ASANA Healthcare Ltd

Asana Lodge

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, 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?	Requires Improvement
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Overall summary

Asana Lodge opened in June 2020 and is a 22 bedded residential drug and/or alcohol medically monitored, detoxification and rehabilitation facility based in Yardley Gobion, Towcester. The service provides care and treatment for male and female clients. Asana Lodge provides ongoing abstinence-based treatment, which is based on cognitive behavioural therapy and dialectical behaviour therapy alongside 12-step treatment.

Our rating of this location improved. We rated it as requires improvement because:

• Staff did not have access to Naloxone (Naloxone is used to reverse the effects of opioids).

• The service did not have access to an emergency bag or emergency drugs, as outlined in the provider's policy to meet client need.

• Staff did not always complete physical health checks of clients withdrawing from alcohol dependency at the frequency set out in the doctor's instructions.

• The service was unable to evidence that clinical equipment had been replaced or calibrated within the last 6 months.

• The service continued to not always have immediate access to medical summaries from the patient's GP.

• There was not enough permanent staff to meet the needs of the clients, however the service had covered vacancies with the use of agency staff. This led to high usage of bank and agency staff.

• Staff could not observe clients in all areas of the service.

• The service did not have robust systems and processes around the usage of CCTV. This included signage and audits of its usage.

• The current mandatory training rate for mental capacity was 62%, fire marshal training 52%, and medicines management (for the electronic health record) was 67%.

• Client's care plans were not personalised, holistic or recovery oriented. Staff did not fully involve clients in care planning or gave clients copies of their care plans.

• Staff had not received supervision during the 8 weeks prior to our inspection.

• Managers had not ensured that all staff had received specialist training for their role.

• There was a lack of governance systems and processes within the unit.

However:

• The service adhered to health and safety requirements. Fire risk assessments and the health and safety folders were up to date. All maintenance requests had been actioned.

Summary of findings

• All areas were clean, well maintained, well-furnished and fit for purpose.

• Staff checked, maintained, and cleaned equipment. Staff checked the defibrillator each week. The service had a range of appropriate rooms to meet clients.

• Clients received a comprehensive assessment in a timely manner which included a physical health assessment. All clients had received a face-to-face assessment.

• Staff were able to identify signs of deteriorating mental health.

• Risk management plans were discussed upon first assessment and regularly reviewed thereafter.

• Staff received training on how to recognise and report abuse, appropriate for their role.

• Staff completed a comprehensive mental health assessment of each client on admission.

• Staff were discreet, respectful, and responsive when caring for clients.

• Staff introduced clients to the service and the services as part of their admission.

• Clients could make their own hot drinks and snacks and were not dependent on staff

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Requires Improvement 	

Summary of findings

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Summary of this inspection

Background to Asana Lodge

Asana Lodge opened in June 2020 and is a 22 bedded residential drug and/or alcohol medically monitored, detoxification and rehabilitation facility based in Yardley Gobion, Towcester. The service provides care and treatment for male and female clients. Asana Lodge provides ongoing abstinence-based treatment, which is based on cognitive behavioural therapy and dialectical behaviour therapy alongside 12-step treatment.

The service was first inspected in May 2021 in response to serious concerns we had about client's safety. This inspection was not rated. However, we took urgent action and imposed conditions on their registration. We asked the provider to make significant improvements to the service. The provider submitted an action plan and based on evidence submitted by the provider the conditions were met in full. The conditions were subsequently removed in August 2021.

In February 2023, we undertook an unannounced routine inspection of the service. We took urgent action and imposed conditions on their registration and asked the provider to make significant improvements to the service. This included 13 actions (requirement notices) that the provider must take to comply with its legal obligations.

We inspected this service in response to receipt of a whistleblowing concern, and to review the provider's compliance against conditions which were currently in place.

Following this inspection, we issued the service with a warning notice served under Section 29 of the Health and Social Care Act 2008. We found that the service was failing to comply with Regulation 17 Good governance. We found the service had failed to operate effective systems or processes to ensure the compliance with requirements of regulation17.

What people who use the service say

- Clients we spoke with told us they liked all staff, and that staff were helpful. One client described staff as being "pretty laid back" and told us that recent agency staff were much better than they had been during a previous admission. Another client described staff as being "fantastic" and that they had a good rapport with staff.

- One client told us a couple of clients had complained about the standard of food the previous evening. The client told us "They are showing off today" when referring to the lunchtime meal provided. Another client told us the food was generally ok, but there hadn't been a chef for a couple of days adding that staff had "made do".
- We were told by clients there was a "lot of flexibility" adding they were able to go out to external meetings such as alcoholics anonymous.

How we carried out this inspection

This was an unannounced focused inspection. To fully understand the experience of people who use services, we asked the following five questions:

• Is it safe?

• Is it effective?

Summary of this inspection

• 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.

The inspection team consisted of a specialist advisor and a CQC inspector. During the inspection visit, the inspection team:

• reviewed the quality of the service environment and observed how staff were caring for clients

• spoke with 4 clients who were using the service

• spoke with the manager and risk manager for the provider

• spoke with 9 other staff members; including, nurses, recovery workers, maintenance, medical staff and housekeepers

• reviewed 7 care and treatment records of the clients

• carried out a specific check of medicines management and clinic room

• reviewed a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take to improve:

We told the service that it must take action to bring services into line with legal requirements.

• The provider must ensure that staff and clients have access to Naloxone. (Regulation 12 (1))

• The provider must ensure that staff have access to emergency equipment as outlined in policy. (Regulation 12 (1))

• The provider must ensure that clinical equipment is replaced or calibrated within the last 12 months. (Regulation 12 (1))

• The provider must ensure that they have enough nursing and recovery staff who know the clients, to keep them safe. (Regulation 12 (1))

• The provider must ensure there is governance and oversight to highlight issues of noncompliance in all aspects of care and treatment. (Regulation 17 (1))

Summary of this inspection

• The provider must ensure systems support reliable recording of data to have oversight of key performance indicators and safeguarding referrals. (Regulation 17 (1))

• The provider must ensure care plans are personalised and holistic, that clients are involved in care planning and are given a copy of their care plans. (Regulation 9 (1)(3) (a))

• The provider must ensure that they have access to medical summaries for each client prior to admission. (Regulation 12 (1))

• The provider must ensure that they introduce robust systems and process around the use of CCTV. (Regulation 12 (1))

• The provider must ensure that staff receive their supervision in line with the providers' policy. (Regulation 18 (1))

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

• The provider should ensure that staff receive specialist training for their role.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Requires Improvement	Requires Improvement	Requires Improvement	Good	Inadequate	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Requires Improvement	Good	Inadequate	Requires Improvement

Requires Improvement

Residential substance misuse services

Safe	Requires Improvement
Effective	Requires Improvement
Caring	Requires Improvement
Responsive	Good
Well-led	Inadequate

Is the service safe?

Requires Improvement

Our rating of safe improved. We rated it as requires improvement.

Safe and clean care environments

All clinical premises where clients received care were safe, clean, well furnished, well maintained and fit for purpose. However, they were not always well-equipped.

Safety of the facility layout

The service had health and safety systems in place to manage the safety of clients and staff. Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. Fire risk assessment and the health and safety folders were up to date. Where actions were identified through the fire risks assessment, appropriate action had been taken.

The service had installed closed circuit television (CCTV) in all communal areas of the service.

Staff could observe images from 16 cameras on a large screen in the nurse's office.

The service managed risk and client safety where there was mixed sex accommodation. All bedrooms had full ensuite facilities. There was a comfortable, well-furnished lounge which had open views of the countryside. However, there was no lounge for the use of female clients only.

Staff knew about any potential ligature anchor points and how to mitigate the risks to keep clients safe. The service had a process in place where all clients were risk assessed before items such as cables and sharps were authorised to be kept in their rooms. The manager was organising ligature training for the new staff who had not yet attended the training.

Clients had easy access to call buttons in their bedrooms.

Maintenance, cleanliness, and infection control

All areas were clean, well maintained, well-furnished and fit for purpose. All areas of the service were clean and well maintained. The service was decorated to a very high standard with attractive colour schemes, furniture, lighting, mirrors, and carpets.

Staff made sure cleaning records were up-to-date and the premises were clean. The service employed housekeepers to ensure the service was always clean and tidy.

Staff followed infection control policy, including handwashing. Staff and clients had access to hand gel.

Clinic room and equipment

Clinic rooms were well equipped. Staff had access to a defibrillator however did not have access to an emergency bag or emergency drugs. In the event of an emergency staff would ring 999.

However, the provider's policy dated January 2023, states that "Asana lodge have two emergency grab bags, and that oxygen is kept on site". However, staff did not have access to oxygen.

The clinic room was clean and well organised. However, there was no couch in the clinic room to facilitate physical examinations.

Staff checked, maintained, and cleaned equipment. Staff checked the defibrillator each week. Records of fridge temperatures used to store client's medicines and clinic room temperatures were up to date and in order.

Safe staffing

The service did not have enough nursing and recovery staff, who knew the clients and received basic training to keep people safe from avoidable harm. However, the service had enough medical staff.

Staffing

The service did not have enough permanent nursing and support staff to keep clients safe. The service employed 22 staff members, including 1 registered nurse and 4 recovery workers. Two new staff had recently been appointed and 4 vacancies were still to be recruited to. However, due to the high use of agency and bank staff, it is not clear if additional staff are always used to cover vacancies, or if the funded establishment fully meet the needs of service.

The service had high vacancy rates. The weekly centre update report dated 6 October 2023 identified that there were current vacancies for a porter, housekeeper, administrator, and a recovery worker. Managers had recently appointed a deputy manager and 2 registered general nurses (one for day duty and the other for night duty) and were waiting for these to start employment in November 2023 at the time of the inspection.

The service had high rates of bank and agency nurses. The number of permanent registered nurses at the time of inspection was not adequate. The service used agency staff to cover existing vacancies and to cover unexpected absences by permanent staff, such as absence due to sickness. Most agency staff had worked previously within the service. In addition, nursing staff were being used from another service run by the provider.

Most agency staff had received a full induction and understood the service before starting their shift. However, review of employment folders showed that 3 out of 12 agency staff (25%), used within the service had not received an induction.

Managers supported staff who needed time off for ill health. Staff said that the occupational health department provided additional support for staff who needed time off for sickness.

Clients had regular one-to-one sessions with their recovery workers. Staff told us they had time to have individual sessions with clients and that this was a routine part of their work.

Clients rarely had their escorted leave or activities cancelled. There were sufficient staff to facilitate leave and activities (including trips to the shops and meetings such as alcoholics anonymous (AA). Escorted leave was always facilitated.

Staff shared key information to keep clients safe when handing over their care to others. Staff held handover meetings at the start of each shift, however these were not documented. At these meetings, they shared key information on clients' presentation and risks.

Medical staff

The service had enough daytime medical cover and a doctor was available to see clients on admission for a face-to-face assessment. The service employed a GP with special interest in substance misuse, a psychiatrist two days a week and a junior doctor. Clients spoke highly of the medical staff. Staff could contact medical staff via email or for immediate advice using the telephone. All medical emergencies were dealt with by the onsite nurse, NHS 111 or 999, although there was insufficient equipment and medicines to manage medical emergencies.

Mandatory training

Managers had not ensured that all staff had received specialist training for their role. The service had a wide range of mandatory training courses which met the needs of the service. The service provided mandatory training on the addiction treatment programme for all its staff. Staff had completed mandatory training in medically assisted withdrawal. The average mandatory training figure at the time of inspection, was 94%. However, we found some courses had low compliance rates such including Mental Capacity Act was 62%, fire marshal training at 52%, and medicines management (for the electronic health record) was 67%.

This covered intermediate life support, infection control, consent, deprivation of liberty safeguards (DoLS), first aid awareness, health and safety, risk assessment and safeguarding. Staff also attended training in a range of service specific training including alcohol and drug misuse, depression, self-harm, bloodborne pathogens and medicines management.

Assessing and managing risk to clients and staff

Staff did not always screen and assess clients fully before admission due to a lack of information received from the GP. Clients were only admitted them if it was safe to do so. They managed risks to clients and themselves well.

Assessment of client risk

Staff completed risk assessments for each client on admission, using a recognised tool, and reviewed this regularly, including after any incident. All clients' admissions were arranged by medical staff. The doctor included details of any immediate risks in their record authorising the admission. Staff completed a formal risk assessment when the client arrived at the service. Staff updated risk assessments each week and after any risk incidents.

Staff used a recognised risk assessment tool. Risks assessments were completed using a standard form on the electronic client record.

Management of client risk

Staff knew about any risks to each client identified by information presented by the client and their family on admission and acted to prevent or reduce risks. However, staff did not always have immediate access to client's medical history on admission. The primary risks for clients were associated with relapse or withdrawal symptoms. When clients were admitted to the service, they were placed on intermittent observations. This involved staff checking on them at 15, 30-minute intervals, hourly, then every 4 hours. Staff withheld items that could present a risk such as belts, shoelaces, electric cables, and razors, until a risk assessment had been developed. Staff held a handover meeting at the start of each shift to review the risks for each client.

Staff identified and responded to any changes in risks to, or posed by, clients. Staff reviewed clients at daily handover meetings and at least once a week at the multidisciplinary meeting, which had been recently introduced. Staff responded to changes in risk. For example, staff removed high risk items from one client who told staff that they felt suicidal and increased client observations. Staff returned the clients belongings when it was assessed as safe to do so.

Staff followed policies and procedures when they needed to search clients or their bedrooms to keep them safe from harm. We reviewed 2 incident reports relating to client self-harm. In response to each episode, staff had completed a check of the clients' bedroom to ensure that any risk items were temporarily removed. All clients were motivated to participate in the treatment programme. Any search was undertaken with the consent of clients. If staff suspected that a client had bought prohibited items into the service, and the client refused a search, the matter would be discussed with the multi-disciplinary team (MDT). Staff would then talk to the client about the concern and consider whether it was the right time for them to participate in the programme.

Use of restrictive interventions

Levels of restrictive interventions were zero. The service did not use restrictive interventions, such as restraint. Any restrictions placed on clients would be carried out with the client's agreement. For example, staff had temporarily removed risk items such as cables and razors, whilst a client risk assessment was being undertaken, or in response to thoughts of self-harm. Staff returned these items to the client when it was safe to do so.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. Most staff had kept up to date with their safeguarding training. Eighty five percent of staff had completed mandatory training on adult safeguarding, and 80% had completed training on child safeguarding.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. For example, when clients had disclosed information about abuse in therapy sessions, staff had escalated this to the manager of the service and local authority.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. In the first instance, staff reported any concerns to the manager of the service. They also recorded their concerns on the electronic incident record.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Client notes were up to date, and all staff could access them easily. Each client had an electronic record including assessments, results of physical health observations and daily progress notes. Nurses, agency healthcare assistants, recovery workers, doctors and therapists updated records on the electronic health record.

Records were stored securely. Staff could only access the record system by entering a personal username and a password.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each client's mental and physical health. However, not all emergency medicines were available to staff.

Staff followed systems and processes to prescribe and administer medicines safely. The service used an external pharmacy service to order medicines. All prescribed medicines were client specific and were clearly labelled with the client's name and photograph. The service did hold some homely medicines; however, the service did not hold any stock medicines. The service did not have access to Naloxone. Naloxone is a potentially life-saving medicine when used in settings associated with opiate misuse and overdose. Staff and clients need to have access to naloxone for use in a potential overdose of opiates.

The staff used an electronic medicines management system to ensure that medicines were administered and managed safely. The nursing staff completed regular checks and audits of medicines management and medicines administration records. Staff had recorded several medicine errors; these had involved agency staff. These errors had been followed up with the relevant agencies and appropriate actions had been taken in response to the errors.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. Doctors met with clients at least once a week to review prescribed medicines.

Staff completed medicines records accurately and kept them up to date. Medicines records were completed on the electronic system.

Staff stored and managed all medicines and prescribing documents safely. All medicines were stored in the clinic room. The service did not have controlled drugs. Staff kept the door to clinic room locked when they were not using the room.

Requires Improvement

Residential substance misuse services

Staff followed national practice to check clients had the correct medicines when they were admitted, or when they moved between services. All clients were seen by a doctor for a face-toface assessment when they were admitted. The doctor reconciled their existing medicines and prescribed on the electronic prescribing system.

Staff reviewed the effects of each client's medicines on their physical health according to National Institute of Health and Care Excellence (NICE) guidance. For example, staff completed assessments of alcohol withdrawal to identify whether medicines were helping to moderate client's symptoms.

Track record on safety

The service had not had a good track record on safety.

Reporting incidents and learning from when things go wrong.

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Staff knew what incidents to report and how to report them. Staff had reported 19 incidents in the 6-month period between 1 April and end of September 2023. The highest number of incidents (3 per category) related to both self-harm and sexually inappropriate behaviours.

Managers were initially unable to locate details of incidents prior to August 2023. This was the date from which the new manager had been in post. We were told that this was due to databases having been deleted. However, the corporate risk manager was later able to retrieve these records from the computer system during our inspection.

Is the service effective?

Requires Improvement

Our rating of effective stayed the same. We rated it as requires improvement.

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on admission to the service. Staff had developed care plans; however, these were brief, generic, and were not personalised, holistic or recovery oriented. Staff completed physical health checks of clients withdrawing from alcohol dependency.

Staff completed a comprehensive mental health assessment of each client either on admission or soon after, including an assessment of their mental health.

All clients had their physical health assessed soon after admission and regularly reviewed during their time at the service. When clients were admitted, staff carried out an assessment of their health including their vital signs, a urinary drug screen, breathaliser test (where appropriate) and liver function test (via finger prick test). The service was currently in negotiation with a local acute trust, to develop a service level agreement to enable the service to have blood tests

analysed. Where tests showed that clients had any physical health conditions, staff monitored these throughout their admission. For example, staff created an alert on the client's electronic record if they had a heart disorder. For clients completing a medically assisted withdrawal from alcohol and opiates, staff completed a structured assessment of their withdrawal symptoms.

Staff had developed a care plan for each client that included their mental and physical health needs, however these were brief, generic, and were not personalised, holistic or recovery oriented.

Staff had not regularly reviewed and updated care plans when clients' needs changed despite clients having weekly meetings with staff. Each client met with a recovery worker each week to review their progress.

Care plans were generic and not specific to the individual needs of clients. Staff had indicated in the electronic health record that care plans had been developed collaboratively with clients. Staff had written the goal for 2 out of the 5 clients (40%) in the clients' own words. However, the objectives and plan of care for all 5 clients' care plans had been written by staff.

Best practice in treatment and care

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 access to physical healthcare and supported clients to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes.

Staff provided a range of care and treatment suitable for the clients in the service. The service offered addictions treatment programmes in line with the clients' individualised needs. Treatment programmes included a medically assisted detoxification from drugs or alcohol alongside a therapeutic programme that focused on rest and recovery. For example, therapeutic work on the clients' programmes typically included yoga, drama, meditation, walks and engaging in watching films.

The treatment programme included medically assisted withdrawal along with a programme based on steps 1 to 3 of the 12-step recovery programme. The 12-step programme is a widely used and recognised psycho-social programme for people with addictions. Clients were engaged in group work (including therapy and recreational activities) for at least 5 hours each day. The therapy timetable included sessions on the 12-step programme, relapse prevention, which were based on dialectical behavioural therapy and transactional analysis. Most work took place in groups, along with at least 1 individual session with a recovery worker each week. Groups provided the opportunity for clients to share their experiences in a supportive environment.

Doctors provided medically assisted withdrawal from drugs and alcohol. Doctors acknowledged that some clients with addictions also had underlying mental illness, such as depression or psychosis, which were treated alongside the addiction's treatment programme, in line with the clients' current prescription from their GP. Doctors prescribed vitamins, including injectable vitamins, to clients receiving detoxification from alcohol to prevent memory loss.

Staff delivered care in line with best practice and national guidance from relevant bodies such as the National Institute for Health and Care Excellence. For example, doctors prescribed chlordiazepoxide to clients withdrawing from alcohol, titrating the dose down over 7 to 10 days. Staff identified clients' physical health needs and recorded them in their care plans. Staff had completed a falls risk assessment for all clients on admission.

Staff made sure clients had access to physical health care, including specialists as required. For example, some clients had been referred to the local acute hospital for any urgent health issues. All clients were reviewed by the doctor on a weekly basis.

Staff helped clients live healthier lives by supporting them and giving advice. During the first week of the programme, staff focused on enabling clients to rest and recover. Staff encouraged clients to eat well, take exercise and focus on their well-being. Smoking was prohibited in the building; however, clients were able to smoke in the garden.

Staff used recognised rating scales to assess and record the severity of clients' conditions and care and treatment outcomes. The admitting doctor noted an estimate of the client's alcohol consumption on their admission record and used structured questionnaires to measure the severity of alcohol dependence.

Skilled staff to deliver care

The teams included or had access to a range of specialists required to meet the needs of clients under their care. However, managers had not made sure that staff had the range of skills needed to provide high quality care. Staff had supported staff with appraisals. Supervision had been provided regularly until 8 weeks prior to our inspection, however, plans were in place to recommence supervision for all staff. Managers mostly provided an induction programme for new staff including both substantive and agency staff.

The service had a range of specialists to meet the needs of the clients. The service employed a manager, deputy manager, nurse, recovery workers and medical staff. Recovery workers offered one to one and group interventions which were based interventions on psychotherapy, cognitive behavioural therapy, and dialectical behavioural therapy. The clients' consultant psychiatrists worked on a visiting consultant basis and regularly attended the service.

Managers had not ensured that all staff had received specialist training for their role. Managers had not always ensured staff had the right skills, qualifications, and experience to meet the needs of the clients in their care, including bank and agency staff. Not all recovery workers had either achieved or were working to services accreditation by the British Association for Counselling and Psychotherapy.

Managers had mostly provided each new member of staff a full induction to the service before they started work. All permanent staff had received an induction. However, a review of personnel files for agency staff showed that 3 out of 12 (25%), of agency staff who were working in the service had not yet received an induction. Newly appointed permanent staff participated in an induction programme. During this period, staff completed mandatory training, read policies and procedures, and worked alongside experienced staff to gain an understanding of the service.

Managers had supported staff through regular, constructive appraisals of their work. Managers had completed a performance and development review each year for all regular staff.

Managers had previously supported staff through regular, constructive clinical supervision of their work. However, not all staff had received supervision during the 8 weeks prior to our inspection. This was due to a change in the manager of the service, who had an agreed action plan in place to address governance within the unit. The supervision of staff was detailed in the agreed actions, and we were told that staff supervision was currently being arranged and was viewed as an ongoing priority.

Requires Improvement

Residential substance misuse services

Managers made sure staff attended regular team meetings or gave information to those who could not attend. Service staff held a team meeting once a month. The service held the clinical governance meeting every 3 months. The last governance meeting had taken place in July 2003. The governance meetings were chaired by medical staff and took place every 3 months.

Multi-disciplinary and interagency teamwork

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 relevant services outside the organisation.

Staff made sure they shared clear information about clients and any changes in their care, including during handover meetings. However, handover meetings were not documented.

Therefore, staff returning from days off, annual leave or late for duty did not have access to critical information. Staff held handover meetings at the start of each shift.

Staff had effective working relationships with relevant external teams and organisations. Where consent had been provided, consultants contacted clients' general practitioners (GPs) after clients were admitted and discharged from the service. They also spoke to GPs if clients had specific physical health conditions. However GP records were not requested prior to the client's admission and were not always available within the client's clinical record. Out of the 7 records reviewed 1 (14%) contained a GP summary, 6 patient records (86%) contained no GP summary. However, of these 6 patient records, 2 records (33%) contained confirmation that the GP record had been requested. Where clients refused to consent to information sharing with their GP, staff had access to their NHS app which provided information on current medicines. Where patients refused to share information or did not have access to the NHS app, the provider did not have access to the client's history from primary care.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for clients who might have impaired mental capacity.

Staff appeared to have a good understanding of the Mental Capacity Act and associated requirements. However, we found that the compliance rate for Mental Capacity Act training was only 62%.

The admitting doctor recorded details of the clients' mental capacity on the admission record to confirm that the client was agreeing to the admission and willing to engage in the programme of treatment. Details of clients consent to treatment was stored in the clients' record.

Is the service caring?

Requires Improvement

Our rating of caring stayed the same. We rated it as requires improvement.

Requires Improvement

Residential substance misuse services

Kindness, privacy, dignity, respect, compassion, and support

Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients and supported them to understand and manage their care, treatment, or condition.

Staff were discreet, respectful, and responsive when caring for clients. There was a calm and relaxed atmosphere in the service. We observed good interactions between staff and clients throughout the inspection.

Staff gave clients help, emotional support and advice when they needed it. Staff said they had developed therapeutic relationships with clients. Staff were proud of the strength of these relationships. Staff said they enjoyed spending time with clients.

Staff supported clients to understand and manage their own care treatment or condition. Clients said they had received physical health checks and discussed the results of these with staff. Clients had a one-to-one meeting with a therapist at least once a week to reflect upon and discuss their progress. Visiting consultants also met with their clients at least once a week.

Staff directed clients to other services and supported them to access those services if they needed help. For example, staff encouraged clients to access alcohol recovery groups in the community and facilitated leave to enable clients to attend these groups.

Clients said staff treated them well and behaved kindly. Clients gave very positive feedback about the staff. They said staff were very supportive and keen to help them. Clients felt confident that they could approach members of staff at any for time help and support.

Involvement in care

Staff had not involved clients in care planning and risk assessments. However, staff ensured that clients were able to provide feedback on their care.

Involvement of clients

Staff orientated clients to the service by giving them a tour of the building and introducing the client to staff and other clients, as part of their admission. A healthcare or recovery assistant provided clients with an orientation to the service. Clients also received a handbook on admission. This handbook included information for client's clinical care, treatment model and programme including prescribing plans and focus for therapy, confidentiality, consent to share information, observations, and the conditions of their admission. The packs also contained information about use of mobile phones, access to wi-fi, safeguarding, health and safety and basic housekeeping information.

Staff had not fully involved clients or given them access to their care plans and risk assessments. Clients had not been fully involved in care planning or had been given copies of their care plans.

Requires Improvement

Residential substance misuse services

Clients could give feedback on the service and their treatment in the community meetings which were held weekly. During these meetings, clients talked about mutual expectations, how everyone was getting on with each other, the service environment, food and catering, achievements, and overall feedback. Staff displayed feedback in the form of 'you said, we did' on a notice board in the entrance lobby to the service. Staff told us about positive feedback from clients who had said they had felt supported and listened to.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed, and involved families or carers, where clients had given consent for them to do so. Staff supported clients to maintain contact with their family when clients wanted this. Families visited clients at the service. Staff provided a family support group one evening each week for clients' friends and families. On some occasions, staff contacted or met with the client and their family to plan the client's discharge. Doctors asked clients for permission to contact their families.

Is the service responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

Bed management

The service admitted clients whose primary concern was addiction. The service only admitted clients who were motivated and ready to engage in the therapeutic programme. The service admitted clients with a dual diagnosis of addiction and mental illness where the mental illness was a secondary diagnosis, and where staff had deemed safe to do so.

Managers made sure that bed occupancy did not go above 85%. The occupancy level at the time of inspection was 6 clients (27%).

Discharge and transfers of care

Staff carefully planned clients' discharge. When clients had completed their programme, they were able to attend aftercare to continue work on the recovery programme. Staff also encouraged clients to participate in drug and alcohol recovery groups in the community. The provider had systems and processes in place to support clients and staff to safely manage unexpected discharges from treatment.

Facilities that promote comfort, dignity, and privacy

Requires Improvement

Residential substance misuse services

The design, layout, and furnishings of the service supported clients' treatment, privacy, and dignity. Each client had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.

Each client had their own bedroom. All bedrooms were well-furnished with ensuite facilities and decorated to a very high standard.

Clients had a secure place to store personal possessions. All clients had a lockable bedroom with a key code to gain entrance. Clients could store restricted items in the main office.

The service had a full range of rooms and equipment to support treatment and care. Staff and clients could access these rooms. The service had rooms for individual and group therapies. There was a clinic room and offices for staff.

The service had quiet areas and a room where clients could meet with visitors in private. Most clients met with visitors in the dining room or the garden.

Clients could make phone calls in private. Clients had access to their own mobile telephones.

The service had an outside space that clients could access easily. The service had a large wellmaintained garden that could be accessed through the dining room.

Clients could make their own hot drinks and snacks and were not dependent on staff. There was a communal kitchen where clients could make snacks, teas, coffee, and hot chocolate.

The service offered a variety of food. Managers had recently introduced a salad bar to ensure clients had access to a menu of healthy food. However, we received mixed reviews from clients regarding the standard of the food.

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic or with communication needs.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. There were bedrooms on the ground floor that had been adapted to meet the needs of disabled clients. Clients had access to an adapted bathroom and toilet.

Staff made sure clients could access information on treatment, local service, their rights and how to complain.

The service provided a variety of food to meet the dietary and cultural needs of individual clients. However, clients told us the food had not always been of a high quality. One client told us that there had not been a chef on duty for a couple of days, and that service staff had "made do".

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Requires Improvement

Residential substance misuse services

Clients, relatives, and carers knew how to complain or raise concerns. When clients arrived on the service, staff provided them with a welcome pack. This included information about the service, including details of how to make a complaint. Staff responded to written complaints within 3 days and provided a full response within 28 days of receipt.

The service discussed complaints in the community group meetings. This included outcomes and learning from complaints.

Managers investigated complaints and identified themes. Complaints were reviewed at staff meetings and were reported to the senior managers. This included a review of complaints with response times for complaints and discussion about the themes that had arisen.

Is the service well-led?

Inadequate

Our rating of well-led stayed the same. We rated it as inadequate.

Leadership

Leaders had the skills, knowledge, and experience to perform their roles. However, they did not yet have a good understanding of the service they managed. Leaders were visible in the service and approachable for clients and staff.

The service manager was an associate nurse who had been in post for 8 weeks. They were managed by the director of clinical services and had a buddy from another in-patient substance misuse service. The manager was visible in the service and attended handover and multidisciplinary meetings. The manager had compiled an action plan of areas to address within the service. This plan was appropriate and detailed. However, the manager (who had only been in post for 8 weeks) advised that systems and processes within the service which should have been in place, were lacking in relations to good governance and oversight of quality.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

The services vision and strategy were outlined on the provider's internet page and was contained in the provider's handbook. Staff were informed of the provider's vision and strategy during induction. Staff understood the vision and strategy of the organisation and strived to ensure that clients had received a positive experience.

Culture

Most staff felt respected, supported, and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Most staff said they liked working in the service and that they felt valued and supported. They described the senior management team as being present and approachable. They also said staff worked well together. However, a small proportion of staff spoke negatively about the high level of recent changes within the service. Managers told us about recent changes within the service. We were informed that before recent changes in senior staffing, that there had been evidence of a closed culture within the service. Managers were focusing on changing the culture and in ensuring that the service was open and transparent. Staff said they were motivated by seeing clients get better and said they found the work rewarding. Overall staff were positive about the strategic direction of the unit.

Staff said that if they had any concerns about the service, they would feel confident in raising these with the new manager. Staff told us that the manager was approachable and that the changes being made were appropriate.

Governance

Our findings from the other key questions demonstrated that governance processes were not fully effective at team level, however overall, performance and risks were managed well on a day to day basis.

There was currently a lack of robust governance systems in place to effectively manage the service. The manager had not yet obtained a full governance oversight of the service. This was because systems and processes such as performance and clinical data (including data around complaints and incidents) had been deleted from the system. Therefore, managers were unable to identify required learning to establish if recommendations for complainants and incidents had been embedded into practice. The new manager was in the process of setting up new systems and processes but did not have immediate access to recent historic data for the previous 12 months. This meant the manager could not monitor performance over a period of time to ensure continuous improvement. It is understood that governance data had been available and recorded before the current manager's appointment, however this information had been removed from the system.

The manager did not have a current view of staff supervision rates and staff appraisals, however was able to identify that the current staff mandatory training figure was at 94%. There was no evidence that critical governance information had been collated and held centrally. This would have made sure that a backup system was in place for essential information.

Senior managers held team meetings for the organisation once a month. The provider had governance meetings in place, however the registered manager of the service did not attend these. These meetings were attended by a senior manager who did not work in the service. However, information regarding the service was obtained by the provider via weekly updates provided by the manager. The lack of previous governance data meant that the manager was not able to determine if standards were improving or declining within the service.

Management of risk, issues, and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Staff attended daily handover meetings; however, these had not been documented. This meant that recent information about clients was not readily available to staff who had not been on duty recently. However, staff did have access to the electronic client records.

Information management

Requires Improvement

Residential substance misuse services

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Information was collated on the electronic client record. Data about the overall performance of the hospital was reviewed by senior managers and at the team meetings. This information related only to the previous 8 weeks., because previous data had been deleted.

Learning, continuous improvement and innovation

Staff showed a general desire to improve the services they provided to their clients. However, there were no specific improvement programmes.

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 17 HSCA (RA) Regulations 2014 Good governance • The provider did not ensure there was governance and oversight to highlight issues of non-compliance in all aspects of care and treatment. (Regulation 17 (1)) • The provider did not ensure systems supported reliable recording of data to have oversight of key performance indicators and safeguarding referrals. (Regulation 17 (1))

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing • The provider did not ensure that staff received their supervision in line with the providers' policy. (Regulation 18 (1))

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 • The provider did not ensure that staff and clients had access to Naloxone. (Regulation 12 (1)) • The provider did not ensure that staff have access to emergency equipment as outlined in policy. (Regulation 12 (1)) • The provider did not ensure that clinical equipment was replaced or calibrated within the last 12 months. (Regulation 12 (1)) • The provider did not ensure that they had enough nursing and recovery staff who knew the clients, to keep them safe. (Regulation 12 (1))

This section is primarily information for the provider

Requirement notices

- The provider did not ensure that they had access to medical summaries for each client prior to admission. (Regulation 12 (1))
- The provider did not ensure that they introduce robust systems and process around the use of CCTV. (Regulation 12 (1))

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 • The provider did not ensure care plans were personalised and holistic, that clients were involved in care planning and given a copy of their care plans. (Regulation 9 (1)(3) (a))

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.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing 1. Staff vacancies • There was not enough permanent staff to meet the needs of the clients, however the service had covered vacancies with the use of agency staff. This led to high usage of bank and agency staff. 2. Specialist training • Managers had not ensured that all staff had received specialist training for their role. 3. Supervision • Staff had not received supervision during the 8 weeks prior to our inspection.

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 1. Naloxone. • Staff did not have access to Naloxone (Naloxone is used to reverse the effects of opioids). 2. Access to medical (GP) summaries • The service continued to not always have immediate access to medical summaries from the patient's GP. 3. Calibration of clinical equipment • The service was unable to evidence that clinical equipment had been replaced or calibrated within the last 6 months.

This section is primarily information for the provider

Enforcement actions

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 1. Controlled Circuit Television (CCTV) • The service did not have robust systems and processes around the usage of CCTV. This included signage and audits of its usage. 2. Systems and processes to assess, monitor and mitigate risks to clients. • There was a lack of governance systems and processes within the unit.