Livingstone House

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

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

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.

Overall summary

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

Summary of findings

- Ligature risks were not mitigated despite the service admitting clients with current and historic risk of suicide. This was a breach of a regulation. You can read more about it at the end of this report.
- Cleaning equipment and substances hazardous to health were stored in an outdoor unlocked shed which was accessible to clients. There was no system to audit the contents of the shed. This was a breach of a regulation. You can read more about it at the end of this report.
- Environmental risk assessments were in place but did not show evidence of regular review or evidence of change. This was a breach of a regulation. You can read more about it at the end of this report.
- Client records concerning night handover sheets could not be located on the day of inspection. These were found and provided to CQC the week following the inspection. Information governance systems for the filing of care records were not being maintained. This was a breach of a regulation. You can read more about it at the end of this report.
- There was no emergency call system in place. This was a breach of a regulation. You can read more about it at the end of this report.
- There were no maintenance records for the building over a period of 15 months. Some cleaning records were missing.
- We found one instance of medication not stored correctly within the clinic room.
- Staff did not have regular team meetings.
- Information governance was not robust. Information governance systems for the filing of care records were not being maintained.

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

- Client areas and rooms were visibly clean and tidy. The kitchen was cleaned daily and staff maintained good hygiene with food preparation. The clinic room was well equipped and equipment was calibrated and maintained.
- There were no incidents of violence or aggression reported within the service. Staff used verbal de-escalation techniques to manage aggression.
- Staff received mandatory training.
- Care records were in good order and accessible to staff. Staff carried out comprehensive assessments prior to and on the day of admission. We saw holistic assessments of risk, recovery planning and need within care records. Staff undertook blood borne virus assessment and vaccination, alcohol audits were completed where appropriate. All client records contained an up-to-date and detailed risk assessment and management plan. Plans reflected the individual needs of the clients and were signed by clients. All client records contained up-to-date, recovery orientated and individualised plans.
- There were good procedures in place for administration and management of medication. Staff carried out appropriate physical observation of clients during detoxification. We saw good practice in in relation to prescribing for detoxification. There was one serious incident in relation to medication administration recorded in the 12 months prior to inspection. We saw thorough learning from the incident and changes made to practice as a result.
- There were adequate numbers of staff and nursing cover for the service and access to a nurse or doctor 24 hours a day through use of on-call rota. Physical health and nutrition monitoring was carried out throughout detoxification. Staff carried out regular drug and alcohol testing throughout treatment. There was a process for clients to request additional medical reviews from the nurse should they want it. The service followed the National Institute of Health and Care Excellence when prescribing medication.
- The service routinely engaged clients' family members in the recovery process. The service had a broad and structured therapeutic programme based around the 12-steps. There was a timetable in place for clients which included activities at weekends. The service offered an additional Christian programme.
- There was an appropriate skill mix of staff at the service. Staff received training and induction. We saw evidence of regular supervision and annual appraisal. There were regular multi-disciplinary team meetings between staff and the partner GP. Staff carried out appropriate and detailed handover between shifts. Staff showed knowledge of individual clients during discussions with each other in handover.
- All clients we spoke with were happy with the service provided. Clients told us staff were caring, supportive and helped them. They told us the service met their needs and they felt accepted. Staff interacted positively with clients and showed knowledge of individual clients and their needs.

Summary of findings

- Clients were aware how to complain or give feedback on the service. Feedback from clients was used to improve the service. Clients had regular meetings to give feedback on the service.
- Discharge planning was carried out from the point of admission and staff planned well for unexpected discharge.
- The service had a broad and structured therapeutic programme based around the 12-steps. There was a timetable in place for clients which included activities at weekends. The service offered an additional Christian programme but also supported clients to access their own spiritual and religious needs.
- Staff morale was good and there were opportunities for staff to develop in their roles.
- Clients who had completed treatment were given opportunities to access employment and voluntary opportunities within the service.
- The service had low sickness rates and there were no whistleblowing or bullying cases associated with the service.

Summary of findings

Contents

Livingstone House

Services we looked at

Substance misuse detoxification and residential rehabilitation service.

Summary of this inspection

Background to Livingstone House

- Livingstone House is a residential drug and alcohol detoxification and rehabilitation programme for men aged over 18. Residents participate in a 12-step recovery programme tailored to their needs. Support is offered to meet each individual's mental, spiritual and emotional needs.
- The service has 12 beds and offers detoxification, primary and secondary care and aftercare.
- People access the service through professional referral or self- referral. Dependent on circumstances, clients can be privately funded, or may be eligible for funding by the local authority.
- The registered location of Livingstone House includes the joined household called Serenity House. This is because both houses are joined to create one accessible building.
- The service had a registered manager in place at the time of our inspection. Livingstone House is registered with the CQC to carry out the following regulated activities:

Accommodation for persons who require treatment for substance misuse

treatment of disease, disorder or injury, diagnostic and screening procedures.

- We inspected this location on 30 March 2015. The service was found to be non-compliant in three out of five areas inspected. We found the service was not to be meeting the following essential standards: medicines management, staffing and assessing and monitoring the quality of service provision.

Our inspection team

The team that inspected the service comprised CQC inspector Maria Lawley (inspection lead), one other CQC inspector, a nurse, a senior practitioner in care quality and an expert by experience.

An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- is it safe?
- is it effective?
- is it caring?
- is it responsive to people's needs?
- is it well led?

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

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with 12 inpatient clients and four clients who had previously accessed the service
- held one focus group

Summary of this inspection

- spoke with the registered manager who was also the registered mental health nurse
- spoke with five residential drug and alcohol workers employed by the service provider
- spoke with one support volunteer
- attended and observed one hand-over meeting and a daily meeting for clients
- collected feedback using comment cards from 12 clients
- looked at eight care and treatment records, including client's medication records
- observed a medicines administration round
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We received feedback from 16 clients during our inspection and reviewed 12 comments cards. Clients told us staff were caring, helped them, challenged them appropriately and treated them with respect. They also told us they felt accepted and were treated fairly. We received feedback from clients that staff cared about their recovery, they felt they were listened to and staff addressed their concerns. They also fed back that the environment was safe, met their needs and as a result of treatment they had made changes for the better.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Ligature risks were not mitigated despite the service admitting clients with current and historic risk of suicide and self-harm. This was a breach of a regulation. You can read more about it at the end of this report.
- Cleaning equipment and substances hazardous to health were stored in an outdoor unlocked shed which was accessible to clients. There was no system to audit the contents of the shed. This was a breach of a regulation. You can read more about it at the end of this report.
- Environmental risk assessments were in place but did not show evidence of regular review or evidence of change. This was a breach of a regulation. You can read more about it at the end of this report.
- There was no emergency call system in place. This was a breach of a regulation. You can read more about it at the end of this report.
- There were no maintenance records for the building over a period of 15 months.
- Some cleaning records were missing.
- We found one instance of medication not stored correctly within the clinic room.

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

- Client areas and rooms were visibly clean and tidy. The kitchen was cleaned daily and staff maintained good hygiene with food preparation.
- The clinic room was well equipped and equipment was calibrated and maintained.
- There were no incidents of violence or aggression reported within the service. Staff used verbal de-escalation techniques to manage aggression.
- There were adequate numbers of staff and nursing cover for the service. There was access to a nurse or doctor 24 hours a day through the use of an on-call rota system.
- Staff received mandatory training.
- All client records contained an up-to-date and detailed risk assessment and management plan. Plans reflected the individual needs of the clients' and were signed by clients'.

Summary of this inspection

- There were good procedures in place for the administration and management of medication. Staff carried out appropriate physical observation of clients during detoxification. We saw good practice in in relation to prescribing medication for detoxification.
- There was one serious incident recorded in the 12 months prior to inspection. We saw thorough learning from the incident and changes made to practice as a result.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff carried out comprehensive assessments prior to and on the day of admission. We saw holistic assessments of need within care records. Staff undertook blood borne virus assessment and vaccination, alcohol audits were completed where appropriate.
- Recovery plans were all up to date, contained detailed personalised client's views, were holistic and recovery orientated. All plans had been signed by clients. On-going care records were detailed and showed input from different members of the staff team.
- Physical health and nutrition monitoring was carried out throughout detoxification. Staff carried out regular drug and alcohol testing throughout treatment. There was a process for clients to request additional medical reviews from the nurse should it be needed. The service followed National Institute of Health and Care Excellence when prescribing medication.
- Care records were in good order and accessible to staff.
- The service routinely engaged clients' family members in the recovery process.
- There was an appropriate mix of staff on shift at the service. Staff received training and induction. We saw evidence of regular supervision and annual appraisal.
- There were regular multi-disciplinary team meetings between staff and the partner GP. Staff carried out appropriate and detailed handover between shifts. Staff showed knowledge of individual clients during discussions with each other in handover.

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

Summary of this inspection

- There were missing night handover sheets between the period of 28 June 2016 – 10 July 2016 which the service could not provide on the day of inspection. These were found and provided to CQC the week following the inspection.
- Staff did not have regular team meetings.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All clients we spoke with were happy with the service provided. Clients told us staff were caring, supportive and helped them. They told us the service met their needs and they felt accepted.
- Staff interacted positively with clients and showed knowledge of individual clients and their needs.
- Clients received and induction pack on admission and involvement of family members was encouraged.
- Clients were aware how to complain or give feedback on the service. Feedback from clients was used to improve the service. Clients had regular meetings to give feedback on the service.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Discharge planning was carried out from the point of admission and staff planned well for unexpected exit.
- There was an appropriate range of rooms for use by the service. There was also access to a garden area; this included garden furniture, a summer house and a chicken run.
- Clients had access to bedrooms, some were shared and some private. Clients were able to personalise their rooms. There were no ensuite facilities but there were adequate bathrooms for use throughout the house. Clients had somewhere secure to lock their possessions.
- The service had a broad and structured therapeutic programme based around the 12-steps. There was a timetable in place for clients which included activities at weekends. The service offered an additional Christian programme but also supported clients to access their own spiritual and religious needs.
- Interpreters could be accessed for clients in need of translating services. There was a choice of food to meet dietary requirements.
- There was a weekly forum for clients to raise complaints with staff.

Summary of this inspection

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

- There was limited access for clients with reduced mobility.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Client records concerning night handover sheets could not be located on the day of inspection. Information governance systems for the filing of care records were not being maintained. This was a breach of a regulation. You can read more about it at the end of this report.
- Staff had completed environmental and ligature risk audits however actions from these had not been completed.

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

- Staff morale was good and there were opportunities for staff to develop in their roles.
- Clients who had completed treatment were given opportunites to access employment and voluntary opportunities within the service.
- The service had low sickness rates and there were no whistleblowing or bullying cases associate with the service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Good practice in applying the Mental Capacity Act

- Fifty per cent of recovery staff had completed Mental Capacity Act and Deprivation of Liberty Safeguards training.
- There were no Deprivation of Liberty Safeguards applications made in the six months prior to our inspection.
- Staff we spoke with showed a good understanding of impaired capacity in relation to intoxication. Staff were able to describe how they would assess client's attending the service if they were incapacitated through intoxication.
- Staff gained consent to treatment from clients three times within the first seven days of treatment. We saw consent forms signed at these intervals within client record.
- We saw comprehensive checklists detailing all aspects of accessing treatment through Livingstone House. These were signed by both the staff member and the client.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- The layout of the building meant that there were multiple blind spots without mitigation in place. While blind spots would be normal within this type of residential setting it is good practice to include mitigation within environmental audits.
- A ligature audit was not available for us to review on the day of our inspection. The registered manager was unable to locate it and sent it to us the day after the inspection. It showed the audit had been conducted in January and February 2016. This audit identified ligature risks and suggested mitigation plans however these had not been actioned at the time of our inspection. The review date for the ligature audit was set for February 2017.
- There were anti-ligature fittings in the downstairs bathroom of Serenity House this included a collapsible shower rail. However, the ground floor bathroom of Livingstone House had multiple ligature points including the towel rail, shower rail and door closer. The door was lockable from the inside with no means of gaining entry from the outside. This was identified as part of the ligature risk assessment and the action required to reduce this risk was to either change the lock or replace the door so it was accessible by staff from the outside. This was due to be completed by December 2016, however, we saw no mitigation plans in place to reduce the risk to clients who could be at risk of suicide or self-harm at the time of our inspection.
- Communal areas appeared mostly visibly clean and tidy. However, cobwebs were visible in a ground floor bedroom. Clients undertook cleaning as part of their therapeutic duties.
- The clinic room appeared visibly clean and tidy. Equipment for the monitoring of physical health was present and included scales, blood pressure monitoring equipment, thermometers, scales and pulse oximeters. A pulse oximeter is a medical device which monitors the oxygen saturation of a client's blood. Physical health monitoring equipment had been checked and calibrated and records showed this was last completed in May 2016.
- A defibrillator was in place and kept in an alarmed box outside the clinic room, with a luminescent sign above it for identification during a power failure. Records showed the defibrillator had last been checked in May 2016.
- The service had a kitchen for the preparation of food for clients and this was staffed by two chefs. Coloured chopping boards were used for food preparation. The kitchen maintained its own cleaning rotas, separate from the clinical areas and this included daily cleaning of the cooker, microwave, windows, bain-marie and floors and windows. We reviewed cleaning records for the week prior to our inspection and found them to be complete. Food temperature checks were completed daily for food served and fridge and freezer temperature checks were completed daily for food storage. These were reviewed for the week prior to our inspection and were complete. Cleaning products stored in the kitchen were in closed containers to prevent cross contamination. Deep cleans of the kitchen areas were scheduled weekly. However, records of this had not been completed. We saw weekly cleaning templates from the 29 December 2014 to 28 September 2015 without signatures for all domains each week. There were no weekly cleaning sheets from the period 28 September 2015 to the day of inspection. Staff that we spoke with acknowledged that cleaning records had not been completed and the system was not being used.

Substance misuse/detoxification

- Cleaning equipment and substances hazardous to health were stored in a plastic shed in the communal garden. The contents included five litre containers of bleach, toilet cleaners and aerosols, this was not locked on the day of our inspection and clients were able to access it freely. Staff we spoke with told us that the access to cleaning chemicals had previously been locked but they did not know where the key was. We raised our concerns about the safe storage of substances hazardous to health with the manager. Audits of the contents of the control of substances hazardous to health were not kept and we spoke with staff who confirmed this. Staff told us that they ordered cleaning materials as required, but logs were not kept of the amount on site. This could be a potential risk for people who wished to harm themselves or others.
- Fire extinguishers were in place in communal areas and were linked to the main fire alert system. This would be triggered if the fire extinguisher was removed from its holder.
- A fire alarm system was in place and alerted staff should a fire be detected, including which zone of the building the fire alarms had been triggered. The registered manager informed us that fire tests took place weekly on a Friday. Other staff that we spoke with were unsure how frequently the fire tests took place, or on which day. The service held a certificate to evidence that the fire alarm system had been recently tested. Emergency lighting checks for the service had been completed on 18 March 2016 and the service fire certificate service was completed 30 March 2016.
- A public liability certificate was in place at the entry to the service. The certificate in place was past the date for renewal and we brought this to the attention of the registered manager. They were able to demonstrate evidence of recent payment for the public liability premium and planned to update the certificate.
- Hand-washing advisory notices were in place in bathrooms, communal areas and food preparation areas. Hand gel was available for staff and clients to use and hand-washing instructions were also available.
- Environmental risks assessments were available but did not show evidence of regular reviews or evidence of change. For example, most environmental risk assessments were completed in 2013 and contained review dates of 2013/2014 or indicated as ongoing. We saw that risk assessments had been signed as reviewed in 2016 but there were not updated and had no outcomes noted. One risk assessment in 2013 identified that radiators were exposed in corridors. They identified there was potential for clients to slip on the laminate flooring and possibly fall onto the exposed radiators and cause head injury. The identified action to be taken was to fit radiator covers and a review date was set for November 2013. This had been reviewed December 2013 and May 2016 and was signed by the registered manager. On the day of our inspection, radiators in corridors remained exposed outside the meeting room and the manager's office and no action had been taken to mitigate the identified risk from August 2013.
- Maintenance logs were available for review. However, there were no maintenance logs recorded for the period 29 April 2015 -10 July 2016. We saw a note in the file from the services maintenance person advising the gap was due to maintenance commitments elsewhere however they had addressed any immediate needs as they had been identified.
- An emergency call system was not in place. Staff told us the system for summoning help was to shout for assistance in an emergency. There was a walkie talkie system in place however not all staff carried one. This was not sufficient in reassuring us that staff could summon help in the event of a physical health emergency. For example, if a client became critically unwell in some parts of the house such as the front lounge or upstairs bedrooms, staff shouting for assistance may not be heard by other staff if they were elsewhere in the house or in the garden area.
- Staff did not carry personal alarms and the carrying of personal alarms was not covered in the lone working policy and procedure. The registered manager told us there was access to personal alarms but staff were reluctant to wear them.
- In the focus group we held, clients discussed a therapeutic community approach whereby any client could call an immediate group or house meeting. This meeting aimed to tackle disputes head on in an attempt to resolve disagreements between clients and any issues between clients and staff. It also raised concerns when a client was struggling with their recovery and feeling like they wanted to leave. This approach appeared to be effective in resolving conflict as there were no reported incidents of aggression between clients and staff. Staff therefore did not wish to wear alarms because this would have been a contradiction to the perceived culture of in the setting.

Substance misuse/detoxification

Safe staffing

- The staff team comprised one registered mental health nurse, rehabilitation drug and alcohol workers and volunteer staff.
- There were three shifts covered by staff during a 24 hour period. Handovers occurred between every shift.
- During day shifts there were three members of staff on duty. Night shifts were covered by two waking night staff.
- In the event of staff absence, there was a pool of staff that could be called upon to fill shifts. There were two shifts for which cover had not been found in the three months prior to inspection. In this case, volunteers and the nurse had covered.
- There was one member of staff on long term sickness at the time of our inspection.
- Staffing sickness rates between January and June 2016 included one staff member off long term sick and two staff members having one short period of sickness absence each.
- The registered manager had the ability to adjust staffing levels to meet service need as required.
- Staff were all trained to provide first aid and use emergency equipment for example, the defibrillator, in the event of an emergency. The nurse was on site between 8am and 6pm Monday to Saturday. There was an out-of-hours GP rota in place for night and weekend duties or when the nurse was unavailable. Emergency services would be accessed in the event of an emergency.
- Staff training was carried out through an in house training programme and e-learning packages. Staff could also access external training through partnership organisations and the local authority.
- The mandatory training compliance rate for recovery staff was 100% for all areas which included: first aid, fire awareness, food safety, challenging behaviour, medication handling, infection control, care planning, moving and handling, health and safety, anaphylaxis, safeguarding and data protection.

Assessing and managing risk to clients and staff

- There was no use of seclusion or restraint within the service.
- On admission to Livingstone House staff explained expectations and responsibilities while within the house as part of the house rules. Clients signed to say they agreed to the rules and restrictions in place. Staff documented clearly in patient records that clients understood what they were agreeing to on admission. House rules were in place as part of a therapeutic programme and structured regime for clients. None of the clients we spoke with expressed any concern about restrictions.
- We reviewed eight client care records. All clients had an up to date risk assessment completed on admission and reviewed regularly where updates were required. Risk assessments were detailed and comprehensive. They covered a range of risks and contained an extensive and personalised risk management plan. Where possible, clients had input into their risk assessments and countersigned them on completion.
- However, the service risk assessments documented history of suicidal ideation in clients and we saw a risk assessment which documented a risk of suicide for a client using the service at the time of our inspection. Staff told us that the service did accept clients with a history of suicidal ideation and this was a reason that clients did not have lockable bedroom doors. We were concerned as ligature risks were not appropriately mitigated throughout the building. We made the registered manager aware of our concerns on the day of our inspection.
- There was a search policy in place and all staff adhered to this.
- Staff used de-escalation techniques to resolve aggression and there had been no reported incidents within the service. Staff we spoke with told us this was due to the boundaried and cohesive environment created within the service.
- The doors to enter and exit the building were kept locked. Staff members held keys and would let clients in and out of the building. There were also emergency keys in alarmed cases by the main doors. There were restrictions on leave included within the house rules which clients signed and agreed to on admission to the service. Home leave was restricted as was leave from the building. Clients agreed to this on admission to the service.
- Staff followed appropriate medicines management practices. We observed staff during medication round. Staff greeted clients respectfully and confirmed identity

by asking for date of birth; the medication file with the medication administration record sheets had a photo of each person with the date of birth at the beginning of each client's medication folder.
- Staff carried out appropriate physical health observations on each client; this included recording blood pressure and pulse using an electronic machine, temperature using an electronic ear probe, blood sugar and abdominal girth. As appropriate, they also used the clinical institute withdrawal assessment of alcohol scale to assess client's withdrawal from alcohol.
- All the physical health monitoring equipment had been calibrated in May 2016 and had re-calibration due date stickers.
- Two staff members administered medication. Most medication was dispensed from individual dosette trays dispensed at the pharmacy but there was also a stock of medications including Chlordiazepoxide and Methadone.
- We saw good practice in relation to prescribing. During the observation we saw two clients who were over-sedated from their medication during alcohol withdrawal; staff were observed identifying and discussing this with the client's and a clear decision made to omit their chlordiazepoxide. This was following National Institute for Health and Care Excellence and was good practice.
- There was a bottle of pholcodine which had been dispensed for a named client on a shelf in the clinic room rather than in the cupboard; this did not follow safe medication storage procedures. Staff were not sure how long this had been there.
- We saw two minor medication errors in relation to dispensing of Thiamine. Staff identified one error and told us they would make the nurse aware at handover so other staff would know about this dispensing error. The other error was also recorded.
- We also found a minor medication error stock count. We discussed this with staff who said that they would report this to the nurse and in the handover.
- The registered nurse carried out an audit of medications monthly. Audits identified medication errors and showed evidence of regular checks. There was an action plan in place to address medication errors. The registered manager provided information regarding how errors had been addressed to prevent future occurrence.
- Staff were able to describe how they would identify a safeguarding concern with a vulnerable adult or child. Staff told us if they identified a concern they would discuss it with the registered manager who would then raise an alert if appropriate.
- There was a visitor's policy in place which included the procedures to ensure the safety of children under 16 while on the premises.

Track record on safety

- The service had reported one serious incident to the CQC during the 12 months prior to inspection in relation to a medication error.

Reporting incidents and learning from when things go wrong

- We reviewed their process for recording incidents and feeding back to staff. This was following the overdose incident with a client's medication. We found the service to be robust in the handling of this incident and feeding back learning to staff.
- We found that appropriate contact had been made with external agencies to manage the incident and share information.
- The service had learnt from this incident and put a new process in place to handle medications as a result of learning.

Duty of candour

- The service was open with clients and with trustees when incidents occurred. Staff were aware of their responsibilities to discuss incidents with clients if things went wrong.

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

Assessment of needs and planning of care

- Clients received a comprehensive assessment prior to and on the day of admission. Staff conducted assessment initially by telephone and the nurse conducted an in-depth detailed assessment on admission.
- We reviewed eight records relating to client care. We found all eight clients had received a full assessment of

drug and alcohol use, history of substance abuse, physical, mental and social history and needs. Assessments were holistic and thorough including a full physical assessment with blood-borne virus testing and vaccination as well as investigation into other substance abuse related conditions.

- Staff used recognised tools to monitor detox including use of National Institute for Health and Care Excellence withdrawal assessment of alcohol scale and medication adherence rating scales so clients could self-assess. We saw consent forms for self-administration of medication. Staff had recorded alcohol audit and Severity of Alcohol Dependence Questionnaire (SADQ) scores where a client had disclosed alcohol use.
- Staff carried out regular observation of physical health throughout detox including during the night where risk was indicated. Observations included weight measurement records, blood pressure, pulse and alcohol and drug testing. Clients were registered locally with a general practitioner who was also available and accessible to carry out physical health checks and observations if needed.
- All care records we reviewed contained recovery planning and on-going motivational work in the form of recovery mapping tools. Recovery mapping tools are structured interventions carried out on paper with pre-written prompts for the client. Recovery plans were all up to date, contained detailed personalised client's views, were holistic and recovery orientated. All recovery plans had been signed by clients.
- The service used standardised outcome measures to record clinical effectiveness and client progress in their recovery, this included the use of the outcome star. Outcomes stars cover a holistic range of needs and allowed the client to self-assess areas of their life where they will feel they need improvement by use of scaling questions.
- Care records were completed on a mixture of paper-based files and on a password protected secure computer server. Paper-based care records were stored in a locked cabinet in an office used by staff only. All staff had access to records if needed. Paper-based care records contained referral, assessment and physical observation, national drug treatment monitoring system data, treatment outcome profile, details of the client, consent forms, risk assessment, recovery work and staff and client all signed documents including consent and admission checklists.
- Computer-based records contained a record of progress notes, clinical notes and key work notes. These reflected the individual journey and experience of the client in great detail. Clinical notes detailed physical observations and medication management plan. Keyword notes reflected one-to-one contacts between the client and staff including where staff had accompanied the client to external appointments or where staff had contacted an external agency or family member regarding the client.
- A medical request box was in use for clients to request a meeting with qualified nurse for the service who was also the registered manager. Clients were required to give details including their name, date and description of their request. We saw staff reviewed this during handover and passed this on to the registered nurse.
- Night time checks were carried out by staff and included hourly checks of clients. Records of this were reviewed during handovers and signed off by the team leader and registered manager.
- Senior staff had carried out a environmental audit in December 2015. It had identified a number of dates were missing from the chronological filing of night time handovers. An additional audit carried out in April 2016 identified the same issue. On the day of inspection the night handover sheets were not in the appropriate folder from 28 June 2016-10 July 2016. This was brought to the attention of staff and the registered manager at the time of our inspection. Staff we spoke with thought the missing handover sheets may have been misfiled or were awaiting sign off by senior staff but did not locate them or provide them to the inspection team. This meant we were unable to see evidence that night time checks on clients had taken place between that time period. These were found and provided to CQC the week following the inspection.
- We saw that the service had made efforts to engage family members and had incorporated family liaison and support into the client's treatment with the client's consent. Family members would be invited to attend the service for a review meeting with the client at the fourth week of treatment. This was to offer the family and opportunity to gain support while also offering a therapeutic environment for the client to rebuild the relationship with family following detox.

Best practice in treatment and care

Substance misuse/detoxification

- Staff followed National Institute for Health and Care Excellence when prescribing medication and formulating detox planning.
- The service offered a therapeutic programme based around the concept of 12-steps. There was a structured weekly timetable in place weekly, including time for meals, groups, medication round, personal care, free time and occasionally opportunity for external activities. This service also offered an optional Christian element to their program that included timetabled visits to church on a Sunday and Thursday.
- Nutritional needs were assessed at assessment and at regular intervals throughout treatment. The Malnutrition Universal Screening Tool was used to assess nutrition needs and devise a nutritional plan for clients. We saw regular assessment and acknowledgment of dietary needs including clients dislikes, likes, cultural or religious preferences and any improvement in weight. The nurse would also devise individual nutritional plans for the specific health needs of clients with diabetes or liver disease.
- The team leader carried out a client record audit regularly. The team leader used audits as a tool when meeting with staff in supervision to improve the quality of their work with clients.

Skilled staff to deliver care

- The staff team based at Livingston House comprised one lead nurse prescriber, drug and alcohol support workers and volunteers. The team also worked closely with a partner GP and pharmacist prescriber for substance misuse.
- The lead nurse prescriber was appropriately qualified for the position and to carry out detox. The majority of staff at the service had previously access the service as a client and had gained or were in the process of gaining qualifications at either National Vocational Qualification level or degree level in health-related areas.
- We reviewed three sets of personnel files as part of our inspection. All staff and volunteers received an appropriate induction and shadowing opportunities. We saw a detailed induction pack for staff within personnel files. All staff received disclosure and barring service checks on commencing employment.
- There was evidence in all personnel files that staff received training to ensure they were suitably qualified and skilled to carry out their role. Staff that we spoke with told us that they were also supported by the registered manager to undertake further specialist training including drug addiction counselling.
- The team lead and registered manager provided supervision for the residential drug and alcohol workers and evidence in files showed this took place regularly. All personnel files reviewed also contained an appraisal which had taken place in the year prior to our inspection. There was evidence that staff performance was monitored through the supervision and appraisal process including the monitoring of absence. Staff that we spoke with told us that they felt well supported in their role by the management team at the service.
- There was evidence of staff undertaking ongoing professional development. This included attending leadership management training programmes and gaining National Vocational qualifications.
- We spoke with a chef for the service who had not provided proof of qualifications when he had been hired however had gained qualifications in food safety level two in catering from 2015-2018 during his employment.

Multidisciplinary and inter-agency team work

- The lead nurse attended twice-weekly multidisciplinary team meetings on a Tuesday and Thursday with the GP and the specialist substance misuse pharmacist to discuss clients' progress. Discussions about individual clients were recorded in client records on the GP system and Livingston House records. We saw detailed records of discussions with actions to be completed following these meetings. There was also a clinical meeting on Friday afternoon where treatment of substance misuse clients was discussed in relation to adherence to National Institute for Health and Care Excellence guidelines. Staff of the GP surgery and the lead nurse prescriber attended this meeting.
- Minutes were available for two team meetings and one team away day. No other minutes were available for us to review and staff said that team meetings did not take place on a regular basis.
- Staff met daily for handover at shift change. We observed one handover. One member of staff recorded the discussing onto a handover template. Staff discussed each client individually giving details about where they were currently in the programme, how they were engaging, any medication issues or other updates from the previous handover. Staff also discussed any

new admissions, potential admissions or pending discharges. Staff then discussed any duties that needed to be handed over for the following shift including supporting clients to attend for external appointments.

- Senior staff we spoke with said told us that learning lessons and debriefs from incidents took place during daily handovers. This meant that staff absent from the service due to sickness or annual leave may not be always aware of lessons learnt or changes in practice. Staff we spoke with told us they could always debrief after incidents.
- Staff showed good knowledge of individual clients including individual needs, for example,they demonstrated knowledge of their personalities, their family and family history, their preferences and their presentation and appearance that day. We observed a discussion between staff regarding an impending discharge and noted that staff discussed both practical and emotional support to be offered to the client.
- We saw in client records that staff and the lead nurse for the service ensured clients GPs were informed of treatment and there was regular correspondence regarding progress.

Good practice in applying the Mental Capacity Act

- Fifty per cent of recovery staff had completed Mental Capacity Act and Deprivation of Liberty Safeguards training.
- There were no Deprivation of Liberty Safeguards applications made in the six months prior to our inspection.
- Staff we spoke with showed a good understanding of impaired capacity in relation to intoxication. Staff were able to describe how they would assess client's attending the service if they were incapacitated through intoxication.
- Staff gained consent to treatment from clients three times within the first seven days of treatment. We saw consent forms signed at these intervals within client records.
- We saw comprehensive checklists detailing all aspects of accessing treatment through Livingstone House. These were signed by both the staff member and the client.

Equality and human rights

- The service was accessible to people from all communities. At the time of the inspection there were clients accessing the service who practiced religions other than Christianity. There was a client whose first language was not English and required an interpreter. Staff ensured the client could understand and participate in groups effectively by checking in with him regularly.
- The service offered support to both drug and alcohol dependant users. It was flexible in its admission to provide support for users of any classification of drugs used. There was one client receiving support for cannabis addiction.
- The waiting room contained useful information leaflets for local support groups including mutual aid groups for people who spoke Arabic or Polish, lesbian, gay, bisexual and transgender people, and people at risk of abuse or sexual exploitation.

Management of transition arrangements, referral and discharge

- The service worked well with the local mutual aid groups and offered clients who had completed the programme the opportunity to continue to attend support groups as part of the aftercare programme.
- The service had good links with support agencies, employment and training opportunities. Staff supported clients with benefits and housing issues during their stay at the rehab. The service also had the ability to offer housing placements at a supported living house attached to the rehab.
- Clients were assessed quickly on admission and treatment plans put in place and reviewed three times within the first week of admission to ensure both client and service were in agreement.
- The service had an open and transparent engagement policy. Clients knew the consequences if they did not adhere to the treatment programme.
- Staff discussed discharge with clients from admission and developed this as part of recovery plans.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- Clients told us staff were caring, helped them, challenged them appropriately and treated them with respect. Clients told us they felt accepted, were treated

fairly and were treated no differently regardless of accessing a funded or free placement. They told us staff showed an understanding of addiction and they cared about their recovery.

- Clients told us they felt staff addressed their concerns and they were listened to. Some clients told us they felt it helped that staff had personal experience of addiction.
- Clients we spoke with told us the environment was clean and safe. They described the environment as hygienic and told us there were rotas in place for cleaning and it was everybody's responsibility to maintain this.
- Clients told us that the service met their needs and they felt assured that staff maintained their confidentiality. They told us the therapeutic environment invited appropriate challenge from staff and peers. This was in order that they could see the need for change and as a result they had made changes for the better.
- Clients told us that they enjoyed key work and group work sessions and found the concerns group particularly useful. They told us staff had given them the tools they needed to recover.
- Clients were shown around the house on admission and staff explained treatment to them. Clients told as they felt safe while accessing the service and that the service was very boundaried, which they felt was positive.
- Clients told us they had access to food and drink when they wanted it, including at night times and that they enjoyed the food provided by the service.
- A theme throughout the comments cards was that clients felt Livingstone House had a positive impact on their lives. Eight people told us they felt they owed their lives to the service.
- We observed staff showing a good knowledge of individual clients including personality, preferences and treatment plan.

The involvement of clients in the care they receive

- Staff provided an induction pack to all clients new to the service and a buddy system was in place to provide peer support. Keyworkers were assigned and there was an expectation that they would meet with the new client within 48 hours of admission.
- We reviewed eight care records and spoke with clients about their care. Records showed clear evidence of client involvement in their care. Clients signed all documents that were related to recovery or 12-step work and some clients told us they were offered copies of their care plan although it was not recorded in records whether staff routinely issued copies.
- Clients told us they were involved in decisions about their care.
- Clients told us that the service offered support to their family and that they had been told how their family and carers could access support.
- Access to advocacy services were through Pohwer. Staff were unable to give examples of this and told us that they did not regularly visit the service. Staff we spoke with said this was rarely used as clients were able to advocate for themselves. There were information leaflets available for clients detailing how they could access external services, including advocacy.
- Clients knew how to feedback to the service and knew how to complain. Some had cause to do so and felt that staff had dealt with it appropriately with the exception of one client who felt their complaint had taken too long to be acknowledged.
- Clients told us they had the opportunity to feedback suggestions through a resident's forum and that staff listened to suggestions they made and changed the service for the better. There was also a weekly concerns meeting held for clients to raise and resolve concerns about their experience in Livingstone House and with members of the therapeutic community.

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

Access and discharge

- In 2015 Livingstone House received 217 referrals. Of these, 168 were admitted for treatment. Livingstone House did not keep a record of bed occupancy rates however the manager told us that when there is a free bed it was usually filled quickly.
- Discharge was planned and structured from the beginning of treatment. Staff discussed pathways to reintegrate back into the community from the point of admission. There was also an option for clients access secondary care through accommodation attached to Livingstone House.

Substance misuse/detoxification

- We saw effective discussion and planning between staff took place during handover of an impending client discharge.
- Staff planned appropriately for unplanned exits from treatment or self-discharge from the service. We saw individualised unplanned exit from treatment plans planning as part of the risk management documentation within client records.

The facilities promote recovery, comfort, dignity and confidentiality

- There were a range of rooms and equipment to support client recovery, this included treatment rooms and areas clients could be seen one to one, including a summerhouse in garden.
- A room was available for clients to meet visitors and a visitor's policy was in place.
- There was not a communal phone for clients to use. Clients agreed prior to admission not to have mobile phones. Telephone calls were limited to twice weekly for ten minutes and were supervised by staff in the first instances.
- People had access to outside space, there was a well-equipped garden with furniture and a chicken run. Clients using the service were expected to tend to the chickens as part of their therapeutic duties rota.
- The service had single bedrooms on the ground floor and shared bedrooms on the first floor with two single beds in each. Staff we spoke with told us that clients with increased support needs and new to the service could be located downstairs by the clinic room.
- Clients using the service agreed to set break times during the day to access food and hot drinks.
- At night, clients were encouraged to maintain their sleep hygiene. Night staff had access to the hot water dispenser and clients could access hot drinks at night if required.
- Clients were able to personalise their bedrooms although we saw limited evidence of this during our inspection.
- Clients did not have a key to their own bedroom and were unable to lock it during the day. Clients using the service were able to store possessions including money and mobile phones in a safe in the clinic room and access this with support from staff.
- A therapeutic timetable was available for clients during the week. This included both psychosocial, educational and leisure activities.
- There was access to activities at weekends, we saw that clients undertook trips to local places of interest and community trips for example we saw a recent visit to Blackpool had taken place. Day trips were funded through charitable donations from fund raising carried out of members of staff. We saw a display of photographs of staff members undertaking fund raising.

Meeting the needs of all clients

- The service had limited access for people with reduced mobility and this was assessed as part of the admission process. Clients with reduced mobility were placed in a ground floor room which was larger to accommodate mobility aids. A downstairs bathroom also had disabled access equipment available including wall rails and a shower chair.
- Information leaflets on the services complaints policy were available. The complaints leaflet detailed the process for clients to follow, signposted who clients could approach if they felt their complaint was not satisfactorily resolved and also gave details of outside organisations including the CQC.
- There was evidence that the service accessed interpreting services to assist clients where English was not their first language, this included local mutual aid voluntary organisations.
- There was a choice of food to meet dietary requirements of religious and ethnic groups. All meat used by the service in food preparation was halal and options were also available for vegetarians and clients with physical health needs, including diabetes. The menus were changed weekly and were not on a rotational basis; this promoted choice and reduced repetition due to the length of stay of people using the service. Clients were provided with a menu a week in advance and could choose from two options for each meal time.
- Access to spiritual support was available. Links with the local Sikh temple had been made and clients could be assisted to access this if required. A garden summer house was available for use as a multi-faith room if needed.

Listening to and learning from concerns and complaints

Substance misuse/detoxification

- The service had received one formal complaint in the last 12 months. The complaint was upheld. The complaint was not referred to the Parliamentary and Health Service Ombudsman.
- The nature of the complaint was between two clients and the service addressed this by separating the two clients from the same living area. There was no learning recorded following this complaint.
- The service held a weekly staff led client forum which gave clients the opportunity to feedback on the service and any issues they may have.
- Clients had access to a complaints and comments box displayed prominently within the main hall of the house. There was also a complaints procedure and leaflet readily available to clients.

Are substance misuse/detoxification services well-led?

Vision and values

- Many staff and volunteers employed by the service had been ex-clients and had progressed through their recovery to positions within the service. Staff were recovery focussed and worked with clients to achieve positive outcomes. This was also reflected in the atmosphere created between staff and clients.
- Staff described working in the service as like a family. Staff knew who senior members of the organisation were; including trustees, who visited the location regularly.

Good governance

- There was a governance structure in place and the framework included governance scrutiny by the trustees; one of which was a GP. The registered manager's absence was covered by a GP and prescribing pharmacist from a GP practice.
- However we found that information governance systems within the service were not robust. Information was not always in good order and accessible as needed.This meant that both the manager and staff could not always access information that may be required regarding patients or the environment as needed. The impact of this on clients could be that clients do not receive appropriate care. Additionally, if appropriate governance systems are not in place then staff may not have the opportunity learn or change practice as a result of incidents.
- Client records concerning night handover sheets could not be located on the day of inspection. This meant that staff would not have been able to review client information Information governance systems for the filing of care records were not being maintained.This also meant that staff did not have immediate access to client's information if needed. It also meant that staff were unable to locate client identifiable information and storage of information governance was not being adhered to.
- Staff had completed environmental and ligature risk audits however actions from these had not been completed despite being checked and signed off by the registered manager.
- A comprehensive suite of policies and procedures had been bought in by the service. These were generic in nature but were supplemented by local policies and procedures. There was also work in progress to add to the policies and procedures to make them more specific to the service.
- There was no specific code of conduct but issues, like accepting gifts, were covered in the staff contracts.
- Staff knew how to report and when to report incidents. We saw some learning from an incident however there were not many incidents reported within the service.
- Staff knew how to identify whether a client lacked capacity.
- Staff received regular supervision and annual appraisal.
- The service employed an administrator to support staff and management.

Leadership, morale and staff engagement

- Staff morale was good and there were opportunities for staff to develop in their roles. There were also opportunities for clients who had completed treatment to access employment and voluntary opportunities within the service.
- Many staff members were undertaking external education and told us the service had supported them to achieve their goals.
- There were no whistleblowing, bullying or harassment cases reported within the service. Staff told us they felt able to raise concerns with management and each other without fear of reprisal.

Substance misuse/detoxification

- Staff members had opportunities for leadership and offered supervision to volunteer staff.
- Staff had the opportunity to give feedback and make improvements to the service.

Commitment to quality improvement and innovation

- The registered manager was working with external partner agencies to develop training specifically for residential substance misuse services in light of an incident at the service. This type of training was not available at the time of our inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure they effectively mitigate and manage risks identified in ligature audits.
- The provider must ensure that they do all that is reasonably practicable to mitigate risks to the health and safety of people using the service. Actions identified in environmental audits had not been completed.
- The provider must maintain, accurately and securely, records necessary to be kept in relation to the management of the regulated activity.
- The provider must ensure substances hazardous to health are stored securely.
- The provider must ensure staff have access to and use an appropriate alarm call system in order to summon help in the event of an emergency.

Action the provider SHOULD take to improve

- The provider should ensure cleaning is monitored effectively and accurate cleaning records are kept.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not have an alarm call system in place to summon help in the event of an emergency. The provider did not complete actions identified in environmental audits. The provider did not mitigate and manage risks identified in ligature audits. The provider did not store substances hazardous to health safely. Regulation 12 (1)(2)(a)(b)(d)

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 securely store night handover sheets containing patient information. Regulation 17(1)(2)(c)

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.