DoLS). Clients were free to leave if they wished.
- Staff we spoke with understood impaired capacity in relation to intoxication and detoxification. Staff gained consent to treatment from clients on two occasions within the first seven days of treatment. We saw consent forms signed at these intervals within client records.
- Care records we looked at showed that clients had signed consent to treatment, sharing of information and confidentiality agreements. This concurred with our observations and with statements by staff and users of the service, who emphasised how they were aware of and agreed with their treatment.

## Equality and human rights

- The service had a comprehensive Equality and Diversity policy. This was included within the staff induction to ensure staff aware of and understood the approach taken by New Leaf Recovery.
- The policy included a strategy to support clients from a variety of backgrounds as well as employ staff to reflect this.
- New Leaf Recovery aimed to be accessible to all people from a variety of backgrounds.

- All staff had completed training to gain a greater understanding of what equality and diversity is, how they can improve its practice and the statutory and legal requirements that underpin Equality and Diversity legislation.

## Management of transition arrangements, referral and discharge

- The service referred clients to a local recovery service and supported them to attend an eight week academy course to enable sustained recovery.
- Staff supported clients with financial, housing and employment issues identified during treatment.
- Staff discussed with clients the consequences of leaving the rehabilitation programme early. Staff and clients had agreed exit plans in place to support clients if they left early.
- People used the service for agreed treatment periods. This rarely exceeded twelve weeks. Some treatment periods were as short as two weeks. At the time of inspection, there were no waiting lists.
- The service offered support after discharge, with provision for secondary care at another location if needed.

## Are substance misuse services caring?

### Kindness, dignity, respect and support

- Two clients said that the staff were caring and trusting. Clients commented that staff were easy to speak with and that they felt understood.
- We observed staff respecting clients' privacy by knocking on doors requesting to enter rooms.
- Clients told us that staff maintained their confidentiality and they felt able to speak openly. Clients felt able to share openly within group sessions. Both clients and staff told us of the need to respect people's privacy and confidentiality, particularly within groups where sensitive personal information was often shared.
- We observed client and staff interactions to be respectful, calm and relaxed.

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

# Substance misuse services

- On admission, staff took clients on a tour of the premises and introduced them to other staff and clients. Staff also completed an admission checklist with the client ensuring all documents/ policies and procedures were discussed. We saw evidence of this in the care records.
- One client told us that staff tailored the treatment approach to individual needs through one to one discussions.
- The service offered family and carer liaison support to clients that consented. This included mediation and one to one advice and support about addiction and recovery.
- Clients could give feedback at any time through one to one meetings with staff or community meetings. Clients we spoke with and documents we reviewed confirmed this. We saw that staff displayed community group minutes on the notice board for staff and clients to see.
- Clients could attend a weekly community group. This was for staff and clients to discuss the processes of residential treatment, voice concerns and suggestions. Clients discussed and agreed the weekly menus at this meeting and allocated who did household chores. The community group minutes we reviewed confirmed this to be the case.
- Staff requested formal feedback from clients prior to discharge. Staff asked clients to complete a questionnaire and rate aspects of the treatment programme, such as admission, group work, keyworker, accommodation and carer involvement. Staff reviewed and discussed the feedback as a staff team within the team meetings. The registered manager told us that they plan to audit responses in order to identify any trends.
- The service had introduced group feedback forms for both group facilitator and clients to complete. The service manager plans to incorporate this feedback into the weekly team meetings to review strengths and weaknesses of the group programme as identified by clients and staff.
- Clients could post suggestions in writing into a suggestion box, this allowed anonymity. Staff reviewed comments from the suggestion box at the weekly team

meeting. One recent suggestion acted upon by the service was the suggestion of more structured activities at weekends. As result of this, staff had arranged for an extra exercise session at the local gym.

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

## Access and discharge

- A referrals coordinator screened all referrals by telephone prior to assessment. Staff sign posted clients elsewhere if they did not meet the Cherry Tree Cottage referrals criteria.
- The service offered next day assessments after the initial referral screen if there were vacancies.
- The referral criteria excluded any clients they deemed high risk, for example anyone actively suicidal, with complex mental illness, a history of sexual offences or a history of violence.
- Staff referred clients to other agencies after assessment if they felt they the service could not meet their needs. For example, staff told us at one assessment, the assessor identified that a client had a psychotic illness and referred the client on to the local crisis mental health services they were not admitted to the service.
- Staff said the service was not able accept clients with severe mobility needs due to the environmental challenges within the premises. The service had planning permission to extend the ground floor, which included a ground floor accessible bedroom.
- Clients used the service for pre agreed treatment periods. This rarely exceeded twelve weeks. Some treatment periods were as short as two weeks.
- At the time of inspection, there were no waiting lists.
- Staff said they discussed discharge plans with clients as part of the treatment process. We could see evidence of this in records and clients spoke of one to one sessions to plan discharge.
- The service offered on going day care for clients discharged from residential care.

# Substance misuse services

- The service offered support after discharge, with provision for secondary care at another location.
- The service had links with supported accommodation projects in the local area.

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

- Clients and staff discussed the policies and procedures in place at Cherry Tree Cottage every week at the community meeting. This was to remind clients of confidentiality and their rights.
- Cherry Tree Cottage had adequate rooms to provide space for one to ones, group therapies and recreation.
- Clients could access a garden at the premises.
- Peer mentors and staff supported clients in accessing community leisure centres, parks and local shopping and spiritual facilities.
- The service restricted client's access to mobile phones and internet. This was to avoid interference with the group programme. All clients agreed to this restrictive practice on admission as part of the treatment approach. Staff discussed variations to this protocol on an individual basis.
- The service was able to cater for individual dietary requirements as a chef cooked all food on site. One client told us that the food was amazing.
- The service had a full therapeutic programme, which included activities such as art, dance, music and physical exercise. They offered the twelve steps programme as a basis of the recovery work.
- Clients were able to access drinks and snack throughout the day and night.
- We saw that clients could personalise their bedrooms if they wanted. They had access to their bedrooms during the day and were able to lock the door to their rooms when elsewhere. Staff had an override key to unlock the doors in an emergency.

## **Meeting the needs of all clients**

- The service had a chef who worked with clients to determine individual nutritional needs.

## **Listening to and learning from concerns and complaints**

- Cherry Tree Cottage had an up to date complaints procedure. We saw that staff had displayed this on the notice board and that leaflets were available. All clients we spoke to said they knew what the complaints procedure was and felt no hesitation using it if needed. We saw that the complaints leaflet also gave the client information of how to contact an independent complaints advocacy service if they did not feel that New Leaf were dealing with the concern satisfactorily.
- Staff informed clients of the complaints procedure on admission. It was a standing item on the weekly community meetings to remind clients of the process. Staff had placed a copy of the complaints procedure was on an accessible notice board in the hallway and a copy kept in the client's policies and procedures file that was kept in the communal living room. Staff also shared the policy and procedure with the clients carers and relatives.
- The service has had no formal complaints in the twelve months prior to inspection.
- We saw a suggestion box at the service for clients to post feedback.

## **Are substance misuse services well-led?**

### **Vision and values**

- Staff we spoke with knew and understood the visions and values of the service. They all wanted to make a difference and support people through their recovery. They understood the need for personalised care and support. Many of the staff had undergone their own recovery and gained the skills to support others through addiction.

### **Good governance**

- All volunteers and staff except a newly recruited staff member had DBS checks in place. The new member of staff was waiting DBS clearance.
- As the service had moved into a new property the month before inspection all policies had been updated and reviewed. However, the service did not have a duty of candour policy in place.
- There was a governance structure in place. The registered manager took the lead with this, but all staff



# Substance misuse services

were involved, including the prescribing doctors. On the day of inspection, the registered manager was on annual leave. However, staff were able to access all information we requested and able to answer questions confidently. They shared a common knowledge of systems and processes and understood how they supported the service in order to provide a safe and therapeutic environment for the clients.

- Staff dealt with concerns we raised on inspection regarding the sharing of banking details immediately. Staff were able to take on board the feedback and come up with immediate solutions. This showed us that staff were empowered to take the lead and make positive changes to the service in the absence of the registered manager.
- We reviewed five staff files. We found them to be in good order. They all included photo identification, job application, job description, contract of employment, signed code of conduct, training certificates, DBS checks and supervision logs.
- An induction programme was in place for all new staff and volunteers. Records we reviewed showed that staff had fully completed or were working through the programme.
- Sickness rates were low.
- Staff had access to mandatory and statutory training, as well as additional skills training for substance misuse workers. All staff were up to date with mandatory training.

- All staff had regular supervision and support to enable them to reflect on and improve practice.

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

- Staff we spoke with were highly motivated and engaged in their work. They felt valued by management and clients.
- All staff we spoke to told us they felt able to approach the registered manager without fear of victimisation. They said it was a fair place to work.
- Staff were positive about their work and enjoyed working in the new environment. They said there were both informal and formal support mechanisms in place to address any stress created by the work.
- There was a whistleblowing policy in place which staff said they understood and would use if necessary

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

- New Leaf recovery had moved their residential detoxification service to the new premises, which they now own. They have refurbished the property to a high standard and have maintained a warm welcome feel to the unit.
- Staff told us the service was looking at setting up an online support service for discharged clients to access following discharge.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that medication is stored in an appropriate fridge and staff monitor and record the temperature of the fridge is recorded daily.
- The provider must ensure it has a duty of candour policy.

### Action the provider **SHOULD** take to improve

- The provider should ensure client care records are kept in a chronological order and easily accessible to all staff.

- The provider should ensure that the clinic room temperatures are recorded on a daily basis.
- The provider should ensure that all risk assessments are updated and reflect risk identified by all clinicians.
- The provider should ensure it take make safeguards when dealing with clients finances.
- The provider should ensure all efforts are made to inform a client's GP of treatment interventions.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>The provider did not monitor and record the medication room temperature.</b>  <b>The provider did not monitor and record the fridge temperature where medications were stored.</b>  Regulation 12 (2)(g)
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour <b>Duty of Candour</b>  <b>The provider did not have a Duty of Candour policy in place to support a culture of openness and transparency</b>  Regulation 20 (1)



This section is primarily information for the provider

## Enforcement actions

### 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.