Bank House

Quality Report

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Date of inspection visit: 11 & 12 October 2018
Date of publication: 19/12/2018

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

Ratings

Overall rating for this location	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

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.

Summary of findings

Overall summary

We rated Bank House as requires improvement because:

- The provider had not sufficiently addressed all concerns from the previous CQC inspection in January 2018. Concerns remained around medicines management, particularly practices in relation to controlled drugs.
- Clinical leadership at the service had not been consistent. Governance processes, including clinical audit, did not ensure that omissions in clinical practice were identified and acted upon. The service did not have clear frameworks about what should be discussed at all levels of the organisation.
- Staff did not always use recognised rating scales correctly to assess and record severity and outcomes with clients. Staff did always fully complete rating scales, and did not always complete withdrawal rating scales to the frequency directed by the admitting psychiatrist.
- Staff did not always record client physical observations to the frequency directed by the admitting psychiatrist and did not always record them correctly to ensure that monitoring of physical health during detoxification was effective.
- Staff used a standardised approach to care planning that did not always meet all client need, and did not support clinical practice in the service. We also found that staff did not keep care and treatment records in good order. We found information without complete client identifiable information, without the name and position of the recorder, and incorrectly filed.
- Staff did not always report all incidents that affected the health, safety and welfare of clients using the service. Agendas for staff and clinical meetings did not include feedback and learning from incident investigations as something that would always be discussed.
- The service did not make personal alarms available to staff, or have an effective system in place for clients to summon assistance to their rooms in an emergency.

However:

- The provider had acted to make improvements to address many of the concerns raised by the previous CQC inspection in January 2018. We saw that psychiatrists now made a physical examination of clients entering the service, and medicines reconciliation practices had been established. The service had purchased an automated external defibrillator and medicines fridge.
- The service used a clear model of recovery. The therapy programme provided clients with psychological therapies recommended by the National Institute for Health and Care. Staff and clients contributed to the development of recovery plans that were personalised, recovery focussed and addressed a range of needs.
- Clients using the service spoke positively about their experiences. Clients felt involved in their care and could provide feedback on the service they received.
- All areas of Bank House were maintained and provided a good standard of accommodation. Clients could choose single or shared rooms, and the service complied with good practice guidance on gender separation. Clients reported the quality of food was good.

Summary of findings

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Requires improvement

Bank House

Services we looked at
Substance misuse/detoxification

Summary of this inspection

Background to Bank House

Bank House registered with CQC in August 2017. It is the only registered location under Steps Together Rehab Limited. It provides the regulated activities:

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

Bank House has a CQC registered manager and an accountable controlled drugs officer.

Bank House is a 17-bedded mixed gender residential substance misuse service providing detoxification and rehabilitation interventions. The service offers an abstinence-based programme that includes a structured day, group based interventions, educational workshops, mutual aid (12 step and Self-Management and Recovery Training), and discharge and relapse prevention plans. Length of stay ranges from seven days to 12 weeks.

All clients at Bank House are self-funded and choose to receive treatment at Bank House. When we inspected, Bank House had 11 clients admitted.

This was the second inspection of Bank House. The first inspection was in January 2018, following that inspection the CQC issued the provider with a warning notice. This required immediate improvement under:

- Regulation12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014-Safe care and treatment.

The resulting inspection report identified further requirement notices prompting action the provider must take to meet:

- Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014- Safeguarding service users from abuse and improper treatment
- Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014-Good governance
- Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014-Fit and proper persons employed.

The provider submitted action plans for the warning notice and the requirement notices.

During this inspection we found the provider had made improvements, but concerns remained in some areas where notices had been issued.

Our inspection team

The team that inspected the service comprised two CQC inspectors, and a member of the CQC medicines team.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

Summary of this inspection

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the environment, and observed how staff were caring for clients
- spoke with four clients using the service
- spoke with one family member
- collected feedback from three clients using comment cards
- spoke with the CQC registered manager
- spoke with the clinical manager
- spoke with three other staff members; including a therapist, nurse, and a support worker
- looked at five care and treatment records
- carried out a specific check of medicines management at the service and reviewed medicines charts
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with four clients admitted to Bank House. Clients told us that, overall, staff were friendly, welcoming, and polite. However, some believed that some support workers did not always actively engage with them, or provide sufficient support when needed. Clients were particularly complementary about the care and support provided by the therapy team.

Clients reported staff offered treatment choices, involved them in care decisions, and provided them with copies of care plans. Clients using the service felt safe, and believed their possessions to be safe during their stay. All described a good standard of accommodation, and found the environment clean and well maintained. Where clients had experience of using other substance misuse services, they described Bank House as providing better and more personalised care.

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?

Requires improvement 

We rated safe as requires improvement because:

- The service did not make personal alarms available to staff, or have an effective system in place for clients to summon assistance to their rooms in an emergency.
- Staff did not keep care and treatment records in good order. We found information without complete client identifiable information, without the name and position of the recorder, and incorrectly filed.
- Concerns remained around medicines management practices. Staff did not make regular controlled drugs balance checks. Competency checks of support staff trained to administer medicines were not completed to the frequency stated in the service's medicines management policy.
- Incident reporting at the service was low. Staff did not always report all incidents that affected the health, safety and welfare of clients using the service.
- Although visibly clean, staff did not keep a record of daily cleaning activities of the clinic and equipment for completing physical health checks to demonstrate this.
- Staff did not always use withdrawal rating tools to identify and respond to changing risks, and review the effects of medication on clients' physical health during detoxification.

However:

- Staff knew how to respond to a physical health emergency. Since the previous inspection, the service had purchased an automated external defibrillator and staff made regular checks of emergency equipment. The service provided staff with basic life support and defibrillator training.
- The service's policy and staff practices in relation to medicines reconciliation had improved. Staff completed medicines reconciliation checks. Records demonstrated when staff contacted other healthcare professionals to confirm a client's prescribed medicines and medical histories. Admitting psychiatrists recorded clinical decisions in relation to medicines reconciliation, medical histories, and prescribing.

Summary of this inspection

- Staff received training in safeguarding adults and children. The provider had changed its safeguarding policy to correctly identify when the CQC should be notified of a safeguarding concern.
- The service had purchased a lockable medicines fridge. Staff made regular checks of clinic room temperatures, including maximum and minimum fridge temperatures.
- All areas of Bank House were well maintained and provided a good standard of furnishings. Clients could choose single or shared rooms, and the service complied with good practice guidance on gender separation.

Are services effective?

Requires improvement

We rated effective as requires improvement because:

- Staff did not always correctly use recognised rating scales to assess and record severity and outcomes with clients. This included the National Early Warning Score and withdrawal scales for substance misuse. We also saw occurrences when staff had not completed physical observations and withdrawal scales to the frequency directed by the admitting psychiatrist.
- Staff used a standardised approach to care planning with clients that did not meet all the needs of client, and did not support clinical practice in the service . Care plans lacked detail, personalisation and did not demonstrate review by staff.
- The service did not have a formalised multidisciplinary meeting where staff from all disciplines met regularly to discuss and review the progress of their clients.
- The quality of staff handover records varied. Records did not always demonstrate that staff handed over all necessary information to deliver care and treatment to clients.

However:

- Staff and clients contributed to the development of recovery plans that were personalised, recovery focussed and addressed the recovery needs of clients.
- Admitting psychiatrists took medical histories and made a physical examination of clients at admission to the service. This had improved since our previous inspection.
- The service's therapy programme provided clients with psychological therapies recommended by the National Institute for Health and Care. Staff and clients contributed to the development of recovery plans that were personalised, recovery focussed and addressed a range of needs.

Summary of this inspection

- Staff received training in the Mental Capacity Act and applied their knowledge to substance misuse and intoxication. Staff recorded a client's capacity to consent to treatment and participate in the therapy programme.

Are services caring?

Good

We rated caring as good because:

- Clients reported that staff were friendly, welcoming and polite. They were particularly complimentary about therapy staff. We saw that staff interactions with clients were respectful, polite, and demonstrated that staff knew clients as individuals.
- Staff shared recovery plans with clients. Clients we spoke with confirmed this and reported they felt involved in planning their recovery. Staff promoted participation in group therapies and celebrated clients' completion of treatment at graduation ceremonies.
- Clients could give feedback on the service they received through a suggestions box, an exit questionnaire, and by attendance at community meetings. Records demonstrated that the service acted on the feedback it received from clients.

However:

- The 'family programme' as described on the service's website was not operating in its entirety. The service did not have a dedicated way for collecting feedback from families or carers.

Are services responsive?

Good

We rated responsive as good because:

- Clients assessed as suitable for Bank House could often be admitted within 24 hours of making an initial enquiry. Discharge planning was carried out from the point of admission, and staff planned for unplanned exits from treatment that included harm reduction information.
- Bank House had a range of rooms and equipment to support treatment that included therapy rooms and a well maintained outside area. Clients had access to bedrooms that they could personalise and store possessions in securely. Clients reported food quality was good.
- Staff considered the dietary, mobility, language and spiritual needs of clients as part of the admission process. The service

Summary of this inspection

provided facilities for clients using wheelchairs or mobility aids, assisted clients with their religious and spiritual needs, and made information available to clients in formats that were accessible to them.

- Bank House had a complaints policy and staff encouraged clients to provide feedback on the care they received. Staff provided clients with information about how to complain and clients we spoke with knew how to make a complaint.

Are services well-led?

Requires improvement

We rated well-led as requires improvement because:

- The provider had not sufficiently addressed all concerns from the previous CQC inspection and concerns remained where requirement notices existed. For example, medicines management policy and practices in relation to controlled drugs remained a concern.
- The service had not had consistent clinical leadership. Staff reported this had caused challenges for the service.
- The service did not have a clear framework of what must be discussed at service level, and as part of clinical governance meetings. When frameworks did exist, we saw staff did not always use them effectively.
- Clinical audits did not always identify where omissions in practice occurred and actions taken to address omissions. Audits did not consider the quality of information being recorded. For example; staff handover records.

However:

- The service used a clear model of recovery. This was included in the service's promotional material and website.
- The service had systems in place to engage and obtain feedback from clients using the service. Records showed how the service had acted on the recommendations of clients.
- Staff felt respected, supported, and valued. They believed they could contribute to the development of the service, and spoke positively about changes to the clinical leadership team.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service provided staff with Mental Capacity Act training as part of mandatory training requirements. Records showed that staff had completed this training, or that new staff were booked to receive training.

Staff we spoke with demonstrated an understanding of the Mental Capacity Act and its five statutory principles. Staff could apply this knowledge in relation to substance misuse and intoxication.

The provider had a policy on the Mental Capacity Act, including Deprivation of Liberty Safeguards.

Between August 2017 and July 2018, the service had made no Deprivation of Liberty Safeguards applications.

Staff knew where to get advice from within the provider regarding the Mental Capacity Act, including Deprivation of Liberty Safeguards.

Staff recorded a client's capacity to consent to treatment during the admission assessment. We saw this recorded in all the care and treatment records we reviewed. A further assessment of capacity was made and recorded prior to clients commencing the therapy programme. This was to consent to participation in the therapy programme.

Staff assumed that clients entering treatment at Bank House had capacity and clients were required to consent to receiving treatment. Staff described how they would give clients assistance to make a decision for themselves, or delay making a decision if the client was intoxicated.

Staff audited the application of the Mental Capacity Act as part of the care and treatment record audit tool.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse/ detoxification	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

Requires improvement

Substance misuse/detoxification

Safe	Requires improvement
Effective	Requires improvement
Caring	Good
Responsive	Good
Well-led	Requires improvement

Are substance misuse/detoxification services safe?

Requires improvement

Safe and clean environment

Safety of the service layout

- Bank House was a large house converted to provide accommodation for clients across three floors. The ground floor provided a communal lounge and dining area, eight single bedrooms with ensuite facilities, one adapted bathroom, two group therapy rooms, an interview room, kitchen, laundry, small clinic, and staff office. The first floor provided three twin bedrooms with shared ensuite facilities, and one large single bedroom with ensuite facilities. The second floor provided two large single bedrooms with ensuite facilities. Staircases had handrails to assist use. Entry to the building was secure and controlled by staff. Staff met visitors to the service and kept a record of clients and visitors on the premises. Staff made a daily check of environmental risks and building security.
- Staff did regular risk assessments of the care environment. The provider had a contract in place with an external health and safety company, who had completed a full assessment of the service in January 2018. When we inspected, the fire door access to the kitchen was closed and displayed 'fire door keep closed' signage. This had improved since our inspection in January 2018. Fire extinguishers were present around the service and in date. Portable appliance testing stickers were present on electrical items and in date.
- The layout of Bank House did not allow staff to observe all areas of the unit from a central location. The use of planned observations, staff positioning and closed-circuit television cameras helped to manage patient risk. Bank House had 16 cameras positioned outside the building and internally in communal areas. The service displayed posters to inform clients and visitors of the use of closed circuit television cameras. Staff monitored camera images from the ground floor office, and recorded images were available to review for seven days.
- We saw potential ligature anchor points around the service. Ligature points are fixtures to which people intent on self-harm might tie something to strangle them self. The service had an up-to-date ligature risk assessment completed in January 2018 that identified risks in the environment and actions to reduce those risks. Actions to reduce risk included risk assessments, exclusion criteria of individuals assessed as high risk, planned observations and closed-circuit television cameras. Staff accessed ligature cutters from the ground floor office and clinic.
- Bank House complied with good practice guidance on gender separation. Much of the accommodation was provided in single rooms with ensuite bathroom facilities. The service did not allow mixed gender sharing of twin rooms.
- Doors to bedrooms were not anti-barricade enabled and did not have observation panels through which staff could view clients. This meant staff could not directly observe clients at greater risk during detoxification. Clients could have keys to lock their bedroom doors following a risk assessment by staff. Staff accessed spare keys from the office for use in an emergency.

Requires improvement

Substance misuse/detoxification

- Bank House had no alarm or fixed-point nurse call system. Staff reported they were not aware of any personal alarms available; however, the service had recently purchased two walkie-talkies that enabled staff to communicate with each other from different parts of the building. At the previous inspection, staff reported they provided clients that might need to summon assistance during detoxification with cordless doorbells that sounded in the staff office. Staff reported this practice had not been used recently.

Maintenance, cleanliness and infection control

- All areas of Bank House were well maintained and provided a good standard of furnishings. Each bedroom had a television and was decorated to feel homely. The service had a schedule for re-decoration and domestic staff identified maintenance needs as part of housekeeping checks. The registered manager purchased the services of a maintenance company as and when required.
- Patient-led assessments of the care environment (PLACE) were not applicable to this service.
- All areas of the service appeared clean. This was confirmed in all feedback received from clients using the service. Housekeeping records were complete and demonstrated regular cleaning of the service. Kitchen cleaning records were complete and demonstrated regular cleaning. Kitchen records also demonstrated that catering staff made daily checks of fridge and freezer temperatures, and cooked food temperatures.
- The service displayed posters demonstrating correct hand washing procedures. The service had an infection control policy and a contract was in place for the collection of clinical waste. Staff described how they had responded to, and managed the risk of infection.

Clinic room and equipment

- Bank House had a small clinic room that staff used mainly to store and dispense medicines. The service had purchased a lockable medicines fridge. Records showed that staff made regular checks of clinic room temperatures, including maximum and minimum fridge temperatures.
- Staff had access to the necessary equipment for completing physical health checks. This included thermometers, blood pressure machines, pulse/oxygen meters, breathalyser and drug testing kits. The manager described systems to ensure staff regularly checked and calibrated equipment.
- Since the previous inspection, the service had purchased an automated external defibrillator. Records showed that staff made regular checks of emergency equipment. The service provided staff with basic life support and defibrillator training. Staff we spoke with knew how to respond to a physical health emergency. The service had a supply of naloxone stored on site and staff had received training on its use. Naloxone is an emergency medicine used for rapidly reversing opioid overdose. The service had trained staff to administer adrenaline, however it was stored in the clinic and not accessible to all staff for use in an emergency. We raised this with staff who took immediate action.
- The clinic and equipment for completing physical health checks were visibly clean. However, staff did not keep a record of daily cleaning activities to demonstrate this.

Safe staffing

Nursing staff

- The service's total staffing complement had increased since the previous inspection. The service employed five and a half whole time equivalent nurses. This included registered general nurses and registered mental health nurses. The service also employed five whole time equivalent support workers, two of which had been trained to administer medicines. The service now employed four therapy staff. A team of administrative, catering, and domestic staff also supported the service.
- When we inspected, the manager reported there were no vacancies at the service.
- Between June and September 2018, the service filled 41 shifts with bank or agency staff to cover sickness, absence or vacancies.
- Between June and September 2018, the service was able to fill all shifts with bank or agency staff to cover sickness, absence or vacancies.
- Between August 2017 and July 2018, the service reported low staff sickness and no occurrences of long term sickness. Staff planned annual leave in advance.

Requires improvement

Substance misuse/detoxification

- Since opening in August 2017, six staff had left employment at the service. The manager reported that exit interviews were offered to staff leaving the service. An exit interview is an interview held with an employee about to leave, usually to discuss reasons for leaving and their experiences of working for the organisation. During the inspection, we saw one completed exit interview for a recent staff leaver.
- The registered manager had estimated staffing establishments on a baseline of up to eight clients admitted. They had increased staffing levels to meet the needs of clients when admissions rose above eight. Staff nurses and support workers worked a day and night shift to cover the 24-hour period. The registered manager was present during the day Monday to Friday. Therapy staff were present during the day Monday to Saturday and were supernumerary to nurses and support workers.
- Day shifts were staffed to a minimum of two staff. Night shifts were staffed similarly; however, one staff member was sometimes present as a sleep-in member of staff. Sleep-in staff were available on the unit until 23:00, they then retired to a private area to sleep but remained available for assistance if needed until 07:30am.
- Rotas for August and September 2018 showed that shifts were staffed to a minimum of one registered nurse and one support worker.
- The registered manager could adjust staffing levels so the right kind, and quantity, of staff were present to meet the needs of the clients admitted to the service.
- The registered manager reported that existing staff or a pool of bank staff usually covered shifts to ensure that minimum staffing levels were met. This included annual leave and sickness. On occasions when the service had needed to use agency nurses, the registered manager ensured the agency nurse had experience of working with substance misuse clients. Staff gave the agency nurse a service orientation, a handover, access to client care and treatment records, and they worked with a permanently employed support worker.
- A registered nurse was not always on the unit. This was in accordance with the service's staffing policy. However, occurrences of this had reduced since the inspection in January 2018 and support workers were rarely the only staff members on duty. Protocols guided staff on actions to take in an emergency and if support workers needed advice on patient care during their shift they called the registered manager.
- At the time of inspection, an on-call policy was not in place. The service did not have a formal on-call rota for senior staff. The registered manager and clinical lead made themselves available to be contacted at any time by staff on duty. The clinical lead described plans for a more formal system of on-call cover.
- Clients admitted to Bank House had an allocated named nurse. Staff offered one-to one time flexibly to meet the needs of clients outside of the therapy programme. Clients identified therapy staff as their main source of support and one-to-one time during their admission.
- Staff reported that the therapy programme, service activities and escorted leave were never cancelled because of staff shortages. The delivery of the therapy programme was the priority of therapy staff. Staff reported that, if required, they would change or reschedule planned activities or escorts to avoid cancellation. Clients we spoke with confirmed this.

Medical staff

- The service accessed three consultant psychiatrists with permission to admit clients to Bank House. Psychiatrists were paid on a per client basis. Psychiatrists attended for admissions, and were also available to staff by telephone to discuss referrals and client care. When staff had specific concerns about a client, the admitting psychiatrists attended the unit to see them. Psychiatrists did not contribute to medical cover out of hours. In an emergency, staff used local health services including walk-in-centres, accident and emergency departments and mental health crisis services.

Mandatory training

- The service provided staff with mandatory training. This covered 14 areas including fire safety, infection control, the Mental Capacity Act, and basic life support. Records showed staff were up-to-date with mandatory training, or identified when staff were booked to receive any outstanding training.

Assessing and managing risk to patients and staff

Requires improvement

Substance misuse/detoxification

Assessment of patient risk

- Staff completed a pre-admission assessment form with clients enquiring about accessing the service. As well as substance misuse the assessment included risk of suicide, mental health and offending. Senior staff reviewed pre-admission information and could refuse admission of clients assessed as high risk. We reviewed five records, all contained a completed pre-admission assessment and detailed how this information had been shared with one of the service's admitting psychiatrists.
- Psychiatrists completed a risk assessment of all clients at admission to the service. This included substance misuse, physical health, mental health, offending, children and vulnerability. The format of the risk assessment used limited detailed recording and took a standardised approach to risk management interventions. Each domain was scored to indicate an individual's risk level that corresponded to interventions or mitigations on a standardised risk management plan. Risk assessments were present and complete in the five records reviewed. This had improved since our previous inspection.

Management of patient risk

- Staff assessed the mobility of clients prior to, and at admission to the service. The service had hand and grab rails located on stairs, and in bathrooms. Staff received people handling training and assisted clients when needs were identified.
- Staff assessed a client's risk presentation during pre-admission discussions and again at admission. However, staff did not always identify the changing risks of clients. We saw examples of where staff had not completed physical observations and withdrawal charts in accordance with instructions from the admitting psychiatrist.
- The service had a policy and procedure specific to the use of observation. We saw an example of an observation record for a client checked hourly during the first 24 hours of a detoxification. The record was complete and signed by staff completing the check.
- Bank House did not have a specific policy and procedure that covered the searching of clients. This meant that staff did not have a guideline of expected standards or practice to follow. An understanding and agreement to searches did not form part of the treatment contract with clients. However, staff did not conduct searches of a client's person, only of property and of rooms in relation to specific concerns. Clients confirmed that staff made checks of property at admission and with the client present.
- Staff reported that with a client's permission they checked and recorded possessions at admission. Further searches were risk assessed to individuals or randomised if there was a concern about the safety of the whole service. Two of the three clients we spoke with reported that staff had conducted a search with them on arrival to the service.
- Bank House had blanket restrictions, this included restrictions on leaving the unit and exclusive relationships with other clients. Information about restrictions was available on the service's website and the manager informed clients as part of the enquiry and pre-admission process. In total, the service's treatment contract contained 27 terms of treatment that clients choosing to use the service agreed to. We did not see a policy available to guide staff in the use of blanket restrictions or provide a framework for appeal or review.
- The service had a smoking policy. Staff included this in the admission pack given to clients entering the service. The policy identified where clients could smoke, and how to access support to stop smoking if they wished to. Clients wishing to smoke had access to a designated outside smoking area.
- All clients admitted to Bank House were informal. Clients agreed to being escorted by staff or visitors for the duration of their admission. This was included as one of the terms of treatment that admitted clients were required to agree to.

Use of restrictive interventions

- Between August 2017 and July 2018, the service reported no incidents of the use of restraint. Staff received training in de-escalation techniques as part of people handling training.

Safeguarding

- The provider trained staff in safeguarding as part of mandatory training requirements. Records showed this included safeguarding adults and safeguarding children. This had improved since the previous inspection. The

service had a safeguarding policy and an identified safeguarding lead. The safeguarding policy had been changed since the previous inspection and now correctly identified when staff should notify the CQC of a safeguarding concern. Senior staff we spoke with demonstrated a good awareness of safeguarding, and how to raise a concern with the local authority.

- The service had an equal opportunities and diversity policy, and the provider trained staff in equality and diversity as part of mandatory training requirements. Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. Clients agreed to anti-discriminatory behaviour as part of their treatment contract. Staff made clients aware that failure to uphold this would result in immediate discharge from the service.
- Bank House had a visitors' policy that included safe procedures for children visiting the unit.

Staff access to essential information

- All care and treatment records were paper based and stored securely in a locked office only used by staff. Staff had access to an electronic shared folder that allowed all, including therapy staff, to contribute to the development of information to be shared at handovers.
- Staff did not keep all care and treatment records in good order. We found information about two other clients filed in the records of another clients. Staff kept a separate file for the running record of client care. Staff did not routinely record a client's full name, date of birth, page number, and the name and position of recorder on running record client documentation. We also found gaps with no written staff entries present in records. Staff did not review running record client documentation as part of care and treatment records audits. Records did not contain a complete and up to date record of the care and treatment staff delivered to clients.

Medicines management

- Since the previous inspection the service had made changes to its medicines management policy and it now more accurately reflected the activities of the service. However, the policy provided did not always match practices within the service. This is detailed below.
- Staff stored medicines, including controlled drugs, safely and in line with national guidance. The service did not routinely carry stocks of controlled drugs, staff prescribed controlled drugs for individual clients and returned them to a pharmacy for destruction when the client was discharged. Although staff recorded running balances of controlled drugs after each administration, staff did not make regular balance checks. This was not in line with national guidance or the service's controlled drug policy.
- Admitting psychiatrists used the correct forms to prescribe controlled drugs for clients. Staff stored these securely, but did not log and track them in line with national guidance for controlled stationery. Controlled stationery is any stationery, which, in the wrong hands, could be used to obtain medicines fraudulently.
- Registered nurses and two support workers administered medicines to clients. We saw that competency checks had been completed for both support workers within the last year. However, this was not to the frequency stated in the service's medicines management policy. The registered manager believed that the policy was wrong and would review it so competency checks would occur less frequently than currently stated.
- We looked at eight medicine charts. Staff kept records for the administration of medicines in line with the service's medicines policy.
- The service's policy and staff practices in relation to medicines reconciliation had improved since the previous inspection. Staff completed medicines reconciliation checks during the pre-admission assessment and then on admission when clients were required to present prescribed medicines in labelled boxes. Records now demonstrated that staff, with the permission of clients, contacted other healthcare professionals to confirm a client's prescribed medicines and medical histories. Admitting psychiatrists now clearly recorded clinical decisions in relation to medicines reconciliation and prescribing.
- Staff did not always review the effects of medication on clients' physical health during detoxification. This was demonstrated by staff failing to use a withdrawal rating scale with clients during alcohol detoxification. Doses of medication administered to clients can be dependent on the score of the Clinical Institute Withdrawal

Assessment for Alcohol. We saw that staff had not completed the Clinical Institute Withdrawal Assessment for Alcohol during the first two days of a client's detoxification.

Track record on safety

- The service reported no serious incidents occurring between August 2017 and July 2018.

Reporting incidents and learning from when things go wrong

- Staff we spoke with did not always know what events to report as incidents. This included medication errors, accidents, episodes of aggression and clients leaving the unit without staff escort. Staff knew to record details of incidents on an incident reporting form and in clients care records. The service had an incident policy in place.
- The number of incidents reported at Bank House was low. Since January 2018, staff had reported six occurrences as incidents. Of these, three were related to medicines management practices. Between January and July 2018, staff had called an ambulance on four occasions. Three calls were related directly to clients admitted to the service, and all three ambulance attendances had resulted in the client being taken to hospital. We could not find a record of staff reporting these as incidents. This meant that the service had no opportunity to investigate and learn from contact with the ambulance service.
- Staff understood the duty of candour, and guidance for staff was included as part of the incident management and reporting policy. We saw an example of when staff had been open, transparent and provided an explanation to a client and their family member following a medicines error.
- Staff received feedback from investigations of incidents. Staff reported they met to share feedback, and used a secure telephone app to share information and alerts. The agenda for team meetings and monthly clinical governance meetings did not include incident investigations and lessons learned as standing items to be discussed. However, where incidents had been reported, we saw evidence of lessons learned and sharing with staff.
- The manager provided information about safety improvements and changes to staff practices following the investigation of incidents. This included changes to site security and the introduction of medication principles and procedures training for staff.
- Staff were debriefed and received support after a serious incident. Staff reported meeting to discuss and support each other following an incident. The service's incident management and reporting policy identified informal and formal debrief as a means of staff learning and support following an incident. Staff offered support to clients following an incident as part of therapy groups or community meetings.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

- We reviewed five client care and treatment records. Staff assessed the needs of clients at admission. This included an admitting psychiatrist assessment and a nursing assessment. Assessments included current drug and alcohol use, history of substance misuse, physical health including blood borne viruses, mental health, and social needs. Assessments were present and completed in all the care and treatment records we reviewed. However, the nursing assessments often lacked detail and content. The paperwork used for the nursing assessment did not prompt staff to provide details of who had completed the assessment and when it had been completed.
- Admitting psychiatrists completed a physical examination of clients admitted to the service. This had improved since our previous inspection. Admitting psychiatrists took medical histories and made a physical examination of clients at admission. Records demonstrated that, with the consent of clients, staff contacted other health professional to confirm medical histories, and the results of recent investigations.
- Nursing staff made basic physical health checks at admission and recorded these on National Early

Warning Score charts. The National Early Warning Score is a tool to improve the detection and response to clinical deterioration in adults. However, staff did not always complete all the necessary checks prompted by the National Early Warning Score, and did not make total a score from the checks they did make. This meant that staff did not effectively use the National Early Warning Score to detect and respond to clinical change in their clients. We also saw occurrences of when nursing staff did not complete physical health checks to the frequency directed by the psychiatrist at admission.

- All records reviewed contained recovery and care plans that were signed by clients. Staff and clients contributed to the development of recovery plans that were personalised, recovery focussed and addressed a range of relapse and recovery needs. However, staff did not always develop care plans to meet all the needs of clients, and support staff clinical practice in the service. For example; care plans did not detail how frequently staff should complete physical observations or withdrawal charts with clients. Staff used standardised formats for care plans that lacked detail and personalisation to individual client needs. This had not changed since our previous inspection.
- The provider did not require staff to make regular reviews of the care plans they developed. Staff reported that care plans were only reviewed and updated if the needs of a client changed during their admission.

Best practice in treatment and care

- There was evidence of staff following National Institute for Health and Care Excellence guidance when prescribing of medicines to support alcohol and opioid detoxification. However, the service's opioid withdrawal protocol did not guide staff use of withdrawal rating tool. Staff had access to an out of date British National Formulary when prescribing medication. However, records showed that that a current copy was on order and staff had access to up to date online resources.
- Bank House's therapy programme provided clients with psychological therapies recommended by the National Institute for Health and Care. This included cognitive behavioural and social network approaches to relapse prevention. The programme also included recovery approaches from 12 Step and Self-Management and Recovery Training.
- Clients admitted to Bank House remained registered with their own general practitioners. Staff escorted clients to a local physical health walk-in centre or registered them locally with a GP when blood tests or additional physical health investigations were needed. Admitting psychiatrists made themselves available to review blood tests results, and physical health investigations. For an additional charge, clients could purchase a detailed mental health assessment from one of the service's psychiatrist.
- Staff assessed clients' nutrition and hydration needs as part of the dietary requirements form completed at admission. Staff also considered neglect and disturbances to daily living skills as part of risk assessments.
- Staff supported clients to live healthier lives. This included planned times to access to a leisure centre for gym activities and swimming, and support for clients who wished to stop smoking. Staff had developed a health promotion board displaying information about sleep hygiene, and information on issues relating to substance misuse were available to clients in communal areas.
- The service provided staff with access to recognised rating scales to assess and record severity and outcomes with clients. This included the Alcohol Use Disorders Identification Test, the Clinical Institute Withdrawal Assessment for Alcohol, and the Clinical Opiate Withdrawal Scale. However, staff did not always complete these correctly, or complete them to the frequency directed by the psychiatrist at admission. For example; staff had not made any physical observation checks or completed the Clinical Opiate Withdrawal Scale with a client when the psychiatrist had directed staff to complete these four times a day.
- Staff did not use recognised rating scales to assess and record severity and outcomes with clients who identified mental health symptoms on admission to Bank House. For example; patient health questionnaires for depression, and for generalised anxiety disorder.
- The service provided clients with wireless internet access, and staff could advise clients to access online recovery and self-help resources.
- The service had a programme of clinical audit activities. This included a controlled drug audit, care and

treatment record audit, and an infection control audit. The completeness of the care and treatment record audit varied, we saw that staff did not always record they had checked all areas of records against the audit tool. The service did not participate in any additional benchmarking, or quality improvement initiatives.

Skilled staff to deliver care

- The staff team at Bank House comprised nurses, support workers, therapists and psychiatrists. The service had a contract with a local pharmacist who visited once every three months to monitor and audit medicines management. In between visits, staff could telephone the pharmacist for advice and guidance.
- We looked at a selection of staff employment files from across the range of disciplines working at Bank House. Both directors of Steps Together Rehab Limited had an employment file available for us to review. This had improved since the previous inspection, and was in line with the service's recruitment and selection policy.
- Staff were qualified for the roles they held. Employment files were stored securely and available for review. Nurse, therapist, and support worker employment files included application forms, disclosure and barring checks, and professional registration checks and references. The service used standardised interview questions and scored interview outcomes to demonstrate staff's' suitability and competency for the roles they held. This had improved since the previous inspection.
- The service provided staff with three days of induction on commencing employment. This included the opportunity to commence mandatory training, and to shadow experienced staff during a shift. Administration staff kept copies of the service's induction policy and checklist in staff employment files.
- Staff had access to supervision. Supervision is a meeting to discuss case management, to reflect on and learn from practice, personal support and professional development. The registered manager reported that all staff at the service had a named person that provided regular supervision. Staff reported they had access to regular supervision, and we saw records of supervision in employment files, all staff had received supervision. The service had a performance and appraisal policy to guide and support staff. Therapy staff accessed additional one to one externally to Bank House. However, they reported that a lack of staff resource had prevented them from accessing and group supervision sessions.
- The registered manager reported that staff had access to team meetings once every two or three months. Records demonstrated that meetings had taken place in June and September 2018. Agendas did not identify areas that would always be shared and discussed with staff. For example; lessons learned from incident and complaint investigations.
- The registered manager reported that the practice of staff appraisal had commenced at the service, and all staff eligible for an annual appraisal had received one.
- In addition to mandatory training, the service provided staff with additional training necessary to their roles. This included substance misuse and mental health specific training. Staff reported that learning opportunities were discussed as part of supervision and appraisal practices. In response to recent concerns raised by staff, the manager had organised additional professional boundary training for staff.
- The manager reported that poor staff performance was addressed through supervisory practices, or with senior staff when concerns were raised with them. However, not all staff agreed, reporting a lack of action and discipline in response to some staff concerns. The service held a contract with an external company to provide additional human resources support.
- The service used volunteers. Volunteers were subject to the same recruitment checks and mandatory training requirements as staff recruited to work at the service. The service provided employment and voluntary opportunities to individuals in recovery.

Multi-disciplinary and inter-agency team work

- Bank House did not routinely hold multidisciplinary meetings where staff formally discussed and reviewed the care and treatment provided to clients. Psychiatrists discussed client progress with staff when they attended the service but only reviewed clients when staff raised specific concerns. Nurse and therapy staff discussed client's progress throughout the day including at

Substance misuse/detoxification

handovers and recorded outcomes in care and treatment records. Therapy staff reported they rarely had opportunity to discuss client care with psychiatrist or external professionals.

- Nursing and support workers met daily for handovers between shifts. There was an additional daily handover between staff on day shifts, managers and therapists. Staff kept a record of information communicated at handovers, however, the quality of recording varied. Staff did not routinely record communication of risk issues or observation levels. We also saw examples where staff did not record the communication of the frequency of client physical observations or completion of withdrawal scales. The service did not audit the completeness or quality of information communicated between staff at handovers.
- Bank House had not established working relationships with teams outside of the organisation including the local authority and community mental health services. However, staff we spoke with demonstrated an awareness of local services and how to access them when required. Staff provided examples of when they had contacted teams outside of the organisation for information or support.
- When clients consented, staff contacted and worked with teams outside of the organisation. This included GPs and community mental health teams. The service had recently appointed an admission co-ordinator to oversee communication with professionals external to the service. Bank House had a relationship with a local charitable substance misuse organisation. They assisted to provide Bank House staff with training specifically in substance misuse and additional recovery activities for clients. The manager of Bank House had set up and established a community 12 step mutual aid group for the service's clients and local residents.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- The Mental Health Act did not apply at this location. The service did not treat people subject to the Mental Health Act. At the time of our inspection, none of the staff had received training in the Mental Health Act.

Good practice in applying the Mental Capacity Act

- The service provided staff with Mental Capacity Act training as part of mandatory training requirements. Records showed that staff had completed this training, or that new staff were booked to receive training.
- Staff we spoke with demonstrated an understanding of the Mental Capacity Act and its five statutory principles. Staff could apply this knowledge in relation to substance misuse and intoxication.
- Between August 2017 and July 2018, the service had made no Deprivation of Liberty Safeguards applications.
- The provider had a policy on the Mental Capacity Act, including Deprivation of Liberty Safeguards.
- Staff knew where to get advice from within the provider regarding the Mental Capacity Act, including Deprivation of Liberty Safeguards.
- Staff recorded a client's capacity to consent to treatment during the admission assessment. We saw this recorded as part of the admitting psychiatrist's assessment in all the care and treatment records we reviewed. A further assessment of capacity was made and recorded prior to clients commencing the therapy programme. This was to consent to participation in the therapy programme.
- Staff assumed that clients entering treatment at Bank House had capacity and clients were required to consent to receiving treatment. Staff described how they would give clients assistance to make a decision for themselves, or delay making a decision if the client was intoxicated.
- Staff audited the application of the Mental Capacity Act as part of the care and treatment record audit tool.

Are substance misuse/detoxification services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

- We observed staff interactions with clients that were respectful, polite, and demonstrated that staff knew clients as individuals. Staff could explain to us how they provided clients with help, emotional support, and

assistance when they needed it. Staff and clients participated in graduation ceremonies that celebrated the achievements of clients successfully completing their treatment.

- Staff supported clients to understand and manage their care, treatment or condition. All clients admitted to Bank House for more than 10 days were required to participate in the structured therapy programme and signed a treatment contract where they agreed to this. The therapy programme commenced daily at 09:00 and ran until 16:30, with trips to local recovery groups in the evening. During the programme, staff supported clients to develop a personalised recovery plan that included relapse warnings, assets to recovery, and recovery resources.
- Staff directed clients to other services and, supported them to access those services. The therapy programme included attendance at recovery meetings in the community and staff supported clients to attend these. Staff identified recovery meetings local to the client's place of discharge during discharge planning.
- Clients told us that, overall, staff were friendly, welcoming, and polite. Clients were particularly complementary about the care and support provided by the therapy team. Where clients had experience of using other substance misuse services, they described Bank House as providing better and more personalised care. However, some clients we spoke with believed that some support workers did not always actively engage with them, or provide sufficient support when needed.
- Staff understood the individual needs of clients, including their personal, cultural, social and religious needs. Staff demonstrated this by assisting clients to access cultural diets, worship, and providing information in ways clients could understand.
- Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients without fear of the consequences.
- Staff maintained the confidentiality of information about clients. This included storing care and treatment records securely, and discussing clients in private areas.

Involvement in care

Involvement of patients

- Staff used the admission process to inform and orient clients to the service. Staff provided clients with an admission pack that included an orientation sheet. The service's website included pictures of the accommodation provided, an information video, and a virtual tour.
- Clients reported staff offered treatment choices, involved them in care decisions, and provided them with copies of care plans. All the care and treatment records reviewed contained care plans that were signed by clients and staff. We saw an example of a recovery plan that the client had developed with the support of staff. The recovery plan was complete and personalised to the needs of the client. Clients presented their recovery plans and received feedback from their peer group and staff prior to discharge.
- Staff communicated with clients so that they understood their care and treatment. This included offering information in alternative formats to clients with communication difficulties. For example, easy read medicines leaflets.
- Staff did not involve clients in making decisions about the service, for example; in the recruitment of staff. The manager reported that they planned to invite clients to governance meetings to provide feedback on the service. However, clients could contribute to community meetings and records showed that this did result in changes to the service.
- Clients could give feedback on the service they received. This included community meetings, a suggestion box, and an exit questionnaire. Records demonstrated that the service acted on the feedback it received from clients.
- Staff provided clients with the opportunity to provide advance decisions during the admission process. Advanced decisions are written statements that express wishes about what types of treatment, services or assistance you don't want to be given in the future, or in circumstances where you later become unable to make or communicate that decision.
- Clients could access advocacy. Staff displayed information about the local advocacy service. Staff

described how the principles of self-advocacy were part of the therapy programme. This encouraged clients to learn how to speak up for themselves and identify sources of support as part of their recovery.

Involvement of families and carers

- We spoke with one family member of a client receiving treatment at Bank House. Although they had not visited the service, they found staff respectful and polite in all telephone communications. They were aware staff supported their family member in therapy groups, one to ones, and to access the local gym.
- The service's website described a 'family programme' that included family conjoint therapy, family workshops, and information on family support in the community. However, the service was not delivering this program in its entirety. The service could offer information on family support in the community, and, with the agreement of the client, a family session where a specific need was identified. The registered manager shared a plan to introduce monthly family workshops and therapy sessions commencing in December 2018.
- The service did not have a dedicated way for collecting feedback from families or carers on the service they received.

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

Good

Access and discharge

Bed management

- At the time of inspection, Bank House had 11 clients admitted. Between August 2017 and July 2018, the service had an average bed occupancy of 72% and a total of 238 clients had been admitted during this period. The average length of stay at Bank House was 23 nights.
- All care and treatment delivered was self-funded by clients. No external organisations or NHS trusts commissioned services from Bank House.
- Bank House took referrals from across the country. GPs could make referrals and clients could self-refer. The service's website directed clients with an interest in accessing the service to a free admissions team telephone number. Staff reported that, for clients assessed as suitable for Bank House, admission could usually be facilitated within 24hours of receiving an initial enquiry.
- At the time of the inspection a discharge policy was not in place. Staff and clients planned discharges to happen at an appropriate time of day. Staff described how they acted to safeguard a client discharged out of hours because of rule breach. Staff had liaised with the client's identified contact, arranged a hotel room overnight, and offered an opportunity to review with them the care and treatment provided during their admission.
- If clients left Bank House prior to completing their treatment, the service credited these days against any further treatment the client wished to purchase in the future.

Discharge and transfers of care

- Between August 2017 and July 2018, 87% of clients admitted to the service had been discharged successfully. A further 8% had left the service before completing treatment and 5% of clients had been discharged for other reasons.
- The treatment contract detailed rule breaches that would result in immediate discharge from the service, and those that would result in a formal warning. Clients discharged under these circumstances were required to vacate the premises immediately, unless a prior agreement had been reached with the manager.
- Staff assessed a client's risks of unplanned exit from treatment or self-discharge from the service. Staff provided clients with discharge against medical advice documentation that included harm reduction information to increase client safety in the event of relapsing. Discharge planning commenced when the client entered the service and identified recovery resources close to the clients place of discharge.
- The service offered an aftercare service lasting for one year. This was available to all clients that had completed their chosen programme and remained abstinent.

- If required, staff supported clients during referrals and transfers between services. For example; if they required treatment in an acute hospital or temporary transfer to a psychiatric intensive care unit.

The facilities promote recovery, comfort, dignity and confidentiality

- Clients could choose the level of accommodation they purchased as part of their treatment at Bank House. Options included single rooms with ensuite facilities, and twin rooms with shared ensuite facilities.
- Clients could make non-permanent personalised additions or changes to their rooms.
- Clients had somewhere secured to store their possessions. All single rooms were lockable and staff provided keys to clients following a risk assessment. Double rooms provided clients with an individual digital safe for use. Clients we spoke with believed that their possessions were safe.
- Although ground floor space was limited at Bank House, staff and clients had access to a range of rooms and equipment to support treatment and care. This including therapy rooms and equipment to measure physical health. The clinic room was not large enough to facilitate physical examinations, instead staff used client bedrooms or a portable examination couch in the private interview room.
- Single rooms provided clients with a private and quiet area. However, clients reported that ground floor rooms were sometimes noisy. Other rooms were available to clients that provided a quiet space, for example, the interview room when it was not in use. Staff could make the conservatory area at the front of the building available to clients who needed a private room to meet visitors.
- Clients agreed to make telephone calls from their rooms and not in communal areas. This formed part of the treatment contract for clients entering the service. The contract also specified that clients must hand mobile phones to staff for safe keeping between the hours of 8:00am and 5:15pm. This was to facilitate client participation in therapy sessions.
- Clients had access to a well maintained outside space, this included a designated smoking area. The service displayed signage outside reminding clients to be respectful to the needs of its neighbours.
- All clients we spoke with reported that food quality was good. Catering staff prepared food daily on site. Staff displayed menus offering a choice of food. In October 2017, the service had been awarded a food hygiene rating of 5 (very good) from the local authority.
- Clients had 24-hour access to facilities to make hot drinks and snacks.

Patients' engagement with the wider community

- Staff encouraged clients to consider education and employment as part of their recovery programme. Staff assisted clients to identify sources of development and support that were local to their destination on discharge.
- Staff supported clients to maintain contact with their families and carers. Records showed that staff asked clients and recorded who information could be shared with, and what information could be shared.
- Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community. This included supporting clients to establish and maintain links with recovery communities local to their destination on discharge.

Meeting the needs of all people who use the service

- Staff assessed clients' mobility needs at admission, and as part of the pre-admission assessment conversation. The service had two ground floor bedrooms that provided additional space for clients using wheelchairs or mobility aids. However, the beds in these rooms were not adjustable or specific to the needs of people with disabilities. A bathroom directly opposite these bedrooms provided wall rails and bath with hoist chair. Staff were trained to use the hoist as part of mandatory people handling training.
- Staff ensured that clients could obtain information on treatments, local services, patients' rights, how to complain and so on. Staff provided clients with an admission pack that included information on the

treatment contract, complaints, smoking policy and group therapy ground rules. Therapy staff provided educational groups specific to alcohol and substance misuse as part of the structured therapy programme.

- Information on display and in admission packs was in English and appropriate to the needs of clients currently using the service. Staff described how they had obtained therapy and information leaflets for a client whose first language was not English.
- Staff had identified local provision of interpreters and signers should they be required for a client purchasing services at Bank House.
- Bank House could provide a choice of food to meet dietary requirements of religious and ethnic groups. Staff assessed each client's dietary requirements at admission, including intolerances, religious and cultural needs.
- Staff assessed client's religious and spiritual needs on admission. Clients used bedrooms and interview rooms for worship, or staff assisted clients to access external places of worship.

Listening to and learning from concerns and complaints

- Between August 2017 and July 2018, the service reported receipt of one formal complaint. The registered manager reported this had been responded to in accordance with the service's complaints policy and had now been resolved.
- Clients we spoke with knew how to complain or raise a concern. All clients received a welcome pack that contained a copy of the complaints procedure, this included how to complain to an external independent body.
- When clients complained or raised concerns, they received feedback. Staff encouraged clients to raise low level complaints during community meetings. As a result of client feedback, staff moved community meetings to a Monday. This allowed staff to act and provide feedback to clients during the week ahead. Staff displayed outcomes on a 'you said, we did' poster displayed in the communal lounge.
- The service had a complaints policy in place to guide staff. Staff we spoke with demonstrated an understanding of how to handle a complaint. The manager explained how feedback from the investigation of a complaint would be provided to staff during handovers and team meetings. However, the agenda for team meetings and clinical governance meetings did not include incident investigations and lessons learned as standing items to be discussed.
- Between August 2017 and July 2018, the service reported receipt of 110 compliments.

Are substance misuse/detoxification services well-led?

Requires improvement

Leadership

- Bank House had two directors; one was the registered manager and the other the financial manager. The registered manager was present and accessible to staff at Bank House daily during the week and by telephone out of hours. The newly appointed clinical manager was the third in post this year. The two previous clinical managers had stepped down from the role but continued to work in the service. Staff reported that clinical leadership had been inconsistent and had created challenges for the service.
- The registered manager and other staff spoke positively about recent changes in clinical leadership, and believed the right people were now in post. The service had recently promoted existing staff members to the roles of clinical manager, and deputy clinical manager. The staff who held these posts displayed a good understanding of the service and showed awareness of how the service needed to develop.
- The registered manager was visible in the service and approachable for clients and staff. Staff spoke positively about the registered manager's role and the support they provided to staff. Staff spoke enthusiastically about the recent changes in clinical leadership.
- Staff had access to leadership development opportunities. This included access to National Vocational Qualifications in leadership and management.

Vision and strategy

Requires improvement

Substance misuse/detoxification

- The service used an abstinence model of recovery, promoting therapeutic interventions and mutual aid communities to achieve this. It did not promote the use of medicines or substitute prescribing to maintain abstinence from substances.
- Our conversations with staff demonstrated a focus on supporting clients to achieve and maintain abstinence from substances. This was in line with the organisation's values.
- The provider included information about the service's vision and values in promotional brochures and website. Both were accessible to staff and clients accessing the service.
- Staff reported they had opportunity to contribute to discussions about the strategy of the service. For example; staff contributed to the review of the service treatment contract.
- The directors of the service met regularly with accountants to discuss finances and plan budgets. Information about the service included statements about quality and evidence based treatments that deliver lasting results for clients.

Culture

- The service had not developed a staff survey. However, staff we spoke with felt respected, supported, and valued. Staff believed they could contribute to the development of the service through team meetings, and conversations with the registered manager.
- Some staff believed that morale at the service had been low, but was improving as a result of changes to the clinical leadership team.
- The service had a staff whistleblowing policy and procedure. Staff felt able raise concerns without fear of retribution.
- The registered manager reported they dealt with staff performance when needed, but not all staff we spoke with agreed with this. However, we saw the registered manager had arranged additional training for staff where concerns had been identified. For example; maintaining professional boundaries. The service held a contract with an external company to provide additional human resources support when needed.
- Staff reported the team worked well together. However, some staff felt there was a lack of consistency between staff in implementing professional boundaries with clients. We raised this with the registered manager, they were aware of staff concerns and had arranged training for all staff in professional boundaries.
- Staff appraisals included conversations about career development and how it could be supported.
- Bank House had an equal opportunities and diversity policy. Clients agreed to anti-discriminatory behaviour as part of the terms of treatment to their admission. The service worked closely with community recovery services and participated to reduce the stigma associated to substance misuse. The service provided employment and voluntary opportunities to people in recovery.
- The service had arrangements in place to support staff with their own physical and emotional health needs. This included vaccinations.
- The provider recognised the contribution staff made to the service. This included funding team building activities, and a Christmas meal for all staff.

Governance

- The service did not have a clear framework of what must be discussed at service level, and as part of clinical governance meetings. We saw that lessons learned from incidents or complaints had not routinely been included as part of team, or clinical governance meetings. Where frameworks did exist, we saw that staff did not always use them effectively. For example; records did not demonstrate that handovers between staff were always effective to meet the needs of clients, including the communication of client risks and physical health needs.
- We saw that staff implemented recommendations and made changes from the review of incidents. However, rates of incident reporting in the service were low and staff did not always report all untoward occurrences as incidents. The provider had made improvements to address many of the concerns raised by the previous CQC inspection in January 2018. However, the provider

had not sufficiently addressed all concerns and some of the actions remained in progress. For example, a programme to ensure all policies are updated and reflective of the service.

- Staff participated in local clinical audits. In some audits we saw evidence of staff action to address omissions where they had been identified. However, the care and treatment record audit did not consider the quality of all information records and was not sufficient to highlight concerns we found during this inspection. For example; omissions in staff completing withdrawal rating scales with clients. The controlled drugs audit had not been sufficient to identify the need for staff to make routine balance checks in line with national guidance or the service's controlled drug policy.
- The service did not have specific arrangements in place for working with teams outside of the service. However, staff knew when and how to communicate with external professionals to meet the needs of clients. We saw this had improved from the previous inspection. The service had not developed a formal process for all the staff involved in a client's care to meet and review progress.
- At the time of the inspection, the service did not have policies in place for admission, searches, discharge and on call arrangements as part of its governance framework. This meant that staff did not have a guideline of expected standards or practice to follow.

Management of risk, issues and performance

- The service had developed a risk action management plan and a board assurance framework. The board assurance framework identified the top-rated risks to achieving the providers strategic objectives. This included failing to maintain necessary staffing levels, failing to complete emergency preparedness planning, and failing to reach a 'good' CQC rating.
- Information from the provider identified that the service had plans for emergencies that were being reviewed and updated. This included continuity plans for fire, flood, and building catastrophe.
- Information from the provider did not identify any cost improvement initiatives that would compromise client care.

Information management

- The service employed administration staff to contribute to the collection of data about the service. The service had plans to recruit an operations manager, with oversight of Bank House and another location the service planned to open.
- Staff had access to equipment and information technology needed to do their work. For example; telephones and access to computer terminals. However, staff believed the staff office was too small for all the people that used it, and the equipment stored in it. All staff had access to a secure telephone app used to share information and alerts across the service.
- The service had a confidentiality policy in place to guide staff practice, and staff completed information governance training as part of mandatory requirements. Staff stored care and treatment records securely in a locked office only accessible to staff. However, staff did not always keep these records in good order.
- The registered manager used indicators to gauge the performance of the service. This included staff training and supervision information, admission rates, treatment completion rates, and the exit questionnaires of clients treated at Bank House.
- We could not be assured that staff made all notifications to external bodies as needed. This is because staff did not always know what events to report as incidents, and some of these events may have needed reporting to external bodies. For example, the CQC.

Engagement

- Clients and carers had access to information about Bank House through the service's website. The website included a virtual tour, meet the team, and the experiences of clients who had used the service. The website also promoted the family programme that, at the time of the inspection, was not being delivered in its entirety.
- Clients had the opportunity to give feedback on the service they received. This included a suggestions box, community meetings, and an exit questionnaire. The service did not have any specific methods for collecting feedback from families or carers on the service they received.

Requires improvement

Substance misuse/detoxification

- The registered manager and staff had access to the feedback from clients, and staff used it to make improvements. Records showed that board meetings included feedback from clients and demonstrated where improvements had been made.
- Clients and carers were not involved in decision making about changes to the service. However, clients could contribute to community meetings and records showed that this did result in changes to the service.
- Clients and staff could meet with the registered manager to give feedback on the service. The service also planned to invite clients to monthly governance meetings to provide feedback.

Learning, continuous improvement and innovation

- The registered manager and staff believed the service was developing and improving all the time. Information from the provider identified where changes to the service were planned, or needed to improve.
- The service was not participating in research, and staff did not identify that innovations were taking place.
- The service had a programme of clinical audits. However, we found they were in their infancy, and not always effective in monitoring all areas of the service. Staff did not report that use of any additional quality improvement methods.
- The service did not participate in accreditation schemes or national audits that were relevant to the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

Action the provider MUST take to improve

- The provider must ensure staff have access to personal alarms.
- The provider must ensure there is an effective call system that allows clients at risk to summon assistance to their rooms.
- The provider must ensure staff keep care and treatment records in good order.
- The provider must ensure staff make regular controlled drugs balance checks.
- The provider must ensure staff log and track controlled stationery.
- The provider must ensure staff report all incidents that affect the health, safety and welfare of clients using the service.
- The provider must ensure staff complete physical health checks to the prescribed frequency and record them correctly to effectively detect and respond to clinical changes.
- The provider must ensure staff complete withdrawal scales for substance misuse correctly and to the frequency prescribed at admission.
- The provider must ensure staff develop, and regularly review, care plans to meet all the needs of clients, and support staff clinical practice in the service.
- The provider must ensure clinical audits are effective to identify where omissions in clinical practice occur and ensure action is taken to address omissions.
- The provider must ensure that relevant policies and procedures are in place for staff to read and follow.

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The provider should ensure competency checks of medicines administration practices are carried out to the frequency detailed in the medicines management policy.
- The provider should ensure staff keep a record of daily cleaning activities to demonstrate the clinic and equipment for completing physical health checks are clean.
- The provider should ensure staff use withdrawal rating tools to identify and respond to changing risks, and review the effects of medication on clients' physical health during detoxification.
- The provider should ensure clinical leadership facilitates staff from all disciplines meeting regularly to discuss and review the progress of clients receiving care and treatment at Bank House.
- The provider should ensure that arrangements are in place to monitor adherence to the Mental Capacity Act.
- The provider should ensure staff complete handover records to include all the necessary information to provide care and treatment at the service. Including risk, observation levels, and frequency of physical and withdrawal observations.
- The provider should ensure it has a clear framework of what must be discussed at service level and as part of clinical governance meetings.
- The provider should ensure processes are in place to monitor and review the application of blanket restrictions in the service.
- The provider should ensure staff include content and detail when completing nursing assessments.
- The provider should ensure that clients and carers can be involved in decision making about changes to the service. For example; the recruitment of staff.
- The provider should ensure families and carers have a dedicated way to provide feedback on the service they have received.
- The provider should consider making changes to one or two rooms that would allow easier staff observations of clients at greater risk during detoxification.

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 15 HSCA (RA) Regulations 2014 Premises and equipment Regulation15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014-Premises and equipment • The service did not have personal alarms available to staff. • The service did not have an effective system for clients at risk to summon assistance to their rooms in an emergency. This was a breach of regulation 15(1)(b)

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014-Good Governance • Staff did not keep care and treatment records in good order. • Clinical audits were not effective to identify where omissions in clinical practice occurred and ensure action was taken to address omissions. • Relevant policies and procedures for admission, discharge, searches, on call, were not in place for staff to read and follow. This was a breach of regulation 17(2)(a)(c)

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care • Staff did not always complete withdrawal scales for substance misuse correctly and to the frequency prescribed at admission. • Staff did not always develop care plans that met all the needs of clients and supported staff clinical practice. This was a breach of regulation 9(3)(b)

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 Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014-Safe care and treatment • Staff did not make regular controlled drugs balance checks. • Staff did not log and track controlled stationery. • Staff did not always report all incidents that affected the health, safety and welfare of clients using the service. • Staff did not always complete physical health checks to the prescribed frequency and record them correctly to effectively detect and respond to clinical changes. This was a breach of regulation 12(2)(b)(g)

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.