

Brook Drive







Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

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

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 Brook Drive as good because:

- The service supported clients with complex needs whilst they undertook a programme of detoxification from drugs and alcohol. This treatment was provided in line with best practice and national guidance.
- The service worked collaboratively with a GP service and a mental health trust to ensure the clients had access to staff with the necessary clinical expertise to meet their needs. The service also employed multi-disciplinary staff in sufficient numbers to support the people using the service. Staff worked together well to share information and meet the individual needs of each clients.
- Staff had access to a range of training to ensure they had the skills to deliver treatment.
- The environment was designed to keep clients safe. People with the most complex needs had bedrooms nearest to the staff office. A separate floor was available for female clients with access to a female only lounge.
- Potential clients were assessed very thoroughly and there was clarity about when the service could not meet their needs. Staff were able to develop detailed care plans and risk assessments.
- Staff knew about the clients' physical and mental health care needs and were able to monitor them closely and escalate concerns if the client was deteriorating.
- Staff understood and discharged their roles and responsibilities under the Mental Capacity Act 2005.
- Staff treated clients with compassion and kindness, respected their privacy and dignity and understood their individual needs. They actively involved clients in care decisions.
- The service managed beds well so that a bed was always available to a person who would benefit from admission. Staff ensured that discharge plans were in place before a client was admitted to the service. The service worked well with other agencies to plan each person's discharge.

However:

- Whilst staff had access to supervision this did not always take place regularly.
- Staff team meetings did not take place regularly and did not routinely discuss learning from incidents and complaints.
- There was no system in place to ensure concerns raised at the client meeting were addressed.
- Staff had not safely managed controlled stationery stocks such as FP10 prescription pads. However, staff ensured this was rectified during the inspection.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse/ detoxification	Good 	

Summary of findings

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Good 

Brook Drive

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to Brook Drive

Brook Drive is a residential substance misuse service provided by Equinox Care. The service can accommodate up to 27 clients and delivers a medically managed detoxification programme for adult men and women requiring assisted withdrawal from addictive substances such as opiates and alcohol. Clients are funded by statutory organisations. The service works in partnership with a local NHS Mental Health Trust as it provides a number of beds for clients with more complex care needs, such as physical and mental health needs.

The service is registered to provide the following regulated activities:

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

The service has a registered manager.

Brook Drive has had five previous Care Quality Commission inspections between 2012 and 2017. The most recent inspection took place in August 2017.

Following the previous inspection in August 2017 we told the service that it must take the following action to improve:

- The provider must ensure staff discuss the risk of early exit from treatment with clients.
- The provider must ensure staff receive the specific training required for the client group they support, for example supporting clients with seizures, general substance misuse and eating disorders.
- The provider must ensure staff receive supervision regularly and have annual appraisals.
- The provider must ensure progress notes are completed in line with service policy and contain all the relevant information about client care.
- The provider must ensure staff report all incidents, including medicine errors, and have regular opportunities to discuss and learn from complaints.
- The provider must ensure staff record all seizures, including self-reported seizures, in clients' notes.
- The provider must ensure they record the temperature of the clinic room fridge daily.

At this inspection, we found that the service had met these requirements.

Our inspection team

The team that inspected the service comprised of one lead CQC inspector, two other CQC inspectors, one specialist advisor, who worked as a nurse in substance misuse, and a CQC pharmacist inspector.

Why we carried out this inspection

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

Summary of this inspection

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?
- 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 six clients who were using the service
- spoke with the registered manager
- spoke with eight other staff members; including nurses, the GP, bed manager, volunteers and recovery worker
- spoke to one external group facilitator
- attended and observed one debrief meeting
- attended and observed one check in meeting and one therapy group
- looked at four care and treatment records of clients
- carried out a specific check of the medication management and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Five out of six clients gave very positive feedback about the staff and the support they received during their treatment. Clients said that the service was good and that the staff were supportive and approachable. We saw a letter that had recently been received from a discharged client. This thanked the service for what they had done, the help that they had given them at the initial stage of their recovery and how they had turned their life around.

One client told us that they felt that the detox regime was not adequate and that this needed to be more structured. Two clients told us that the management of medicines administration was not adequate as clients had to wait a long time for their medicine. Two clients told us there should be more activities, including physical activities.

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 rated safe as good because:

- Staff assessed and managed risks to clients well and followed best practice in managing detoxification and ensuring that clients' physical and mental health needs were assessed and managed.
- Staff understood how to protect clients from abuse and exploitation and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and / or exploitation and they knew how to apply it.
- Staff followed best practice when storing, dispensing, and recording the use of medicines. Staff regularly reviewed the effects of medicines on each client's physical health.
- Staff received adequate mandatory training and completed competency assessments in seizure management, medicines administration and how to administer oxygen safely.

However:

- Clients own food, which was stored in a shared fridge, was not always labelled to ensure out of date food was thrown away. The food provided by the service was stored and labelled correctly.
- Staff had not safely managed controlled stationery stocks, such as FP10 prescription pads. However, staff ensured this was rectified during the inspection.

Good



Are services effective?

We rated effective as good because:

- Staff assessed the physical and mental health of all clients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented. There were care plans in place to support staff to care for clients going through detoxification.
- Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives. The staff team included, or had access to, the full range of specialists required to meet the needs of clients in the service.

Good



Summary of this inspection

- Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other teams within the organisation and with relevant services outside the organisation.
- Client care plans addressed the potential risks to clients arising from early exit from the programme.

However:

- Staff all had access to supervision, but this was not always taking place regularly.

Are services caring?

We rated caring as good because

- Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided.
- Staff informed and involved families and carers appropriately.
- Clients received regular one to one sessions with their named worker.

However:

- The service did not have a system in place to ensure that feedback on concerns received at the morning check in meetings was followed up.

Good



Are services responsive?

We rated responsive as good because

- Staff managed beds well. This meant that all the information was available when a client was admitted. Clients already had a discharge plan in place on admission.
- The food was of a good quality and clients could make hot drinks and snacks at any time.
- The environment met the needs of all clients who used the service – including those with a protected characteristic. Staff helped clients with communication, advocacy and cultural and spiritual support.
- Clients could bring pets into the service.

Good



Summary of this inspection

Are services well-led?

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed and were visible in the service and approachable for clients and staff
- Staff felt respected, supported and valued by their team and managers.
- The team had access to the information they needed to provide safe and effective care and used that information to good effect.
- The service provided recovery focused care and support to clients with specific needs such as dual diagnosis, poly drug use and physical health needs. The service had responded to a change in the complexities of the clients that were being admitted.

However:

- Whilst team meetings were taking place these were not happening regularly and did not routinely discuss learning from incidents, comments or complaints.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

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

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

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had access to the Mental Capacity Act 2005 training that the provider delivered. At the time of the inspection, most staff had not completed this training, but they were booked to attend the course in December 2018.

Staff we spoke with could tell us how capacity was assessed and what they would do if they had concerns regarding someone's capacity. Staff at the service understood when they needed to make referrals for assessments under the Deprivation of Liberty Safeguards.

Overview of ratings

Our ratings for this location are:

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

Substance misuse/detoxification

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

Are substance misuse/detoxification services safe?

Good 

Safe and clean environment

- The service was situated across three floors. Clients who needed the most intensive care and observation had bedrooms on the ground floor nearest to the nursing office. Staff used closed circuit television cameras to observe communal areas and carried out regular observations to ensure that clients were safe in their bedrooms.
- The service managed ligature risks. The manager assessed the environment for ligatures using a standardised form from the provider. The service had many ligature anchor points. The ligature risk management plan involved observation of clients assessed as being at risk of self-harm, which staff completed. Staff kept ligature cutters on the ground and first floors which were clearly labelled and accessible.
- The service offered mixed sex accommodation. The service had a female only space. The top floor of the service had three bedrooms for women and a female lounge. However, if women were assessed as complex or high risk due to physical or mental health needs, they were placed in bedrooms nearer the nurse's office and their risks managed.
- The service had a wall alarm system fitted in all communal areas and client bedrooms. This meant clients and staff could use an alarm in any of these rooms to request assistance. The alarms were at an accessible height for someone in a wheelchair. During

the inspection staff told us that the alarm system was not tested regularly and so they could not be assured that it was working correctly. After the inspection the provider put a system in place to ensure regular testing took place.

Maintenance, cleanliness and infection control

- The service was well maintained and the furniture was in good condition. The corridors were clear and clutter free. Clients who used the service told us the standards of cleanliness were good.
- At the last inspection in October 2017 we found that not all areas of the service adhered to infection control standards. At this inspection we found that the service had addressed this and replaced carpets, which had been an infection control risk, with more appropriate flooring.
- At the last inspection in October 2017 we found that the client fridge in the dining room was not clean and food was not labelled appropriately with expiry dates. At this inspection we found that this fridge was clean however not all food was labelled appropriately. This meant clients and staff could not be sure if it was safe to eat. Food in the catering fridge was stored and labelled appropriately and catering staff checked and recorded the fridge temperatures daily.
- The service had a clinic room on the first floor where staff stored medicines appropriately. Emergency medicines and equipment such as oxygen, Naloxone and adrenaline were stored in the clinical room. All were in date and regular checks were made.
- At the last inspection in 2017 we found that the wash basin and taps were not lever operated and did not

Substance misuse/detoxification

comply with guidance for handwashing. At this inspection we found that the taps had been replaced. The service was working with a local acute NHS trust to develop guidance and practice in infection control.

- Staff had ensured that all dressings and equipment were in date. Boxes for safe disposal of needles were assembled correctly with staff signing the date this was done.
- The service had appropriate first aid boxes, body fluid disposal kits and eye wash kits in clinical areas.
- Staff could tell us what action they would take in an emergency to help keep clients safe. At the last inspection in October 2017 we found that staff were not always recording the fridge temperature each day to ensure that medicines were being stored at the correct temperature. At this inspection staff were recording the fridge temperature regularly and acting if the reading was above the recommended range. Staff completed records to demonstrate they checked clinic room and fridge temperatures daily. The fridge temperature was outside the recommended range three times during the month prior to our inspection. Staff had identified this and responded in line with the provider's policy.
- Emergency equipment, including an external defibrillator and oxygen, was easily accessible in the nurses' office. This was checked regularly to ensure it was fit for purpose and could be used effectively in an emergency. Emergency drugs were available and checked regularly. Staff received training in basic life support and how to administer oxygen.
- All staff received training in fire safety and two staff acted as fire wardens each day. Staff could explain how to evacuate the building if the alarm sounded. Fire extinguishers were placed throughout the service.
- Staff audited and stored hazardous items, such as cleaning detergents, securely.

Safe staffing

- The service employed enough staff to meet the needs of the clients. However, the service had a high turnover of staff between August 2017 and July 2018. During this time, 50 per cent of staff left. The reasons for staff leaving included career progression and staff not returning following maternity leave. The provider had reviewed the causes of the high turnover to see if it could make changes to improve retention of staff. This included looking at career progression and learning and development opportunities.

- The service employed one service manager, one nursing team leader and one operational team leader. There were 11 nursing posts and two full-time and one-part time recovery workers. The service had two volunteers. There were four vacancies for nursing staff. The service had recruited for two of these posts and were awaiting the completion of employment checks.
- Three nurses worked each day and two worked at night, with one recovery worker. In addition, the service manager, the nursing team leader and operational team leader and a nurse contracted from a local NHS trust worked from 9am to 5pm during the week. Staff rotas between August 2017 to July 2018 showed that there had been no shifts that had been left uncovered. Clients said there were always staff available to speak with.
- If needed, the service employed additional staff on shifts. For example, for clients requiring enhanced observation. The service used bank and agency staff. The agency staff were employed from a nursing agency who assured the service of the staff competency level by completing a competency checklist prior to them working at the service.
- Records showed the service completed a criminal records check and received references for each member of staff. Criminal record checks were updated every three to five years.

Medical Staff

- Medical staff attended the service every morning and two afternoons between Monday and Friday. Outside of these hours medical staff at the GP surgery could be contacted, including out of hours through the local GP on call system.

Mandatory Training

- Staff received mandatory training in 12 areas, including information governance, infection control, complaints, safeguarding and conflict management.
- Staff that administered medicines and offered advice to clients receiving prescription medicines had received training on medicines management.
- Nursing staff completed competency tests during their induction and repeated them every 12 months. The eight areas covered were medical administration, medical devices, medical knowledge, oxygen administration, falls management neurological observations, seizure management and national early warning signs (NEWS).

Substance misuse/detoxification

Assessing and managing risk to service users and staff

Assessment of service user risk

- Staff collected thorough background information about a client's needs when they were referred. This included requesting information from all the professionals supporting the client such as their GP and other specialists. Staff used this information to decide whether they could support the client appropriately. The service had a pathway for clients whose needs were assessed as being more complex, this ensured clients had extra support for physical or mental health needs. Where the service felt they could not meet someone's needs, they did not accept the referral.
- We examined four records for clients who used the service. We found that when a person was admitted to the service, a comprehensive assessment was completed. This included carrying out a thorough risk assessment which included physical and mental health risks, self-harm and any history of violence or aggression. Staff completed a falls risk assessment on admission
- Staff could respond to warning signs and deterioration in a client's health. Staff could tell us what they would do if someone's health was deteriorating and when they would seek the advice of a doctor or call emergency services.

Management of Client Risk

- Staff were aware of and dealt with any specific risk issues, such as the risk of falls or clients developing pressure ulcers. We observed the admission of one client who had specific needs regarding an open wound, staff had received training on how to manage this and there was a risk management plan in place for staff to follow regarding the safe management and treatment of this.
- At the last inspection in August 2017 staff did not regularly discuss the early exit from treatment with clients. The risk of overdose after a period of opiate detoxification is due to a person's tolerance for drugs decreasing during treatment. The risk to health if leaving an alcohol detoxification in the early stages is that they could have a severe withdrawal response which could lead to death. At this inspection we saw that staff discussed the risks with clients on admission and clients were given information regarding the risks. If clients were detoxing from opiates and made it clear they were

going to leave the service, staff would offer them Naloxone which is a medicine which reverses the effects of an opiate overdose, they were also given information on how to administer this.

- Staff identified and responded to changing risks to, or posed by, clients. Staff discussed client risks in handovers and a daily debrief meeting. Staff used a zoning system to identify if someone's risks were red, amber or green, these were discussed and updated at the daily debrief meeting. In addition, staff updated clients risk management plans if risks changed. Where risks were identified, measures were put in place to ensure the risk was managed. For example, the level and frequency of observations of clients were increased.
- Staff responded promptly to sudden deterioration in clients' health. Staff regularly carried out physical observations on clients and used the National Emergency Warning Signs (NEWS) and knew how to respond if there was a deterioration in a client score. Staff discussed clients' physical health at handover meetings and at the daily debrief, any concerns were addressed with the doctor.
- Staff adhered to best practice in implementing a smoke-free policy.

Use of Restrictive Interventions

- Staff applied blanket restrictions on service user's freedom only when justified. For example, clients undergoing detox were not able to leave the service for the first four days due to potential physical health risks. This was made clear to clients on admission.

Safeguarding

- Staff were trained in safeguarding adults and children. Staff could give examples of how to protect clients from abuse. The service had made one safeguarding referral to the local authority between September 2017 and September 2018.
- Staff implemented statutory guidance around vulnerable adults and children safeguarding and all staff were aware of how to refer on as necessary.
- Staff worked effectively with other agencies to promote safety, including information sharing.

Staff access to essential information

- Staff had use of electronic client records, where all client records were held.

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- All information needed to deliver care was available to all relevant staff, including agency staff. Nurses and doctors who worked for the local NHS mental health trust also had access to the trust's client records and the GP electronic recording system.

Medicines management

- The service had effective policies, procedures and training related to medicines and medicines management. This included prescribing, training, detoxification, administration, recording and take-home emergency medicine, for example Naloxone.
- We reviewed clients' prescriptions and medicines administration records (MAR) and saw that clients were given their medicines as prescribed. There were occasions when clients had refused their medicines when offered, which were documented on the MAR. Medicine charts also had additional information such as allergies, as well as evidence of appropriate medicine reviews especially when assessment prescriptions changed to maintenance prescription doses. Medicines were stored safely including controlled drugs (CD). The CD stock register was checked regularly and unwanted CD medicines were disposed of appropriately.
- Staff reviewed the effects of medicine on clients' physical health regularly and in line with NICE (National Institute of Health and Care Excellence) guidance.
- Where clients were assessed as requiring alcohol detoxification when commencing their treatment programme this was provided in accordance with NICE guidance.
- Controlled stationery stocks such as FP10 prescription pads were not managed safely. There were no records of stocks received and distributed, and no system was in place to reconcile and audit the use of FP10 prescriptions. We raised this with the registered manager and a system was set up whilst the inspection was taking place to ensure that these were managed safely.
- Staff completed weekly medicines audits, we saw that action plans were implemented to improve the service. For example, staff told us that due to a recent increase in medicines related incidents, staff administering medicines had been given protected time in the clinical room during medicines administration rounds and other activities, such as client observations and monitoring, were moved to a separate consulting area.

Track record on safety

- Since the last inspection in August 2017 there had been one serious incident. This was where a client had a seizure and the correct procedures were not followed. Following this incident, the service completed an internal investigation and had ensured that staff received more in-depth training and completed competency assessments regarding managing seizures.

Reporting incidents and learning from when things go wrong

- At the last inspection in August 2017 we found that staff had not reported all medicine errors. At this inspection we did not find any medicine errors or any other incidents that had not been reported. Staff we spoke to were aware how to report an incident and what to report.
- Monthly clinical governance minutes showed senior staff reviewed incidents and discussed learning and actions. Senior managers had recently started sending out bulletins to all staff across the organisation informing them of lessons learnt from incidents discussed at the organisations senior management team. The service had begun to hold reflective practice sessions where learning from some incidents were discussed. However, there were no regular team meetings where staff had opportunity to discuss learning from incidents. This meant that there was a potential gap in the learning culture within the organisation.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- During the inspection we looked at four care records. Nursing and medical staff completed a comprehensive assessment for all clients on admission.
- Staff developed comprehensive care plans that met the needs identified during the assessment. Care plans were specific, measurable, achievable, realistic and set a timeframe (SMART). The SMART care plans included

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mental health, physical health, substance misuse history and discharge plans. Any physical health care needs that were identified during this process were addressed and managed effectively.

- Staff identified the client's keyworker on admission and informed both the client and staff team who this was.
- Staff developed care plans collaboratively with clients. The care plans showed evidence of client input with their own goals and preferences.

Best practice in treatment and care

- Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by, and in line with, guidance from NICE. These included medication and psychosocial therapies. There was a daily check-in group where clients had the opportunity to discuss with staff and their peers about how they were feeling and how their treatment was progressing. There was also the opportunity to discuss any issues within the environment, such as maintenance concerns. Mutual aid groups such as alcoholics anonymous and narcotics anonymous visited the service regularly and held sessions which clients could attend.
- Clients could access complementary therapies during their treatment, including massage and reflexology. Clients told us that they found these sessions beneficial.
- Regular physical health checks were taking place. Staff completed physical observations using the National Early Warning Signs (NEWS). Clients had their NEWS observations done prior to receiving their medicine and at other times during the day as required.
- The service ensured that clients had had up to date blood borne virus testing prior to admission.
- Staff assessed clients' nutrition and hydration needs. Staff closely monitored these and the service provided food in line with the clients' needs. For example, at the debrief meeting staff discussed a client who was not eating and another client who required a gluten free diet.
- At the last inspection in August 2017 we found that daily and nightly progress notes were not always entered consistently. At this inspection we found that daily and nightly notes were entered consistently. However, the service did not have an adequate system in place to audit and monitor progress notes or care records to assure itself that standards were being maintained.

Skilled staff to deliver care

- The team had access to the specialists required to meet the needs of the clients. The service was delivered by a team of nurses and recovery workers. In addition, there was a nurse from a local NHS mental health trust working each day during the week and a psychiatrist or a specialist register from the trust three days a week. The service contracted therapists to deliver complementary therapy and an agency to deliver a sessional psychosocial programme.
- At the last inspection in August 2017 we found that the service did not provide all staff with standardised training in substance misuse and detoxification. At this inspection we found that there was a more comprehensive training programme in place which included competency testing, substance misuse and one to one practical sessions, such as how to administer oxygen safely.
- At the last inspection in August 2017 the service did not provide sufficient training to staff to ensure they had the knowledge and skills required to safely support clients who experienced seizures. At this inspection we found that the provider had developed seizure management information for all staff. All nursing staff had training in seizure management and been assessed as competent in being able to manage seizures. New agency staff had to be experienced and competent in managing seizures.
- The service had arranged a simulation training programme at a local acute hospital to develop clinical skills and management in four clinical areas which were sepsis, seizures, head injury and adult clinical arrest from hypovolaemia, which is acute blood loss from haemorrhage. Staff told us that this simulation training had been beneficial for increasing their clinical skills.
- The service had identified that they had an increase in referrals for clients with chronic obstructive pulmonary disease. Staff had developed a flow chart showing what actions staff should take in administering oxygen when clients' saturation levels fell below the target range. In addition, the service was developing a card to fit into staff lanyards to show what they should do in this situation.
- Since the last inspection in August 2017 the service had developed competency tests for all nursing staff to complete on induction. These included medical administration, medical devices, medical knowledge,

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oxygen administration, falls management neurological observations, seizure management and national early warning signs (NEWS) during their induction and repeat this every 12 months.

- Staff completed a comprehensive induction programme. The service asked the agency that provided nurses to complete a competency checklist for new nurses before they started, agency staff also completed an induction programme in the service.
- Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. For example, one member of staff was due to start their nurse prescribing course.
- All staff received supervision and a yearly appraisal, however staff told us that they had not received regular supervision.
- Poor staff performance was addressed promptly and effectively.
- Managers recruited volunteers who were trained and supported to carry out their role.

Multi-disciplinary and inter-agency team work

- The nursing and support staff met three times a day for handovers and a debrief meeting. Handovers took place at the beginning and end of the 12-hour shifts, when new staff were coming on duty. The debrief meeting took place during the day for staff to get together to discuss new admissions, client needs, risk management and handover important information about the shift. We observed one meeting and saw that staff discussed each client, and highlighted their needs. This included discussing clients' history of seizures, physical and mental health, risk management, dietary and communication needs.
- The service had effective protocols in place for the shared care of clients who use the service. This included a contract with the local GP surgery and with the local NHS Mental Health Trust
- The GPs who worked at the service had written and shared guidance regarding substance misuse and Brook Drive to the local on-call GP service so that they could more adequately respond to clients' needs when they were contacted out of hours
- The service was developing working partnerships with a local acute NHS hospital to develop its procedures for

areas such as infection control and the management of physical health. This included training and potential opportunities for staff to shadow each other in the different work environments.

- Staff said there were positive and effective relationships with external organisations. Staff sent letters to share information with referrers and GPs. For one client who had complicated health issues, the service had worked with other agencies prior to admission, including additional training for staff to be able to meet their needs.
- Staff ensured that recovery plans included care pathways to other supporting agencies such as community teams or rehabilitation services. The service ensured that a clear discharge plan was in place prior to a new admission being accepted.

Good practice in applying the Mental Capacity Act

- Staff ensured that clients consented to care and treatment and that this was recorded in their records. Staff had access to Mental Capacity Act (MCA) training that the provider delivered. At the time of the inspection, most staff had not completed this training, but they were booked to attend the course in December 2018.
- Staff we spoke to understand the MCA and how it may apply to clients at the service. Staff at the service understood when they needed to make referrals for assessments under the Deprivation of Liberty Safeguards.

Are substance misuse/detoxification services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- Clients who used the service told us that staff treated them with respect. We observed staff interacting with clients in a caring and compassionate way. Staff were enthusiastic and engaged in providing good quality care to clients.
- When staff spoke to us about the clients who used the service, they discussed them in a respectful manner and showed a good understanding of their individual needs.

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- Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients without fear of consequences.
- Staff supported clients to understand and manage their care, treatment or condition.
- Staff directed clients to other services where appropriate and if required, supported them to access those services. For example, staff had supported a client to access a rehabilitation service after their detox treatment.
- The service had a confidentiality policy in place which was understood and adhered to by staff. Staff maintained the confidentiality of information about clients.

Involvement in care

Involvement of Service Users

- Staff communicated with clients so that they understood their care and treatment, including finding effective ways to communicate with clients with communication difficulties. For example, a client with a hearing impairment had a care plan regarding their communication needs, and this was also discussed at the debrief meeting.
- The service gave a welcome pack to clients when they were admitted. This contained information about what the service did and outlined the service rules. Staff were responsible for giving clients a tour of the unit when they arrived and introducing them to other clients.
- The service had access to advocacy services through different local organisations. If a client already had advocates, staff encouraged them to maintain contact with them to ensure continuity.
- Clients were involved in developing their own care plans. Each person who used the service had a recovery and risk management plan in place that demonstrated the person's preferences and recovery goals.
- Some volunteers and staff had previously been clients at the service. This enabled both the staff team and clients to have a mutual respect and understanding.
- Clients who used the service had regular one to one meetings with a named keyworker to review their progress and discuss any issues.

- Staff enabled clients to give feedback regarding the service in the morning check-in meeting. Staff recorded brief notes of these meetings, but did not have a robust system in place to ensure that they responded to any concerns raised.
- The service asked clients to give feedback when they were discharged, and there was also a comment box which clients could place comments in anonymously.
- Clients received medicines two or three times a day. At the previous inspection in August 2017 clients told us that tensions could sometimes occur as clients waited for a long time in the dining room for their medicines. At this inspection two clients told us that they still had to wait a long time for the administration of their medication. The service was aware of this issue but felt that they had to ensure safety of administration of medication for clients with complex health needs. A consequence of this was that clients did have to wait for their medication.

Involvement of Families and Carers

- Families and carers were not able to visit clients during their admission. However, clients could contact families and friends on the communal phone.
- Staff involved families and carers appropriately and provided them with support when needed. Staff could tell us of an example where a client's sister had been involved with planning of ongoing care and best interest's decisions.
- Family members were informed if the client chose to leave the service early before treatment was completed.

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

Good 

Access and discharge

Bed Management

- Between August 2017 and July 2018, 611 clients were admitted and discharged. The service admitted

Substance misuse/detoxification

approximately 14 clients each week. Clients were not admitted at weekends as there was no GP on site to be able to complete an assessment before starting their detox treatment.

- The service had clear admission and exclusion criteria. For example, clients were excluded if they had a recent history of arson or perpetrating sexual assault.
- The service admitted clients classified as complex and non-complex. Complex clients had additional needs in addition to their detoxification needs, such as physical or mental health difficulties. The service had a partnership with the local NHS Mental Health trust to support clients with complex needs.
- The service had a robust referral system in place to ensure that they could meet the needs of the clients who were admitted. Once all the information had been received the GP signed that they agreed that the service could go ahead with the referral and arrange a date for the person to be admitted. Referrals took on average approximately two weeks to process to ensure all the relevant information had been received, processed and an admission date organised.
- The length of detoxification was fixed between seven and 28 days. This was based on the outcome of assessments.

Discharge and transfers of Care

- Staff planned for clients discharge and would not accept a referral if there was no discharge plan in place. This could include a rehabilitation placement or aftercare in the community.
- Staff supported clients during referrals and transfers between services, for example, if they required treatment in an acute hospital.
- Care plans and risk management plans reflected the diverse and complex needs of the person, including clear pathways to other supporting services such as rehabilitation services.

Facilities that promote recovery, comfort, dignity and privacy

- The service provided a range of rooms to support the care and treatment of clients. Each client had access to their own bedroom. One bedroom had an ensuite bathroom and the other rooms had access to a shared bathroom. There were three lounges, one of which was

just for women. There was a dining room and three clinic rooms for a range of clinical activities. Clients could access the garden at any time. Clients had access to the laundry room with staff support.

- Medicines were stored and administered in the clinic room on the first floor, accessed through the dining room.
- Clients were not admitted to the service for long periods but could personalise their bedrooms if they wished to. Clients had a safe in their bedrooms where they could keep their belongings.
- Clients told us that the food was of good quality. Clients could prepare snacks and hot drinks in the dining room at any time of the day or night.
- The service allowed clients to bring pets. The service could accommodate up to one client with a pet at a time. Staff told us about clients who had brought dogs and cats into the service.

Clients' engagement with the wider community

- Staff supported clients to maintain contact with their families and friends. Clients could contact family and friends on the services communal phones. Clients had access to two computers which they could also use to contact people.
- At the last inspection in August 2017 some clients had said that there should be more activities available. At this inspection some clients thought that the psychosocial programme could include more material and that the programme could be more structured.
- The service had two different mutual aid support groups attending each week, for alcohol and narcotics. Clients were encouraged to attend these as they could help them build links with local community mutual aid groups to support them following discharge.

Meeting the needs of all people who use the service

- The service made adjustments for clients with physical or sensory disabilities. The service was accessible for clients who used a wheelchair. There was one bedroom with an ensuite which was suitable for someone in a wheelchair. Staff told us that they had recently had a client who was blind who was able to come to the service with their guide dog. Staff adapted their communication for a client who had a hearing impairment.
- Staff respected clients' diversity and human rights. Staff demonstrated an understanding of the potential issues

Substance misuse/detoxification

facing vulnerable groups, for example they had recently had a client who was transgender and often had clients who were homeless. Staff told us that the care they delivered was person centred and that this would be respectful of whatever a client's needs were.

- Staff could access interpreters and would book them for meetings with clients. However, we observed that a client who spoke little English was finding it difficult to communicate with staff and peers during a therapy session where there was no interpreter present. Therapy sessions were provided by an external provider.
- Catering staff prepared food in line with clients' ethical and religious needs.
- Staff supported clients to access spiritual support. The services had copies of the Bible and the Quran available, where requested staff supported clients to attend religious ceremonies or requested faith leaders to attend the service to speak to a client.

Listening to and learning from concerns and complaints

- The service had information about how to make a complaint available in the communal area outside the nursing office.
- Between August 2017 and July 2018, the service had received five complaints, four of which were upheld or partially upheld.
- The service had a clear complaints system to show how complaints were managed, lessons learnt and acted upon to improve the quality of the service.
- Complaints records demonstrated that individual complaints had been responded to in accordance with the service's complaints policy. Managers made changes to the service following a complaint, but compliments and complaints were not discussed regularly within team meetings and so the information may not have been disseminated to all staff. This meant that there was a risk that learning from complaints and comments was not embedded in the service.

Are substance misuse/detoxification services well-led?

Good 

WELL-LED

Leadership

- Leaders had a good understanding of the service they managed. They could explain clearly how the team was working together to provide high quality care.
- Leaders had the skills, knowledge and experience to perform their roles.
- The nurse team leader provided clinical leadership to the team, especially to the nursing team. They ensured that nursing staff were competent by completing the competency tests with them. They also arranged and provided training for nursing staff, including one to one sessions in areas such as oxygen administration.
- Staff said they enjoyed working in the team and that management staff were approachable, supportive and always available.

Vision and strategy

- The service provided recovery focused care and support to clients with specific needs such as dual diagnosis, poly drug use and physical health needs. The service had noted over the last year that they were receiving referrals for clients who had more complex physical health needs. They were adapting their practice, training and staffing in line with the increase in complexity.
- The service had not been having regular team meetings, which meant staff had not been given an opportunity to discuss the strategy of the service. The service manager planned to increase team meetings to give staff more time to discuss and reflect on the direction and focus of the service.

Culture

- Staff told us that they felt respected, supported and valued by the provider. Staff were passionate about the work they were undertaking. Staff told us that they felt able to raise concerns.
- Staff appraisals included conversations about career progression, however staff told us there were few opportunities for carer progression within the service. Some staff had left to be able to take jobs which progressed their career. The service was reviewing whether it could make changes to address this situation.
- Staff had access to support their own physical and emotional needs through an occupational health service that they could contact.

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- Staff told us that the team worked well together. Where there were difficulties managers responded appropriately.
- The service had a whistleblowing policy in place.

Governance

- The service had governance systems in place to review and respond to concerns. Senior staff reviewed information, such as incidents, complaints and safeguarding, at the monthly senior managers meeting and the monthly clinical governance meeting. Staff discussed some incidents in reflective practice sessions. However, the service did not have a robust system in place to share information with unit staff. Team meetings were not occurring regularly and, when they happened, did not include discussions on learning from incidents, complaints or compliments.
- The service manager and team leaders used clinical audits to monitor medicine management and environmental checks. Care records that we saw were comprehensive, but the service's auditing system for care records had not been followed and there was not an effective system in place to monitor care records adequately. The manager had identified that they needed to improve how they monitored the quality of the care records.
- Since the last inspection in August 2017 the service had developed its training for staff, especially nursing staff. The service has introduced a system of competency testing for permanent and agency staff, which had ensured that the care and support for clients with complex needs, especially clients with physical healthcare needs, had increased.
- The service manager ensured notifications to external bodies were completed where necessary.
- Staff understood the arrangements for working alongside and with other teams, both within the provider and external, to meet the needs of the clients. For example, staff worked alongside staff from a local NHS mental health trust within the service and were working with an acute mental health trust to develop staffs training and knowledge with physical health needs.

Management of risk, issues and performance

- The service manager had access to the risk register, they could escalate concerns when required.

- The service had plans for an emergency, such as adverse weather or a flu outbreak.
- The service monitored sickness and absence rates, which were low at 0.6% between July 2017 and August 2018. The service had had a high turnover of staff over the 12 months prior to the inspection, with 50% of staff leaving. The human resources department had completed an investigation into the causes for this, which were predominantly for career progression and two staff leaving following maternity leave.

Information management

- Staff had access to the equipment and information technology needed to do their work.
- All information needed to deliver care was stored securely and available to staff, in an accessible format when they needed it.
- The service manager did not have access to all the information to support them with their management role. The governance system that provided oversight of areas, such as supervision compliance and audits of client records, was not in place.
- The service had developed joint working arrangements with other services which worked well. This included the local GP practice, the local NHS mental health trust and the local acute mental health trust. In addition, the GP had delivered training to the local GP out of hours service about Brook Drive and the needs of the clients.

Engagement

- Staff, clients and carers had access to up to date information about the provider through the internet and intranet.
- Clients had opportunities to give feedback on the service they received through exit interviews. There was also a comments box available for clients to put comments into anonymously.

Learning, continuous improvement and innovation

- Staff were focused on improvement and learning. The managers ensured that there were learning opportunities available for staff. Learning opportunities were being developed with a local NHS acute trust which included simulation training, opportunities to complete observation shifts in the local accident and emergency department and the development of infection control within the service.

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- Staff from the local mental health trust had completed an audit on clients who had experienced seizures within the service and how these had been responded to. They were also completing work on researching and auditing the services detoxification programme for gamma-butyrolactone (GBL) addiction.
- The service responded to changes in referral patterns and were adapting their staffing team and expertise accordingly.

Outstanding practice and areas for improvement

Outstanding practice

The service had developed good working practices with other organisations. They had contracts in place and had staff working alongside them in the service from the local NHS Mental Health Trust and the local GP surgery. The GP had delivered training regarding substance misuse and Brook Drive to the local on call doctors service so that they could more adequately respond to clients' needs when they were contacted out of hours.

The nurse team leader had worked in partnership with a local NHS acute hospital to deliver training and was developing further opportunities for staff development and specialist input into the service regarding infection control.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure all food in the clients' fridge is stored and labelled appropriately.
- The provider should ensure that there is a system in place to ensure staff respond to concerns that clients raise in the morning check-in meeting.
- The provider should ensure that controlled stationery stocks such as FP10 prescription pads continue to be managed effectively.
- The provider should ensure that staff have access to regular team meetings.
- The provider should ensure that all staff receive feedback from incidents and complaints.
- The provider should ensure that all staff have regular supervision.
- The provider should work with the provider who delivers the therapeutic programme to ensure that clients have access to interpreters to support their engagement in therapy.