

# Crouch House and Crouch Cottage

## 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

### Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service received a requirement notice under regulation 18 Staffing at the last inspection in relation to mandatory training. On this inspection, the service had implemented a mandatory training schedule for all staff. Current compliance rates were 100% and medicines awareness training was included within this schedule.
- The service received a requirement notice under regulation 12 Safe care and treatment at the last inspection in relation to risk assessments for clients. On this inspection, the service undertook risk assessments for all clients and risk was discussed daily by staff. The service had clear exclusion criteria and signposting procedures to ensure that clients did not carry greater risk than it could safely manage. Additionally, the service implemented a thorough safeguarding adults policy and all staff were trained in safeguarding of adults at risk.
- The service received a requirement notice under regulation 19 Fit and proper persons employed at the last inspection in relation to disclosure and

barring service checks. On this inspection, the service ensured all staff were disclosure and barring service checked with an appropriate policy in place for the employment of ex-offenders.

- The service received a requirement notice under regulation 9 Person centred care at the last inspection in relation to care plans. On this inspection, the service had implemented appropriate recovery plans for all clients to discuss with staff and agree goals and actions to aim for throughout their treatment

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

- The service did not include a safeguarding procedure for use if a risk to a child was identified. This meant that staff did not have a clear procedure to follow if they identified a safeguarding issue with a child at risk.
- The service did not record expiry dates of medicines or routes of administration for medicines on client medicine administration records. This meant that

# Summary of findings

staff could not immediately identify on the medicine administration records if the dispensed medicine was in date and taken by the route with which it was prescribed.

# Summary of findings

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# Crouch House and Crouch Cottage

**Services we looked at**

Substance misuse services;

# Summary of this inspection

## Background to Crouch House and Crouch Cottage

Crouch House and Crouch Cottage is run by Sporting Chance Clinic and provides psychosocial residential treatment for up to four clients at a time who require treatment for substance misuse and other addictions following a '12 step' programme. Clients attend for treatment for a period of 26 days. The service is located in the grounds of Champneys Forest Mere resort complex, where clients have most of their meals and access a range of sports and relaxation facilities. The service is registered as a charity and receives commissioning from the Professional Footballers Association and The Rugby Football League.

Crouch House and Crouch Cottage is registered to provide accommodation for persons who require treatment for substance misuse. They have one registered manager at the service.

When the Care Quality Commission inspected the service in November 2016, we found that the service had breached regulations. We issued the service with five requirement notices. A requirement notice is issued by

CQC when an inspection identifies that the provider is not meeting essential standards of quality and safety. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

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

- Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 13 HSCA (RA) Regulation 2014 Safeguarding service users from abuse and improper treatment
- Regulation 18 HSCA (RA) Regulations 2014 Staffing
- Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

These requirement notices have now been met following this inspection.

## Our inspection team

The team that inspected the service comprised of Care Quality Commission inspector Charles Young and a specialist professional advisor who was a nurse with experience within substance misuse settings.

## Why we carried out this inspection

We undertook this inspection to find out whether Sporting Chance Clinic had made improvements to their psychosocial residential substance misuse service since our last comprehensive inspection of the service in November 2016.

# Summary of this inspection

## How we carried out this inspection

To understand the experience of people who use services, we asked the following questions about this service:

- Is it safe?
- Is it effective?

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for information.

During the inspection visit, the inspection team:

- spoke with the registered manager and chief executive officer
- spoke with 2 other staff members employed by the service
- reviewed seven client care and treatment records
- observed medicine administration procedures

looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

No clients were available to speak with on this inspection however, at the last inspection in November 2016 we did

not receive any concerns from clients relating to their care and treatment. Since that inspection, we have not received any information that would cause us to re-inspect this aspect of our inspection.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service ensured all staff were disclosure and barring service checked or pending with an appropriate policy in place to ensure staff risk assessments were completed.
- The service implemented a mandatory training schedule for all staff. Current compliance rates were 100%. Medicines awareness training was included within this schedule to equip staff with the appropriate skills when dispensing medicine.
- Staff carried out risk assessments with clients and formulated risk management plans. We saw evidence in the client records of discussions regarding risk occurring daily between day and night staff.
- The service had clear exclusion criteria and signposting procedures in place to ensure that clients did not carry greater risk than the service could safely manage.
- The service implemented a thorough safeguarding adults policy with appropriate procedures and all staff were trained in safeguarding of adults at risk.

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

- The service did not include a safeguarding procedure for children at risk. This meant that staff did not have a clear procedure to follow if they identified a safeguarding issue with a child at risk.
- The service did not record expiry dates of medicine on reconciliation records or routes of administration for medicines on client medicine administration records. This meant that staff could not immediately identify on the medicine administration records if the dispensed medicine was in date and taken by the route with which it was prescribed.

### Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had implemented appropriate recovery plans for all clients to discuss with staff and agree goals and actions to aim for throughout their treatment

# Summary of this inspection

## **Are services caring?**

We do not currently rate standalone substance misuse services.

At the last inspection in November 2016 we did not find any concerns relating to the caring domain. Since that inspection, we have not received any information that would cause us to re-inspect this key question.

## **Are services responsive?**

We do not currently rate standalone substance misuse services.

At the last inspection in November 2016 we did not find any concerns relating to the responsive domain. Since that inspection, we have not received any information that would cause us to re-inspect this key question.

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

We do not currently rate standalone substance misuse services.

At the last inspection in November 2016 we did not find any concerns relating to the well-led domain. Since that inspection, we have not received any information that would cause us to re-inspect this key question.



# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe staffing

- During the last inspection in November 2016, we found that the service was not implementing a formal mandatory training schedule for all staff to complete. On this inspection, we found that the service had implemented an official mandatory training schedule. Training included safeguarding adults, first aid and medication awareness.
- Medication awareness training was introduced by the service to staff following the last inspection. All staff had now completed medication awareness training.
- The service had a 100% compliance rate for all substantive staff undertaking mandatory training, including both day and night staff. The service had a policy of renewing mandatory training every three years. There was an automatic electronic flagging system in place that alerted the registered manager when staff member's training was due for renewal.

### Assessing and managing risk to clients and staff

- During the last inspection, we found that the service was not carrying out risk assessments for clients entering treatment and we issued a requirement notice under Regulation 12 Safe care and treatment in respect of this. In response, the service sent us an action plan to address the issue with a final completion date of March 2017.
- The service had introduced a risk assessment form that was completed on admission with all clients and updated when necessary. The risk assessments informed client care plans and considered risk to self and risk to others. However, the service did not consider a broader range of risks such as a client's risk of

financial, sexual or emotional abuse. We saw master copies of newer, broader risk assessment forms that were due to be implemented on the next treatment programme.

- Appropriate risk management plans were in place for clients where risks were identified. However, we reviewed seven client case files and found one client did not have a risk management plan in place where current risks were identified. When this was highlighted to the service they explained good management of the client risk to us and staff had a good awareness of the risks, however this was not documented.
- We saw regular and documented reviews of client risk during the daily handovers to inform both the day and night staff. Where staff identified new or emerging risks, staff wrote these into the risk assessment and risk management documentation.
- The service had a clear exclusion criteria and signposting procedures in place to ensure that the service did not carry greater risk than it could safely manage. Where staff identified mental health concerns, the service referred clients to an associate consultant psychiatrist to undertake a further assessment and manage any onward referrals.
- On the previous inspection, we issued a requirement notice under Regulation 19 Fit and proper persons employed. This was issued in respect of missing disclosure and barring service checks for staff. On this inspection, we found that all staff including sessional staff had either a disclosure and barring service check in place or one pending and a policy that ensured staff risk assessments were completed.
- Additionally, the service had an appropriate policy in place that stipulated the storage, handling and retention of disclosure and barring service checks. The service took the decision that all staff must renew their

# Substance misuse services

disclosure and barring service check every three years. The service had an automatic electronic flagging system to alert the registered manager when each staff member's disclosure and barring service check was due for renewal.

- The service had an appropriate policy in place regarding employment of ex-offenders with a thorough rationale. The policy included a clear process of risk assessing staff suitability for employment and client contact.
- During the last inspection we issued a requirement notice under regulation 12 Safe care and treatment because the provider was not implementing medicines training for staff who were dispensing medicines. On this inspection, all client facing staff had received medication awareness training that now formed part of the mandatory training schedule for the service.
- The service had an automatic electronic alerting system in place to flag when staff were due to renew their medicines awareness training. The service took the decision to ensure this training was updated on a three yearly basis.
- Additionally, the service had effective procedures in place to ensure medicines prescribed to clients and brought into the service by them were kept safe and secure. However, we reviewed seven client medicine forms and none documented medicine expiry dates or routes of administration.
- At the last inspection, we issued a requirement notice under Regulation 13 safeguarding service users from abuse and improper treatment because the service did not have a safeguarding policy for or safeguarding training for staff. On this inspection, we found that external safeguarding of adults at risk training had been completed by all client facing staff and formed part of the mandatory training schedule. This external training was to be completed on a three yearly basis and the service had an automatic electronic flagging system in place to alert the registered manager when staff member's training was due.
- Additionally, the service had a thorough and robust policy for safeguarding adults at risk in place that included a clear procedure for staff to follow if a safeguarding issue was identified and raised.

- However, whilst children under 16 years old were not permitted onto the grounds of the service, there was no policy or procedure in place for staff to follow if they identified a safeguarding issue with a child at risk.

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

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

- On the last inspection, the service was issued a requirement notice for Regulation 9 Person centred care. This was issued as the service was not implementing any form of recovery plan for its clients. The service sent the Care Quality Commission an action plan with a completion date of April 2017 to describe how they would meet this regulation. On this inspection, we found that the service had developed a recovery plan to complete with all clients that detailed their weekly goals and steps clients would take to achieve those goals.
- We reviewed seven recovery plans on this inspection and found that staff completed them with clients. Staff reviewed the plans weekly with clients and new goals were discussed and agreed for the following week. Additionally, the recovery plans clearly stated if previous goals had been achieved by clients. Staff told us that in order to support focus and recovery, clients were recommended to have no more than three goals per week whilst in treatment.
- On discharge, clients and key workers agreed further goals for clients to aim for whilst in the community and accessing additional after care packages.
- However, two out of the seven client recovery plans we reviewed did not have an initial recovery plan in place with goals for clients to work towards. This included one current client and client who was no longer in treatment. In each of these client recovery plans, the clients' progress and recovery was reviewed and discussed weekly but staff had not documented the agreed recovery goals and action plans on admission.

# Substance misuse services

## Are substance misuse services caring?

At the last inspection in November 2016 we did not find any concerns relating to the caring domain. Since that inspection, we have not received any information that would cause us to re-inspect this key question.

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

At the last inspection in November 2016 we did not find any concerns relating to the responsive domain. Since that inspection, we have not received any information that would cause us to re-inspect this key question.

## Are substance misuse services well-led?

At the last inspection in November 2016 we did not find any concerns relating to the well-led domain. Since that inspection, we have not received any information that would cause us to re-inspect this key question.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider should consider implementing a safeguarding procedure for children at risk.
- The provider should consider documenting client medicine expiry dates and route of administration.
- The provider should include a broader range of risks to consider as part of the risk assessment process.