

Cassiobury Court

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

We rated Cassiobury Court as requires improvement because:

- The ligature risk assessment did not include risks in corridors and did not capture all other ligature risks. The mitigation was not adequate so we were not assured of clients safety.
- The alcometer and oxymeter had not been calibrated.
- The qualified nurse received regular managerial supervision but was not having clinical supervision as appropriate to their role.
- Cassiobury Court had a small number of clients who had self-harmed within the last 12 months. The service had an admissions criteria and the admissions policy highlighted a range of high risk issues that were considered to be unsuitable for acceptance into the service. The service was accepting admissions who were identified as unsuitable in the admissions criteria.
- At the time of the inspection, the mixed sex accommodation was not split into male and female areas, although the manager said that if this was requested by a client then they would accommodate this. The current arrangement meant that clients may have their privacy or dignity compromised. The potential risk was not mitigated by risk assessments. The service did not have a lone working policy, there was no alarm system and we were not assured that staff and clients could summon help quickly in an emergency.

- The pre-admissions assessment was shared with managers and staff via a social media application on personal mobile phones. The service did not have processes in place to monitor the security of the information.

However:

- Staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff that we spoke with gave examples of how they would support clients who lacked capacity.
- Staff provided a range of psychological therapies recommended by The National Institute for Health and Care Excellence. These included cognitive behavioural therapy and group therapy. Some of the topics covered in group therapy were mindfulness, meditation, reflection and relapse prevention, phototherapy, tai chi and yoga. Clients were given some choice about which therapies they accessed.
- We observed that staff spoke to clients with patience, kindness and respect. Clients that we spoke with told us consistently that staff were empathic and respectful and treated them with dignity and kindness. There was always a staff member available to speak to and they provided clients with practical and emotional support.
- Managers had the skills knowledge and experience to carry out their role effectively. They had a good understanding of the organisation that they managed and were clear and committed to achieving high quality care and treatment.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Substance
misuse/
detoxification**

Requires improvement



Summary of findings

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Requires improvement 

Cassiobury Court

Services we looked at:

Substance misuse/detoxification

Summary of this inspection

Background to Cassiobury Court

Cassiobury Court is a 20 bedded residential service providing drug and alcohol detoxification and rehabilitation, based in Watford. The service supports clients to achieve abstinence.

Staff and external professionals provide treatment groups on a sessional basis including drama therapy, yoga, acupuncture, photo therapy, mindfulness, recovery groups and harm minimisation groups. Clients are supported to access external mutual aid groups.

The service offers aftercare support for one year following discharge for clients who have completed their treatment programme. These weekly sessions run on a Saturday.

Clients are self-funded and most clients accessed treatment at the service for 28 days.

The service is registered to provide accommodation for adults who require treatment for substance misuse, and treatment of disease, disorder or injury. At the time of inspection Cassiobury Court had a registered manager and nominated individual.

The service accepts male and female clients. On the day of the inspection, there were 19 clients admitted of mixed gender.

Clients with mobility issues are provided with en-suite bedrooms on the ground floor. Clients have a key to their own room, and sign a contract covering a code of conduct and boundaries during their stay.

The Care Quality Commission last inspected the service on 09 October 2017. During the last inspection the Care Quality Commission issued the following requirement notices under Regulation 18: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing:

- The provider did not ensure that all staff had received an appraisal.
- The provider did not ensure that all staff received regular management supervision in line with policy.
- The provider did not ensure that all staff had completed Mental Capacity Act training and safeguarding vulnerable adults training.

And Regulation 15: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Premises and Equipment:

- The provider did not ensure that the clinic room was of a size that was fit for purpose.

The provider sent their action plans to the Care Quality Commission following the last inspection to address this. We saw during the inspection that all the improvements required by the Care Quality Commission had been achieved.

Our inspection team

The team that inspected the service included Care Quality Commission inspector Amber Wardleworth and one other Care Quality Commission inspector.

Why we carried out this inspection

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

Summary of this inspection

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- Visited the service, looked at the quality of the physical environment and observed how staff were caring for clients;
- spoke with 10 clients who were using the service

- spoke with the registered manager, deputy manager and a member of the board
- spoke with seven other staff members; including a nurse, counsellors, the administrator and housekeeping staff
- looked at six care and treatment records of clients
- carried out a specific check of the medication management
- carried out a specific check of complaints
- carried out a specific check of incidents
- reviewed six personnel files
- reviewed feedback using client and family feedback questionnaires and thank you cards
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

We spoke with ten clients during the inspection. All clients said that staff were passionate about their work and were kind, caring and supportive. Clients told us they felt safe, cared for and were always treated with dignity and respect.

All clients we spoke with said that the service was always clean and well maintained. They liked the new décor and said that staff had worked hard to ensure that the programme of refurbishment had not impacted on client care.

Clients said that there were always staff around and they could see the doctor or nurse quickly if required. They

said there was a good choice of groups available and a supportive atmosphere within the service. Clients reported having significant contact with their keyworker and said that they had one to one sessions up to three times per week. They were offered a copy of their recovery plans and were kept involved in discussion about treatment options and goals.

Clients reported that they could discuss any dietary requirements with the chef and that their individual needs were accommodated.

The client feedback questionnaires and compliments cards reported high levels of satisfaction.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as requires improvement because:

- At the time of the inspection, mixed sex accommodation was not being managed effectively. Male and female bedrooms were not segregated. The manager said that if this was requested by a client then they would be able to accommodate this. The current arrangement meant that clients may have their safety and or dignity compromised.
- There was a ligature risk assessment in place which did not include corridors and did not capture all other ligature risks. The mitigation was not adequate so we were not assured of clients safety.
- The alcometer and oxymeter had not been calibrated.
- There were no alarms in place at the service. Staff did not have access to alarms in order to summon help quickly in an emergency.
- A small number of clients had self-harmed within the last twelve months and were on fifteen minute levels of observation. However, we were not assured that this was adequate to ensure that they were kept safe.

However:

- The service had a range of accessible rooms in which to see clients. These included a spacious dining room, counselling rooms, group room, massage room, quiet lounge and an admissions lounge.
- Cassiobury Court had enough skilled staff to meet the needs of clients. The team included a registered manager, deputy manager, one part time qualified nurse, a part time consultant psychiatrist, counsellors, recovery workers, volunteers, cleaners and a cook and kitchen assistant. There was an admissions officer who was responsible for completing the pre- admission assessment.
- Staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards and staff that we spoke with gave examples of how they would manage clients when they lacked capacity.
- Staff gave us a variety of examples of what to report as an incident. Staff recorded incidents, actions taken and lessons learned on an incident form and this was reviewed and signed off by the registered manager.

Requires improvement



Summary of this inspection

Are services effective?

We rated effective as good because:

- The doctor completed a full assessment of each client at the point of admission. This included physical health and suitability for detox, mental health and mental capacity. The nurse completed the ongoing monitoring of clients' physical health.
- Staff supported clients holistically and created treatment plans that covered all areas of the client's life. Clients were encouraged to form links with services in the local community and staff made referrals to services in the clients home area prior to discharge.
- Staff provided a range of psychological therapies recommended by The National Institute for Health and Care Excellence. These included cognitive behavioural therapy and group therapy. Some of the topics covered in group therapy were mindfulness, meditation, reflection and relapse prevention, phototherapy, tai chi and yoga. Clients were given some choice about which therapies they accessed.
- Blood borne virus testing was available in the local community and staff supported clients to access this.
- Staff assumed that clients had capacity and supported them to make decisions. Staff recognised occasions when clients may lack capacity and gave examples of this. Staff considered the importance of peoples wishes, feelings, culture and history and we saw in client care records that the doctor routinely assessed clients capacity on admission and as required thereafter.
- There was a supervision and appraisal policy in place. Staff were receiving supervision in line with the policy. All eligible staff had received an annual appraisal. The remaining staff were new starters and their appraisal had not yet become due.
- The service provided all staff with mandatory training and ensured that staff undertook refresher training when required.

However:

- The qualified nurse received regular managerial supervision but was not having clinical supervision as appropriate to their role.

Good



Are services caring?

We rated caring as good because:

- We observed that staff knew all clients by name and spoke to them with patience, kindness and respect. Clients we spoke

Good



Summary of this inspection

with told us consistently that staff were empathic and respectful and treated them with dignity and kindness. There was always a staff member available to speak to and they provided clients with practical and emotional support.

- Staff told us they had no concerns about challenging disrespectful, discriminatory or abusive behaviour and they were well supported by the management team in doing this.
- Staff supported clients to understand and manage their care and treatment by providing frequent one to one sessions and facilitating a wide range of groups which were available seven days a week.
- There were signed confidentiality agreements in each of the client records that we reviewed and staff were mindful of this when involving families and carers in clients' care and treatment.
- All clients were given a detailed welcome pack on admission to the service. This included information about the team, the treatment model and timetables, mutual expectations, confidentiality, safeguarding, complaints and discharge and aftercare. New clients were also allocated a buddy from the existing client group who provided peer support, information and orientation into the service. Clients that we spoke with said they were involved in their treatment plans and provided with a copy by staff.
- All clients had a named keyworker and were provided with one to one sessions up to three times per week. Staff invited families and carers to be involved in clients' care and treatment, provided that the client had agreed to this. Staff facilitated family groups on a monthly basis to enable families to be more involved in clients' care and treatment. There was an aftercare service which clients could access for up to twelve months following discharge.
- Staff gave families and carers information on how to access a carers assessment.

Are services responsive?

We rated responsive as good because:

- The doctor and nurse assessed clients on the day of admission and clients' capacity was considered at the point of admission. Treatment options were discussed with the client, taking into account their needs, wishes and physical health.
- Cassiobury Court did not have a waiting list and could admit clients following completion of the pre-admission assessment, provided that a bed was available.

Good



Summary of this inspection

- The service provided time limited, one-to-one enhanced aftercare sessions for clients and families. These were uniquely designed around the needs of the individual and normally took place over a four week period each time. Additionally, the service encouraged families and carers to visit
- Clients had their own bedrooms and could specify at the pre-admission stage if they required a ground floor, en-suite or double bedroom. There was a lockable safe in each bedroom and clients could lock their doors when they were not using their bedrooms.
- The service provided interpreters and signers on request and clients with mobility issues could access one of the two ground floor en-suite bedrooms. Clients accessed places of worship in the local community or requested that spiritual leaders attended the service if required. Staff had facilitated one client's understanding of the 12-step recovery programme by translating the 12-steps into Urdu.
- Staff demonstrated an understanding of the challenges facing vulnerable groups such as those who had experienced domestic abuse, sex workers, LGBT or black minority ethnic groups. Staff made referrals to external agencies and escorted client to access services such as women's aid, local authority housing, genitourinary medicine clinics and social support.
- Complaints information was provided in the client admission pack. The clients' keyworker explained the complaints process during the first one to one session. Staff supported clients to make formal or informal complaints. We saw complaints posters and leaflets throughout the service.

However:

- The service had an admissions criteria and the admissions policy clearly highlighted a range of high risk issues that were unsuitable for acceptance into the service. We noted from client records that the service had admitted clients who had self-harmed within the twelve months prior to admission.

Are services well-led?

We rated well-led as requires improvement because:

- Clinical supervision had not been provided for the qualified nurse.
- There was no lone working policy and no alarm systems. We were not assured that staff and clients could summon help quickly in an emergency.

Requires improvement



Summary of this inspection

- The pre-admission assessment was shared with managers and staff via a social media application on personal mobile phones. The service did not have processes in place to monitor the security of the information.
- The service had not ensured that physical health equipment had been appropriately calibrated and maintained.
- The manager was completing regular clinical audits. However, we noted during inspection that risk management plans were not being updated following incidents.

However:

- Managers had the skills knowledge and experience to carry out their role effectively. They had a good understanding of the organisation they managed and were clear and committed to achieving high quality care and treatment.
- We reviewed staff appraisal records and saw that there were conversations about staff development. Some staff had been supported to access courses such as counselling and were able to work part time hours flexibly to accommodate this.
- Managers maintained and updated information about the service regularly. This was through the provision of the client welcome pack and a range of leaflets displayed throughout the service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- The service had a policy on the Mental Capacity Act.
- There was an online training module on the Mental Capacity Act. All staff had completed this and it was included in the mandatory training. All staff we spoke with had a good working knowledge of the Mental Capacity Act and were able to describe the five statutory principles and give examples of capacity issues.
- The doctor discussed clients' capacity on admission and routinely as required thereafter. We saw evidence of this in the client records reviewed.
- Staff we spoke with said they raised capacity issues and concerns with the doctor or sought guidance from managers or the local mental health team.

Overview of ratings

Our ratings for this location are:

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

Substance misuse/detoxification

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

Are substance misuse/detoxification services safe?

Requires improvement 

Safe and clean environment

- The service had a full range of accessible rooms in which to see clients. These included a spacious dining room, counselling rooms, group room, massage room, quiet lounge and admission lounge.
- There were two en-suite bedrooms on the ground floor. There were seven further en-suite bedrooms on the upper floor. The remaining 11 bedrooms had a sink in the room and a bathroom or shower room shared with one neighbouring bedroom.
- At the time of the inspection, the mixed sex accommodation was not split into male and female areas, although the manager said that if this was requested by a client then they would accommodate this. The arrangement at the time of inspection meant that clients may have their privacy and or dignity compromised. The potential risk was not mitigated by risk assessments.
- All client areas were visibly clean, comfortable and decorated to a high standard. There was client artwork displayed throughout the service.
- Staff adhered to infection control principles including hand washing. There was hand wash available in all toilets and bathrooms and hand washing signs were in place.
- The clinic room had been refurbished and was clean, tidy and organised. The controlled drugs were stored in the controlled drugs cabinet and all entries on the register were complete, correct and signed by two staff.

Other medications were stored in the fridge and fridge temperatures were recorded daily and within range. Staff knew what action to take if the temperature went out of range.

- There was no emergency equipment in the clinic room but staff knew what to do in the event of a medical emergency. The ligature cutters were kept in the clinic room.
- There was a ligature risk assessment in place however it did not include corridors and did not capture all the other ligature risks. A ligature is the term used to describe a place or anchor point to which clients might tie something to harm themselves.
- The service had a blood pressure machine, alcometer (used to measure the level of alcohol in a person's breath) and oxymeter (used to monitor the amount of oxygen carried in the body.) The alcometer and oxymeter had not been calibrated.
- The service used a clinical waste disposal company to collect and dispose of clinical waste safely and in line with legislation.
- Urine testing was carried out in the toilet to maintain clients' dignity and privacy.
- All electronic equipment throughout the service had been portable appliance tested.

Safe staffing

- Cassiobury Court had enough skilled staff to meet the needs of clients. The team included a registered manager, deputy manager, two part time qualified nurses, a part time consultant psychiatrist, counsellors, recovery workers, volunteers, cleaners and a cook and kitchen assistant. There was an admissions officer who was responsible for completing the pre- admission assessment.

Substance misuse/detoxification

- There were 13 staff employed at Cassiobury Court and one qualified nurse vacancy at the time of inspection. During the day the service was staffed by a manager, two recovery workers and four support workers. During the night shift the service was staffed by two support workers with managers on call and able to respond to concerns by telephone or in person. We saw evidence that a manager had provided telephone advice and then attended the service when a set of keys had been required to return belongings to a client during the night shift.
- The service covered unforeseen sickness and annual leave by offering internal staff extra shifts or using bank staff.
- The staffing rota was completed six weeks in advance. We examined the rota and handover documents and saw that that the number of staff on shift matched the number required on the rota. Managers had estimated the staffing numbers at a ratio of one staff member to six clients.
- The cover arrangements in place for staff shortages were effective and ensured client safety. The use of bank staff ensured that there were always staff available in the event of reduced staffing levels.
- There were no alarms in place at the service. Staff did not use lanyard alarms to summon help quickly in an emergency.
- Staff had completed mandatory health and safety awareness training.
- Staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards and staff that we spoke with gave examples of what action they would take if clients lacked capacity.

Assessing and managing risk to patients and staff

- We reviewed six client care records during the inspection. All clients had received a pre-admission assessment and an initial risk assessment. Risk management plans were robust and detailed. Risks were updated and documented at each shift handover on the handover document but were not updated on the risk management plan.
- A small number of clients had self-harmed within the last twelve months and were on fifteen-minute levels of observation. However, we were not assured that this was adequate to ensure that they were kept safe. Staff recorded any changes in client observation levels on the handover document. Staff that we spoke with said that

in the event of early discharge they sought alternative support for clients in their local area. Risk management plans did not contain plans for unexpected exit from treatment.

- The qualified nurses saw each client daily and they were able to identify warning signs and any deterioration in the clients' condition. Clients were required to write a daily diary and staff used this to identify any early warning signs of a change in the clients mood.
- Staff identified and responded to changing risks to or posed by clients. They contacted the nurse or doctor and increased observation levels. This was clearly recorded in the daily handover document.

Safeguarding

- Staff had completed mandatory safeguarding training and the service had a safeguarding policy in place.
- Staff liaised with the local safeguarding team to make safeguarding referrals or to seek advice on safeguarding concerns. There was a safeguarding lead at the service who provided advice and guidance for safeguarding concerns.
- The service did not tolerate abuse and discrimination and staff gave an example of when they had intervened during an incident of verbal abuse.

Staff access to essential information

- Staff used paper records at Cassiobury Court. All client records were stored confidentially in a locked filing cabinet which staff could access whenever they needed to.
- Client records were complete and up to date and staff had a lockable shared office in which they updated records.

Medicines management

- The doctor assessed clients' suitability for detoxification medication on the day of admission.
- The service had policies and systems in place for medicines management and all staff who dispensed medication had undertaken medicines management training. A controlled drugs book was completed in accordance with procedure. Medication received from pharmacy was logged in, administered and recorded with two signatures. If there was a surplus it was returned to the pharmacist for safe disposal and logged as such. The pharmacy signed for receipt of this.

Substance misuse/detoxification

- Staff signed for the handover of medication keys and the clinic room was controlled by keypad door entry. The qualified nurse carried out a stock audit of all medication weekly. Staff recorded and checked clients current medication against the medication charts.

Track record on safety

- There had been no serious incidents in the last 12 months prior to the inspection.

Reporting incidents and learning from when things go wrong

- Staff gave us a variety of examples of what to report as an incident. Staff recorded incidents on an incident form and this was reviewed by the registered manager. Actions taken and lessons learned were recorded on the incident form and this was then signed off by the registered manager.
- We carried out a specific review of incidents during the inspection. We saw that staff were clear about their roles and responsibilities and that incidents were reported consistently. Debriefs were held after an incident and incidents were discussed at handover and at the monthly staff meeting.
- Staff understood the duty of candour. They were encouraged to be open and honest with clients and to communicate a full explanation or apology to clients and families if something went wrong.
- Staff discussed feedback and lessons learned from incidents at the daily handover, monthly staff meeting and in individual supervision.

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

Good 

Assessment of needs and planning of care

- We reviewed six client records during the inspection. All records contained a pre- admission assessment, details of each client's previous history and access to treatment, and information from the GP.
- Records showed that the doctor completed a full assessment of each client at the point of admission. This

included physical health and suitability for detoxification, mental health and mental capacity. The nurse completed ongoing monitoring of clients' physical health.

- All six recovery plans were complete and routinely updated. We saw that the recovery plans were personalised, holistic and recovery orientated. The clients' keyworker was identified within the recovery plans. Keyworkers provided clients with one to one sessions up to three times per week at which recovery plans could be discussed. Clients told us that they were offered a copy of their recovery plans.

Best practice in treatment and care

- The doctor followed National Institute for Health and Care Excellence guidelines in prescribing and reviewing medications. Medications were prescribed in line with the British National Formulary recommendations. All staff responsible for the administration of medications had completed medication management training.
- Staff provided a range of psychological therapies recommended by The National Institute for Health and Care Excellence. These included cognitive behavioural therapy and group therapy. Some of the topics covered in group therapy were mindfulness, meditation, reflection and relapse prevention, phototherapy, tai chi and yoga. Clients were given some choice about which therapies they accessed.
- Staff supported clients holistically and created recovery plans that covered all areas of the client's life. Clients were encouraged to form links with services in the local community and staff made referrals to services in the clients' home area prior to discharge.
- Clients were given a full physical health assessment prior to commencing treatment. This was reviewed and monitored by the qualified nurse. Staff had a clear understanding of the risks associated with substance and alcohol withdrawal and gave examples of the warning signs to look out for. Staff regularly sought guidance from the doctor or the nurse.
- Clients had recovery plans and risk assessments which had been written based on the Recovery Capital Model. (physical, individual, social and cultural factors as part of the recovery process.) Risk assessments were detailed and updated regularly on the daily handover sheet. Observation levels were directly linked to risk assessments.

Substance misuse/detoxification

- Blood borne virus testing was available in the local community and staff supported clients to access this.
- The manager told us they completed regular clinical audits. Audits included medication, recovery plans and risk assessments.

Skilled staff to deliver care

- All staff received a comprehensive induction when they commenced work with the service.
- All staff had mandatory training and undertook refresher training when required.
- Staff that we spoke with said managers would consider any additional specialist training relevant to their role. One staff member told us that the service was supporting her to undertake a part time counselling course.
- The service had a recruitment policy in place. We examined six staff files. We saw that managers followed robust recruitment processes.
- The service had a supervision and appraisal policy in place. Staff received supervision in line with the policy. Managers had provided an appraisal for all eligible staff. The remaining staff were new starters and their appraisal was not due.
- The qualified nurse received regular managerial supervision but was not having clinical supervision as appropriate to their role.
- Managers addressed poor staff performance promptly and effectively through performance management. We saw evidence of this in the staff files reviewed. The manager sought support and guidance from their supervisor.
- We spoke with staff who had originally been volunteers within the service. They told us that they had received an induction and ongoing support and supervision from senior staff. We saw in staff files that volunteers underwent a robust recruitment process.

Multi-disciplinary and inter-agency team work

- Multi-disciplinary team meetings were held weekly and attended by a range of staff. Meetings included discussion about recovery plans, incidents, recovery groups and physical health issues. There was also a detailed discussion on each client at handover twice a day. The service used a communication book to handover any daily information about clients.

- Staff communicated with clients' GP's, the local police, the local safeguarding team and mental health services. The service had good links with local third sector support services and mutual aid groups.

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

- The service did not admit people who were detained under the Mental Health Act.

Good practice in applying the Mental Capacity Act.

- There was a Mental Capacity Act policy in place which staff could refer to if needed. All staff had undergone Mental Capacity Act training and were able to discuss the five principles.
- Staff assumed that clients had capacity and supported them to make decisions. Staff recognised occasions when clients may lack capacity and gave examples of this. Staff considered the importance of peoples wishes, feelings, culture and history and we saw in client records that the doctor routinely assessed clients capacity on admission and as required thereafter.
- We saw in client records that all consent forms were signed and that this was assessed and recorded in a timely manner.

Are substance misuse/detoxification services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- We observed that staff knew all clients by name and that they spoke to them with patience, kindness and respect. Clients we spoke with told us consistently that staff were empathic and respectful and treated them with dignity and kindness. Clients told us there was always a staff member available to speak to and they provided clients with practical and emotional support.
- Staff told us that they had no concerns about challenging disrespectful, discriminatory or abusive behaviour and that they were well supported by the management team in doing this.
- Staff supported clients to understand and manage their care and treatment by providing frequent one to one sessions and facilitating a wide range of groups which were available seven days a week.

Substance misuse/detoxification

- Staff supported clients to access external specialist services such as the dentist, optician or the genitourinary medicine clinic. Clients attended daily external mutual aid groups in the local area.
- The service had a robust confidentiality policy and we saw in both staff and client records that this was adhered to.
- There were signed confidentiality agreements in each of the client records that we reviewed and staff were mindful of this when involving families and carers in clients care and treatment.

Involvement in care

- All clients were given a detailed welcome pack on admission to the service. This included information about the team, the treatment model and timetables, mutual expectations, confidentiality, safeguarding, complaints and discharge and aftercare.
- New clients were also allocated a buddy from the existing client group who provided peer support, information and orientation into the service.
- Clients that we spoke with said that they were involved in their treatment plans and provided with a copy by staff.
- Clients did not access an advocacy service and staff that we spoke with said that there were no services available in the local area.
- We saw from the client records reviewed that all clients had a recovery plan and risk management plan in place. Recovery plans included the clients' preferences, goals and recovery capital.
- All clients had a named keyworker and clients were provided with one to one sessions up to three times per week.
- Staff invited families and carers to be involved in clients' care and treatment, provided that the client had agreed to this. Staff facilitated family groups monthly to enable families to be more involved in clients care and treatment.
- There was an aftercare service which clients could access for up to twelve months following discharge.
- Families and carers could give written or verbal feedback to the service.
- Staff gave families and carers information on how to access a carers assessment.

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

Good 

Access and discharge

- The admissions coordinator conducted a pre-admission assessment when clients made a referral to the service. If the clients' needs could not be met by the service, staff referred to other services. Examples of this included the community mental health team, mental health acute wards or to third sector agencies.
- The doctor and nurse assessed clients on the day of admission and client capacity was considered at the point of admission. Treatment options were discussed with clients, taking into account their needs, wishes and physical health.
- Cassiobury Court did not have a waiting list and could admit clients following completion of the pre-admission assessment, provided that a bed was available.
- The service had an admissions criteria and the admissions policy highlighted a range of risk issues that were unsuitable for acceptance into the service. This included people who had significant mental health issues, people with convictions for arson or convictions for violence. We noted from client records that the service had admitted a small number of clients who had self-harmed within the twelve months prior to admission.
- The registered manager and the doctor reviewed all pre-admissions documentation to assess clients' suitability for admission for treatment. Staff completed a risk assessment and compiled recovery plans with the client on the day of admission.
- The service admitted urgent referral immediately following the pre-admission assessment and confirmation of the client's suitability for treatment.
- Recovery and risk management plans reflected the diversity of clients' needs and were completed with the client. Staff identified all areas of clients needs and supported them to access support in all areas. We saw examples of clients with cultural needs, physical health needs or concerns around blood borne virus testing. Staff routinely liaised with GP surgeries, dentists and hospital services to support clients needs.

Substance misuse/detoxification

- The service provided time limited, one to one enhanced aftercare sessions for clients and families. These were uniquely designed around the needs of the individual and normally took place over a four week period each time. Additionally, the service encouraged families and carers to visit.

The facilities promote recovery, comfort, dignity and confidentiality

- Cassiobury Court had a range of rooms available for care and treatment. This included a group room, counselling rooms, a quiet room which contained a day bed for clients who were detoxing and an admission lounge. There was a spacious, dining room with seating for 20 people and an adjoining comfortable lounge area.
- Clients had their own bedrooms and could specify at the pre- admission stage if they required a ground floor, en-suite or double bedroom. There was a lockable safe in each bedroom and clients could lock their doors when they were not using their bedrooms.
- There was an outside courtyard with seating and a lawned garden area which was fully accessible to clients.
- Cassiobury Court had a dedicated team of housekeeping staff seven days a week who kept all areas clean and tidy and cleaned client laundry via a rota system. There were two in house chefs who prepared meals daily and catered for all dietary requirements such as vegan, kosher, gluten free and halal.

Patients' engagement with the wider community

- Clients were permitted to keep their mobile phones for use in their bedrooms or other quiet areas. Visits from family and friends after the first week of admission were encouraged by staff and took place every Sunday afternoon. Visit requests during the first week of admission were considered on an individual basis by the manager. This was to allow clients a reasonable time to settle in to treatment. Staff encouraged clients to maintain face to face contact with their children by spending time with them in the local area.
- Staff supported clients to access local mutual aid groups in the community. Clients visited the local parks for walks and accessed the outside courtyard and garden at Cassiobury Court for fresh air.

Meeting the needs of all people who use the service

- Cassiobury Court received referrals from both the local area and from all over the country. The staff mix was ethnically diverse and reflective of the local community. Staff had undertaken equality and diversity training and the client information booklet highlighted that clients would be treated fairly and equally and would be free from all forms of discrimination.
- The service provided interpreters and signers on request and clients with mobility issues could access one of the two ground floor en-suite bedrooms. Clients accessed places of worship in the local community or requested that spiritual leaders attended the service if required. Staff had facilitated one clients understanding of the 12-step recovery programme by translating the 12-steps into Urdu.
- Staff demonstrated an understanding of the challenges facing vulnerable groups such as those who had experienced domestic abuse, sex workers, LGBT or black minority ethnic groups. Staff made referrals to external agencies and escorted clients to access services such as women's aid, local authority housing, genitourinary clinics and social support.
- Cassiobury Court did not have a waiting list and the pre-admission assessment enabled staff to identify higher risk clients at the earliest stage of contact. The doctor and nurse assessed clients on the day of admission which ensured that care and treatment commenced at the earliest opportunity. All clients were placed on 15-minute observation levels on admission and this was adjusted during their stay at the service.
- Staff shortages were covered internally or from the use of bank staff. Clients confirmed that care and treatment was never delayed or cancelled. There were occasions when the organisation discharged clients early due to breaching fundamental rules such as misusing drugs or alcohol whilst in treatment. However, staff spent time talking to clients about this and assessed breaches on a case by case basis.

Listening to and learning from concerns and complaints

- Complaints information was provided in the client admission pack. The clients keyworker explained the

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complaints process during the first one to one session. Staff supported clients to make formal or informal complaints and we saw complaints posters and leaflets throughout the service.

- In the 12 months prior to the inspection, the service had received four complaints, one of which was upheld. We reviewed the complaints folder during the inspection. We saw that the complaints process was followed and that clients were updated if responses fell outside of the policy response time. Clients received an outcome letter and were advised of their right to appeal to the Board if they were not satisfied with the outcome.
- Complaints had led to changes in menus, daily walk times and the length of breaks provided. These lessons learned were fed back to staff at the daily handover, monthly team meetings and during supervision.
- Staff encouraged clients to complete an exit questionnaire where they could advise if they were not happy with any aspect of the service.

Are substance misuse/detoxification services well-led?

Requires improvement 

Leadership

- The service had a registered manager and newly appointed deputy manager in post. The deputy manager had a daily handover from the registered manager and told us they felt well supported in their role. The registered manager received regular supervision and support from the nominated individual.
- Managers had the skills knowledge and experience to carry out their role effectively. They had a good understanding of the organisation that they managed and were clear and committed to achieving high quality care and treatment.
- Cassiobury Court was committed in helping individuals, families and communities achieve full recovery and freedom from drug and alcohol addiction.
- Leaders were visible within the service. We observed members of the board chatting to clients and we were told that this was a common occurrence and that all leaders were very friendly and approachable.

Vision and strategy

- The service's values were respect, enduring, holistic, active and brave. We saw that the values were displayed throughout the service and at the front of all policies located within the policies folder. Staff knew and understood the values and used them in their everyday work.
- We reviewed the personnel files of six staff. All contained appropriate documentation including a job description, references, disclosure and barring certificate and confirmation of their right to work.
- Staff had the opportunity to contribute to discussions about the strategy of the organisation and this fed into the quarterly governance meeting. Staff completed an annual staff survey and there were suggestions boxes in communal areas.
- Managers and leaders were overseeing a programme of refurbishment throughout the building. There had been a recent staffing restructure to provide additional management skills and support the delivery of high quality care.

Culture

- Staff that we spoke with said that they felt respected, supported and valued. Staff were encouraged to give written feedback and this was reviewed by managers and discussed at the clinical governance meeting.
- Staff morale was high and all staff reported enjoying coming to work and being well supported by managers and colleagues. Staff attributed occasional levels of higher stress to times when the service was busy.
- Staff were enthusiastic about the future of the service and told us that they welcomed recent changes including the increased focus on the 12-step programme. Staff were proud of the organisation and its holistic approach to care and treatment.
- We reviewed staff appraisal records and saw that there were conversations about staff development. Some staff had been supported to access courses such as counselling and they were able to work part time hours flexibly to accommodate this.
- There had been no cases of bullying and harassment in the 12 months prior to the inspection. Staff described feeling empowered to be open and honest with managers without fear of victimisation. There was a process in place contained in the staff handbook to manage bullying and harassment

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- Some staff had initially been volunteers at the service and had successfully applied for paid jobs after gaining work experience. Other staff had been promoted to a management role or had taken a lead role in an area of care and treatment.
- The team worked well together and were committed and cohesive in their service delivery.

Governance

- The service had systems and procedures to ensure that the service was clean, well-staffed and that staff were appropriately trained and supervised. Clients were promptly assessed and were treated well during their stay. Incidents were reported and lessons learned were cascaded to staff. The service adhered to the Mental Capacity Act and mandatory training, supervision and appraisal were provided for staff. However clinical supervision had not been provided for the qualified nurse.
- The service did not have a lone working policy in place staff did not have access to alarms. We were not assured that staff and clients could summon help quickly in an emergency.
- The service submitted notifications to the Care Quality Commission as required.
- Staff understood the arrangements for working with other teams such as adult safeguarding to meet the needs of clients.
- The service had a whistleblowing policy in place and staff knew where to access it and how to use it.
- The service had not ensured that physical health equipment had been appropriately calibrated and maintained.
- The manager was completing regular clinical audits. However, we noted during inspection that risk management plans were not being updated following incidents.

Management of risk, issues and performance

- The manager submitted items to the risk register held at Head Office. All items of risk were discussed quarterly at the clinical governance meeting. Staff could raise issues of risk with the manager.
- The service had contingency plans in place in the event of unplanned staff absence or sickness.

- Managers monitored sickness and absence rates. Staff sickness in the twelve months prior to inspection was low at three percent.
- Managers had a degree of autonomy in managing the budget and worked to ensure that cost savings did not compromise client care and treatment.

Information management

- The pre-admission assessment was shared with managers and staff via a social media application on personal mobile phones. The service did not have processes in place to monitor the security of the information. This meant that client confidential information may not have been secure.
- The service had information sharing processes in place for working with GP's surgeries, the local authority safeguarding and mental health teams.
- Confidentiality agreements were in place and staff sought permission from clients before sharing information, including with friends and family.

Engagement

- Managers maintained and updated information about the service regularly. This was through the provision of client welcome pack and a range of leaflets displayed throughout the service.
- Clients were encouraged to complete feedback questionnaires both at the end of their stay and after every group meeting. They could also raise issues at the weekly community meeting which was minuted.
- Families and carers were encouraged to give feedback through questionnaires, email, telephone or face to face.

Learning, continuous improvement and innovation

- The service encouraged creativity and innovation to ensure up to date evidence based practice was implemented and embedded. An example of this was the introduction of a photo therapy group for clients to access. Managers visited other substance misuse services to share good practice and research new ideas for service development.
- We saw from appraisal and supervision documents that all staff had objectives focused on improvement and learning.
- The service did not participate in any national accreditation schemes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that clients privacy and dignity is not compromised in their management of mixed sex accommodation.
- The provider must ensure that all ligature risks are captured in the ligature risk assessment and there is adequate mitigation in place.
- The provider must ensure that all physical health equipment is calibrated.
- The provider must ensure that there is a lone working policy in place and that there are systems in place for staff to summon help quickly.
- The provider must ensure that client records are stored in a safe way that protects clients' data. The provider must ensure that any client information is shared using processes which meet the guidance set out by the Information Commissioners Office.

Action the provider **SHOULD** take to improve

- The provider should ensure that recovery plans include the potential risks to clients who exit from treatment early.
- The provider should ensure that qualified nurses receive clinical supervision.
- The provider should ensure risk management plans are updated following an incident.
- The provider should ensure that clients being accepted to the service are appropriate and are admitted in line with the admissions criteria.

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

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

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

- The provider did not adequately consider clients privacy and dignity in their management of mixed sex accommodation.

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- Not all ligature risks were captured in the ligature risk assessment. The mitigation in place was not adequate.
- The alcometer and oxymeter had not been calibrated.
- There was no lone working policy in place, no alarms in rooms and no lanyard alarms available to staff.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The provider did not have adequate systems in place to monitor the security of staff personal mobile phones that they used to share client information.