Kenward House

Quality Report

Kenward Road
Yalding
Maidstone
Kent
ME18 6AH
Tel: 01622 812603
Website: www.kenwardtrust.org.uk

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

Ratings

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

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

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

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

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

Summary of findings

Overall summary

In February 2019 we undertook a comprehensive inspection of Kenward House. We did not publish a report following the inspection, as we were unable to produce a report within our timeframes. However, we did issue two warning notices to the provider because we had serious concerns about the safety of patients due to a lack of robust assessment and planning relating to the safety, health and well-being of clients; lack of adherence to the providers own admission criteria; environmental risks; a lack of skilled and experienced staff and a lack of robust governance processes to oversee the quality and safety of the service.

We undertook a comprehensive inspection on 1 July 2019. During the inspection we looked at whether the provider had made the improvements required to comply with the regulations.

During this inspection we found that the provider had acted on the warning notice and made the improvements required.

We rated the rated Kenward House good because:

- Risk assessments were comprehensive and tailored to the needs of individual clients. Risk assessments included consideration of physical health, mental health, social, substance misuse, financial and criminal justice history. The majority of staff had completed risk assessment training.
- The service had appropriate equipment available to support the monitoring of physical health. This included weighing scales and blood pressure monitors. Staff had completed training in the management of diabetes and epilepsy.
- Staff completed monthly environmental health and safety audits., Documentation had been improved and actions were now easily identifiable. Work was taking place to improve the décor in the bedrooms and ensure essential repairs and maintenance was completed in a timely manner. The door to the main kitchen was kept locked.
- The provider had introduced a ligature point risk assessment guidance and confirmed that staff had now completed environmental ligature point risk assessments.
- The provider had made changes to improve the admissions process to make sure the service was able to meet the needs of clients.
- There was a comprehensive system to manage planned and unplanned exit from treatment. It included information about what staff should do if a client left the service before they had completed their treatment.
- An inspection by the fire service had taken place and the provider now complied with. The Regulatory Reform (Fire Safety) Order 2005.
- Staff issued clients with wrist alarms so that clients could contact them in an emergency.
- Staff reported incidents appropriately. Managers investigated incidents and shared lessons learned with staff and the wider service. Staff completed a root cause analysis for serious incidents. We saw an example of learning from medicine incidents shared with staff.
- Managers completed regular audits of care records to make sure that staff were adhering to the provider's health and wellbeing strategy and that client records were accurate and up to date. In addition, there was an annual audit programme and effective oversight mechanisms to ensure improvements were made.
- The provider used systems and processes to safely prescribe, administer, record and store medicines. Medicines errors were minimal and were reported, investigated and lessons learned.
- Staff had a good understanding of safeguarding procedures and knew what to report and how to report it. The provider was in the process of reviewing its policy at the time of the inspection.
- There was a comprehensive group activity programme between 9am and 4.30pm Monday to Friday. The provider had developed links with the careers service who facilitated basic literacy and numeracy courses at the service. Social enterprise projects were available for clients to increase their recovery and support their return to independent living.
- Clients said that staff treated them with compassion, dignity and respect. They said that staff were supportive in their recovery journey and the treatment had changed their life.

Summary of findings

- The provider produced a regular newsletter with information about the service and forthcoming events. The service planned to introduce an information pack for families and carers of clients.
- Managers were visible, approachable and had the knowledge and experience to perform their roles. There was a clear framework of what should be discussed at team, manager and board level to ensure that essential information was shared. The chief executive attended weekly meetings to provide service updates for staff. There was commitment towards continual improvement and innovation. Staff were able to contribute to the strategy and service development.

However:

- Information provided by the service showed that only 66% of staff had completed mandatory training. Less than 50% of staff had completed the training for self-harm and suicide, mental health first aid, and naloxone. Staff had not completed training in the Mental Capacity Act. After the inspection, the provider confirmed that it had made arrangements for staff to complete this training.
- Records of admission panel meetings lacked detail and did not provide a clear rationale of the decision-making process about whether clients should be admitted or not.

Summary of findings

Contents

Good

Kenward House

Services we looked at
Residential substance misuse services

Summary of this inspection

Background to Kenward House

Kenward House is owned and operated by the charity Kenward Trust.

Kenward House provides residential rehabilitation programmes for men and women recovering from alcohol and drug dependencies. Usually, the service used two different buildings, Kenward House to accommodate males and Naomi to accommodate females. However, prior to the inspection, the provider had made the decision to close Naomi due to low occupancy levels. Therefore, at the time of our inspection, both men and women were accommodated in Kenward House. Women had been allocated bedrooms on the first floor and men were allocated bedrooms on the ground floor. Bedroom doors could be locked and had ensuite bathrooms so that the dignity and privacy of residents was maintained. At the time of the inspection there were five male residents and five female residents.

Since our warning notice in February 2019, the provider had installed a wet room and fire doors had been repaired in Naomi. However, concerns remained as to whether the building was fit for purpose due to steep, narrow staircases and the general state of the bedrooms. After the inspection, the provider confirmed that Naomi would remain closed for the foreseeable future and they would advise CQC if this situation changed.

Kenward House has 31 bedrooms including 22 single bed en-suite rooms. There is a chair lift so that clients with mobility issues could access the building. There is a range of rooms in the building including two TV rooms, an arts and crafts room, counselling room, quiet room and a group room. The TV lounge on the first floor became a female only lounge after 8pm.

There is an education centre where staff supported clients to use computers to access education and training, courses including the driver theory test, creating CVs, job search and social housing applications. The building is also used as a recreation room and contained a darts board, games and a pool table.

Kenward House provides a recovery-based programme that combines elements of the 12-step model, cognitive behavioural therapy, personal objective setting and life skills development. The treatment programme is delivered over a period between six and 24 weeks, dependent upon funding. A dedicated team provides social enterprise activities.

Kenward House accepts self-referrals, although most of their referrals were from professionals.

Kenward House is registered for the regulated activity: accommodation for persons who require treatment for substance misuse since 19 April 2011.

In February 2019, Kenward House was issued with two warning notices that related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 12, Safe Care and Treatment

Regulation 17, Good Governance

We had serious concerns about the safety of patients due to a lack of robust assessment and planning relating to the safety, health and well-being of clients; lack of adherence to the providers admission criteria; environmental risks; a lack of skilled and experienced staff and a lack of robust governance processes to oversee the quality and safety of the service.

The current manager registered with CQC on 27 May 2015.

Our inspection team

The team that inspected the service comprised two CQC inspectors and a medicines inspector.

Summary of this inspection

Why we carried out this inspection

We undertook an unannounced, comprehensive inspection of this service as part of our routine programme of inspecting registered services. We had previously undertaken a comprehensive inspection of the service in February 2019 but couldn't provide a report within our required timeframes. However, we did serve two warning notice because we had some immediate concerns about the safety of clients. During this inspection, we looked at whether the provider had made the improvements required in the warning notices.

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the environment
- observed how staff were caring for clients
- spoke with four clients who were using the service
- spoke with the registered manager and therapeutic manager
- spoke with the independent board assurance consultant
- spoke with four other staff members including a therapeutic worker, the medicines lead, training lead and the fire marshal
- looked at four care and treatment records of clients
- carried out a specific check of the medicine management
- looked at training, supervision and appraisal records
- looked at incident reporting and how learning was shared
- 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 four clients who used the service. Clients were positive about the care and treatment they received. They said that staff were caring and treated them with dignity and respect. They said that they felt safe and were able to approach staff with concerns. Most clients enjoyed the treatment programme and said that it had been beneficial in their recovery. Feedback about food was mixed and clients said that menu choice was limited. One client felt that restrictions about leaving the service unaccompanied should be assessed on an individual basis.

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?

Requires improvement

We rated safe as requires improvement because:

- Information provided by the service showed that only 66% of staff had completed mandatory training.

However:

- The provider had made the improvements required to meet the requirements set out in the warning notices. It had introduced systems to ensure that the environment was safe for clients and compliant with safety legislation. Staff had completed training in risk assessment and managing physical health conditions. Risk assessments were comprehensive and tailored to individual need.
- Staff issued clients with wrist alarms that were connected to a control panel in the team office, so that they could contact them in an emergency.
- Staff were available 24-hours a day. There was enough staff and an appropriate gender mix to meet the needs of the service.
- Safeguarding was fully embedded into the service. Information provided by the service showed that 20 of 22 staff had completed safeguarding training. Of these, twelve staff had completed level two and six staff level three safeguarding training. The provider was reviewing its safeguarding policy to ensure it was accurate and up to date.
- The medicines management lead carried out monthly medicine audits. Medicines errors were minimal and were reported.Investigations were completed and learning from incidents were shared with staff.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with staff and the wider service.

Are services effective?

Good

We rated effective as good because:

- The provider had made the improvements required to meet the requirements set out in the warning notices. Staff had completed care planning training. The service had the appropriate equipment to monitor clients' physical health.
- Assessments were holistic, recovery orientated and demonstrated client involvement.
- Therapeutic groups were delivered in line with the National Institute for Health and Care Excellence (NICE) guidance.

Summary of this inspection

- The provider had developed links with the careers service who facilitated basic literacy and numeracy courses at the service.
- Staff had developed links with the local health trainer programme to provide advice and information about healthy living and smoking cessation.
- Minutes of the weekly clinical case review meeting demonstrated holistic and comprehensive discussion about individual client need.

However:

- The provider did not provide training for staff in the Mental Capacity Act. Staff we spoke with were unable to explain how the Mental Capacity Act was relevant to ensure clients wishes were considered and any decisions were made in clients' best interests. After the inspection, the provider confirmed that arrangements had been made for staff to complete this training.

Are services caring?

Good

We rated caring 'good' because:

- Clients said that staff treated them with compassion, dignity and respect. They said that staff were supportive in their recovery journey and the treatment had changed their life.
- We observed staff talking about clients with dignity and respect.
- Clients said they had been involved in developing their recovery plan and that they had regular face to face meetings with their named worker.
- Clients were assigned a peer mentor during the admissions process. The service had a stock of toiletries, towels and clothes to give to clients if required.
- Clients had the opportunity to provide feedback or raise concerns about the service during community forum meetings and via suggestion boxes. Clients completed a satisfaction survey when they were discharged from the service. Feedback was used to make improvements to the service.
- The provider produced a regular newsletter containing information about forthcoming events and news about the service.
- The service had plans to introduce an information pack for clients' family and carers.

Are services responsive?

Good

We rated responsive as 'good' because:

Summary of this inspection

- The provider had made the improvements required to meet the requirements set out in the warning notices. There was a comprehensive system to manage planned and unplanned exit from treatment. It included information about what staff should do if a client left the service before they had completed their treatment. We saw evidence of regular liaison with care managers regarding the planned discharge date of clients.
- There was a clear and robust admissions process to ensure that the service could meet the needs of the client.
- There was a comprehensive group activity programme between 9am and 4.30pm Monday to Friday. During the evening, clients were able to use the gym and recreational room. Mutual aid groups were held at the service twice a week.
- Social enterprise projects were available for clients to support their recovery and return to independent living. The provider had supported clients with specific interests including creating a sewing room.

Are services well-led?

Good

We rated well led as good because:

- The provider had made the improvements required to meet the requirements set out in the warning notices. They had introduced new systems to improve record keeping.Managers completed regular care record audits to ensure staff adhered to policy.
- There was an annual audit and compliance monitoring programme which included health and safety, safeguarding and record keeping. A lead had been identified for each audit and the frequency that audits would be presented to meetings.
- The medicines management lead carried out monthly medicine audits. Actions identified were implemented and subsequent audits showed that improvements had been made.
- Managers were visible, approachable and had the knowledge and experience to perform their roles. They had a good understanding of the service and could clearly explain how staff were working to provide high quality care. Staff said that teams worked closely and had the same shared goal to provide the best possible service for clients.
- There was commitment towards continual improvement and innovation. Staff were able to contribute to the strategy and service development. We saw examples of staff involvement in developing processes to improve service delivery.

However:

Summary of this inspection

- Records of admission panel meetings contained limited information to demonstrate a comprehensive review of referrals and the rationale for decisions to either admit or not to admit clients.
- Staff captured information about training, line management and clinical supervision. However, records did not show how managers were responding to this information to improve access to or ensure staff received training and supervision.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider did not have a Mental Capacity Act policy and did not provide Mental Capacity Act training for staff. Although records did not show clients had presented with fluctuating capacity, staff we spoke with had little or no understanding how capacity should be considered for clients. After the inspection, the provider confirmed that they had arranged appropriate training for staff.

Overview of ratings

Our ratings for this location are:

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

Good

Residential substance misuse services

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

Are residential substance misuse services safe?

Requires improvement

Safe and clean environment

- At the time of our inspection, only Kenward House was being used to accommodate clients. The building consisted of 31 bedrooms, of which 18 were available to use during our inspection. Ten bedrooms were occupied at the time of our inspection. Male clients' bedrooms were on the ground floor and female clients' bedrooms were on the first floor. Clients were able to lock their bedroom doors and all rooms had a shower and toilet to ensure privacy and dignity.
- The provider had acted on concerns identified in our warning notice regarding assessing environmental health and safety risks of clients. Staff completed monthly environmental health and safety audits and documentation had been improved so that actions were more easily identifiable. Work had begun to decorate bedrooms and make repairs. A chair lift had been installed, so that the rooms were accessible for clients with mobility issues. The lift did not work so had been sealed off to ensure the safety of clients.
- There were several potential ligature points throughout the building. In response to our warning notice, the provider had introduced a ligature protocol, but it did not include a ligature risk assessment. Staff said that they relied on the admissions panel to screen high risk clients from the service so did not consider a risk assessment necessary. During the inspection, we saw that the provider was accepting referrals from clients with a history of self-harm or suicidal ideation. Although staff checked on clients if they did not attend registration or groups, they did not complete regular observations. This could potentially place clients at risk if they were at risk of harming themselves. Following the inspection, the provider confirmed that staff now completed environmental ligature risk assessments to mitigate risks to clients.
- Our warning notice in February 2019 identified that the main kitchen contained an array of implements, including knives, was accessible to clients. During this inspection we saw that the kitchen was locked. However, clients could access a room next to the kitchen that contained a range of cleaning liquids that could be harmful. Inspectors raised this with the manager who confirmed plans to lock the corridor with access to these rooms to reduce risk of harm.
- Following concerns raised in our warning notice regarding fire safety, the provider commissioned a fire service inspection in April 2019 and had acted on concerns identified. An external organisation had subsequently completed a fire risk assessment in June. The assessment report acknowledged ongoing actions taken by the provider to ensure compliance with The Regulatory Reform (Fire Safety) Order 2005.
- There was a fire marshal who maintained fire drill records. A fire warden was identified at each handover. Staff or the fire marshal carried out weekly checks including means of escape, emergency lights, fire doors and alarm sound checks. Fire extinguishers were checked annually in line with legislation. There was an emergency grab bag and radio so that staff could communicate with the fire warden at each meeting point.

- In response to our warning notice, the provider had purchased wrist alarms for clients to alert staff in the event of an emergency. The wrist bands were connected to an alarm panel in the staff office. A walkie talkie was also available if preferred or required.

Maintenance, cleanliness and infection control

- The environment was clean and comfortable. The provider had acted on concerns raised in the warning notice about the environment. Work was taking place to decorate bedrooms and repair areas of concern. This included uneven floor surfaces, areas of damp and repairs to a balcony.
- There was a cleaning rota for clients, and a cleaner completed some housekeeping responsibilities.

Safe staffing

Staffing levels and mix

- There was enough staff and an appropriate gender mix to meet the needs of the service. The service provided 24-hour staffing. Staffing rotas since April 2019 showed that there was a minimum of two recovery workers during the two shifts between 7.45am and 7.45pm. Two therapists were also available between 9am and 5pm. Managers were based at the service and could be contacted if required.
- The service employed five members of staff who only worked nights. Two waking night staff worked between 8pm and 8am. Night staff were based on the ground and first floor of Kenward House.
- The service employed three permanent flexi workers. At the time of the inspection a flexi worker was completing their induction, and another had recently joined the service. The flexi workers provided annual leave and sickness cover. Data provided by the service showed that flexi staff had covered 41 shifts for the previous three-month period.
- A manager of another Kenward Trust service lived on site, so could provide support as and when required. Staff said that senior managers were supportive and staffing levels could be adjusted to meet the needs of the service.
- Data submitted by the service showed that nine staff had left since April 2018. The service had a sickness rate of 2.4% for permanent staff.

Mandatory training

- A training co-ordinator was responsible for staff training records.
- All new staff were expected to complete the care certificate level two qualification as a minimum.
- In response to our warning notice, the provider had introduced diabetes, epilepsy, self-harm and suicide and fire marshal training.
- The provider had set a target of 90% to measure compliance with training. Information provided showed that the overall training compliance rate was 66%. Only five of the 21 mandatory training modules had achieved 90% compliance.
- Training in self-harm and suicide, mental health first aid, and naloxone all had a completion rate of 50% or less.

Assessing and managing risk to patients and staff

Assessment of patient/service user risk

- Since our warning notice in February 2019, 11 of 13 staff had completed risk assessment training.
- We reviewed four risk assessment and management plans. Staff completed electronic initial risk assessments within the first week of treatment. Initial risk assessments were comprehensive and tailored to individual clients. Risk assessments included consideration of physical health, mental health, social, substance misuse, financial and criminal justice history. Staff had access to medical equipment including weighing scales and blood pressure monitors to support the monitoring of clients' physical health.
- Staff updated risk assessments with handwritten notes rather than complete a new assessment. Staff responded promptly to deterioration in a client's physical and mental health.
- Records showed that staff regularly completed drug screens and breathalysers with clients.
- Staff discussed risk during daily handovers and weekly clinical case review meetings.

Management of patient/service user risk

- All records included a comprehensive plan for unplanned exit from treatment. Staff recorded planned discharge address, triggers to relapse, risks, contact details and support network.
- Clients were made aware of the risks of substance misuse and relapse prevention in groups provided by staff.

- The provider was working closely with a health training provider to deliver a range of interventions including advice and information about smoking cessation.
- Staff dispensed naloxone to clients with a history of opiate use when they were discharged. Naloxone is an antidote to opiates and can reverse the effects of an opiate overdose.

Use of restrictive interventions

- Staff made clients aware of the service' restrictions prior to agreeing to their admission. Restrictions were in place to promote abstinence and reduce the risk of clients accessing drugs or alcohol during their stay.
- Staff accompanied clients in the community if they had been in treatment for less than 21 days. Clients who had been in treatment for over 21 days were able to access the local community accompanied by a peer. Staff did not individually assess clients for unaccompanied trips. We were concerned that this did not fully prepare clients for reintegration into the community when they left the service. After the inspection, the provider revised the process for client trips into the community. In future, staff would consider client's request to leave the service alone if they had successfully completed probationary trips accompanied by staff and peers.
- Clients were not allowed access to their mobile phones whilst on site. During our inspection, the payphone in Kenward House was not working, so clients had to use the phone in the staff office. Clients could only use the phone after 4:30pm so that they could engage in group work.

Safeguarding

- There was a safeguarding lead who staff could contact for advice.
- Data provided by the service showed that 20 of 22 staff had completed safeguarding training. Of these, twelve staff had completed level two and six staff level three safeguarding training. Staff demonstrated an understanding of how to recognise and act on safeguarding concerns.
- The safeguarding policy had been agreed in March 2019. Following recent safeguarding training, the policy was being reviewed to ensure it was accurate and up to date.
- Safeguarding was discussed during weekly clinical review meetings and operational quality management meetings.
- Staff worked effectively with other agencies to promote safety and share appropriate information.

Staff access to essential information

- Staff used paper records for clients. There was a front sheet in each file so that staff could find information quickly. However, in one file staff had recorded information about a client's allergy in various places in the client record. This meant that the information was not immediately clear to staff.
- Client files were stored in a lockable cabinet in the team office.
- Staff could use computers in the team office to access policies and procedures and the intranet.

Medicines management

- The service had a new medicines policy in place. Processes for the management of medicines, including obtaining, storing, administering, prescribing, supplying and disposal, were safe.
- Staff had completed medicines training and were assessed as competent in the safe administration of medicines. The medicines management lead carried out monthly medicine audits. Actions identified were implemented and subsequent audits showed that improvements had been made. Medicines errors were minimal and were reported. Investigations were completed and learnings from incidents were shared with staff.
- The service had introduced a new assessment form to record people's physical health needs. Clients were referred appropriately to a local GP, who also prescribed and dispensed their medicines.
- Medicines were stored safely and securely. Quantities of medicines were recorded and checked regularly. Staff empowered people to take responsibility for their own medicines if deemed appropriate following a risk assessment. Medicines administered to people were witnessed by a second member of staff as an extra safety measure.
- Staff organised discharge medicines for people and made safe arrangements for their ongoing care.

Track record on safety

- The service had reported two serious incidents since June 2018. Staff explained how learning had been shared and processes changed following the incidents.

Good

Residential substance misuse services

Reporting incidents and learning from when things go wrong

- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with staff and the wider service. Staff completed a root cause analysis for serious incidents. During the inspection we saw an example of learning from medicine incidents being shared with staff.
- Following staff training, there had been an increase in the number of incidents reported because of improved awareness. We saw examples of how learning from incidents was shared and improvements made to avoid repetition.
- Incidents were discussed with staff during team meetings and the clinical case review meeting. Incidents were discussed at the incident review panel, attended by managers of all services of the provider. Incident data was shared with the board of trustee sub-committee and the board of trustees meeting.
- Incidents affecting clients were discussed during the house forum meetings. Staff were de-briefed after serious incidents.

Are residential substance misuse services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- The assessment process began at the point of referral. Manager's completed an initial screening assessment, usually by telephone. A manager or therapeutic worker completed a comprehensive assessment for all clients. Assessments included information about substance misuse history, physical and mental health, social needs and criminal justice history.
- Staff asked clients to bring a GP summary of their medical history during the admission process.
- We saw that all except one member of eligible staff had completed care planning training.
- We reviewed four client care and treatment records. Recovery plans identified the client's named key worker. Assessments were holistic, and recovery orientated, with evidence of client involvement. However, the recovery plan had not been signed by the client in two of the four records reviewed.
- The provider had recently introduced a health and wellbeing strategy that staff used for new admissions. The strategy contained guidance for screening, assessing and monitoring clients' physical and mental health. This was being embedded at the time of our inspection.
- In response to our warning notice, managers completed regular care record audits to ensure adherence to policy.
- In response to our warning notice, the provider had introduced a weekly admissions panel. Managers reviewed all referrals during the meeting to ensure that the admission review and discharge policy was adhered to. Records of meetings lacked detail about how decisions were reached or if alternative care pathways had been explored for people whose needs could not be met by the service.

Best practice in treatment and care

- Staff provided a range of treatment and care for clients based on national guidance and best practice including National Institute of Health and Care Excellence (NICE) guidance**.** They ensured that clients had access to physical healthcare and supported them to live healthier lives. Staff arranged appointments with opticians and other health care professionals for clients.
- The therapeutic manager was developing training for staff in using the clinical outcome in routine evaluation (CORE) questionnaire to determine improvement in mental health.
- Staff registered all clients with the local general practice surgery. All clients received a medical assessment from the GP within two weeks of admission, and sooner if required. Staff completed a health questionnaire with clients and made appointments with the GP where appropriate.
- The provider had recently introduced a health and wellbeing strategy for staff to use with clients. The strategy described how the provider aimed to improve clients' physical and mental health as an integral part of their treatment and recovery. Staff had only recently started to use the strategy, so it was still in its infancy at the time of our inspection.
- Interventions were delivered in line with NICE guidance QS23. Groups were based on the recovery model and

used elements of cognitive behaviour approach. Volunteer counsellors provided one to one counselling for clients. Counsellors received appropriate clinical supervision.
- Clients had the opportunity to engage in 12 step work if preferred. Fellowships provided mutual aid support groups twice a week.
- Clients could attend social enterprise activities which included gardening and woodwork. Additional activities had been made available where clients had expressed a particular interest.
- There was an education centre where clients had access to a variety of education and vocational courses. These included DVLA driving theory test practice and ICT basic skills. The provider had links with the local careers service who provided training in basic skills in literacy and numeracy.
- A nurse from the Hepatitis C Trust visited the service approximately every three months to provide testing, advice and information to clients. Clients could receive hepatitis C treatment whilst at the service.
- Staff had developed links with the local NHS health trainer programme, to provide advice and information about healthy eating and smoking cessation.

Monitoring and comparing treatment outcomes

- Staff regularly reviewed recovery plans with clients. We saw regular key working and client review forms in each of the client records reviewed.
- Staff completed a treatment outcome profile at the beginning and end of a clients' treatment. Data provided by the service showed that an average of 98 out of 118 clients per quarter had completed treatment.

Skilled staff to deliver care

- All staff received an induction. The provider was reviewing the induction process and planned to increase the induction period to six weeks for new staff.
- The induction included mandatory and basic awareness training for staff. However, data provided by the service showed that compliance with many of the subjects was low.
- All new staff were expected to complete the Care Certificate level two qualification as a minimum, within six months of their employment.
- During their induction, staff completed an assessment to identify the training required for their role. Staff with 'lead' or 'champion' roles received a higher level of training relevant to their role.
- Managers held twice yearly conversations with staff to identify gaps in learning, barriers to training and their preferred learning styles.
- Managers and staff with lead roles were encouraged to complete the level five in Diploma in leadership for Health and Social Care. The registered manager had completed this qualification and two other members of staff were due to start this training later this year.
- Data provided by the service showed that staff received line management supervision approximately every six to eight weeks. Clinical supervision was available for staff fortnightly and had been arranged so that staff could attend at least once monthly because of shift patterns. However, data provided showed that staff attendance at supervision was variable. For example, the attendance of seven full time members of staff ranged from once to six times between January and June 2019.
- Data provided by the service showed that appraisals had been completed for one of the two managers. Three of eleven recovery workers and therapists had received an appraisal. Data showed that meeting dates had been booked by the end of July for staff who had not yet received an appraisal. Appraisals included conversations about staff development and how it could be supported.
- We heard examples how poor staff performance had been addressed.

Multi-disciplinary and inter-agency team work

- Staff shared information during handovers at the beginning of each shift. Staff recorded information in the handover book and emailed information to all staff.
- Staff discussed all clients during the weekly clinical case review meeting. Minutes of the meeting were emailed to all staff. The minutes of four meetings demonstrated holistic and comprehensive discussion about clients' physical and mental health as well as support with benefits and housing needs.
- The provider had introduced a mental health clinic since March. Staff arranged appointments with the manager, who was a registered mental health nurse. The manager updated client records with the outcome of the appointment.

Good

Residential substance misuse services

- Staff maintained regular contact with care managers and other relevant professionals. Data provided by the service showed there was a quarterly review meeting with a GP link.
- The provider had recently held meetings with consultant psychiatrists from the local detox unit, in the hope of negotiating consultant sessions for clients where needed.
- Recovery plans included information about other support services and mutual aid groups.
- Staff liaised with other professionals involved in a client's care to ensure the timely transfer of information.

Good practice in applying the MCA

- The service did not have a policy on the Mental Capacity Act. Staff did not complete training in the Mental Capacity Act. Staff were unable to explain how the Mental Capacity Act was relevant to ensure staff considered clients' wishes and any decisions were made in clients' best interests, if they were deemed to lack capacity. After the inspection, the provider confirmed they had arranged appropriate training for staff.
- During the inspection, we did not see any examples of staff acting outside of clients wishes or decisions. The care records we reviewed demonstrated that clients had full capacity.

Are residential substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

- We observed staff treating clients with compassion, dignity and respect. Clients said that staff were respectful, approachable and caring. They said they had been involved in their recovery plan.
- Clients said that staff wanted them to succeed in their recovery journey and the treatment had changed their life. Three of the clients said that their treatment had been a positive experience. One client said that they did not like group work and had struggled to settle into Kenward House from Naomi.
- We observed staff talking about clients with compassion, dignity and respect in the team room.
- Staff considered referrals to other professionals to ensure that clients' physical, mental and social needs were met.
- Staff explained the confidentiality process with clients during the admission process. Clients signed to confirm who they were happy for the service to share information.

Involvement in care

- Staff assigned a peer mentor to support clients during the pre-admission assessment. Staff provided clients with a welcome booklet which contained information about the service. Staff could provide toiletries, towels and clothes to clients where required.
- Staff said they signposted clients to advocacy support. There were no advocacy posters displayed across the service. Clients said they felt able to approach staff with any concerns.
- During the admissions process, clients completed a recovery plan with staff, which was reviewed regularly during their treatment. Recovery plans were holistic with clearly identified goals and recovery capital.

Involvement in care

Involvement of patients/service users

- Clients completed a feedback form when they were discharged from the service. There was a monthly community forum meeting where clients could provide feedback and raise concerns. There was a suggestion box in the service. The provider had revised a satisfaction survey for clients to improve service delivery.

Involvement of families and carers

- The provider produced a regular newsletter containing information about forthcoming events and news about the service.
- The provider planned to introduce an information pack for clients' family and carers, which would include information about support available for them.

Are residential substance misuse services responsive to people's needs?

(for example, to feedback?)

Good

Residential substance misuse services

Good

Access and discharge

- The service had clear admission review and discharge criteria. Most referrals were from community substance misuse services, people paying for their own treatment or social services.
- The average length of stay for clients was 12 weeks, although this could be increased to 24 weeks where appropriate. The average length of stay for people who paid for their own treatment was six weeks, because of the financial implications.
- Information provided by the service showed that assessment waiting times for referrals ranged from one week to three months. Records showed that reasons for lengthy waiting times was primarily due to clients waiting to complete detox before they could access the service.
- The provider was able to see urgent referrals quickly.

Discharge and transfers of care

- The provider had acted on concerns raised in the warning notice regarding unexpected exit from treatment. They had introduced a robust planned and unplanned departure process. A contingency plan described the arrangements in the event of an unplanned discharge or self-departure.
- Discharge plans included the individual needs of clients and information about other support services available, including mutual aid groups.
- Staff discussed move on options with clients and liaised with appropriate agencies including housing. Staff spoke with care managers about the planned discharge date of clients to ensure a smooth transition into the community.
- Staff made appointments for clients that required treatment in the community including dentist, doctor, hospital or optician appointments.
- The provider had move on services that clients could transfer to when they had completed their treatment. The move on services comprised supported accommodation and resettlement projects to help sustain recovery and reintegration into the community.

The facilities promote recovery, comfort, dignity and confidentiality

- The design, layout and furnishings supported clients' treatment, privacy and dignity. Each client had their own bedroom with an en-suite bathroom. There were separate male and female lounges after 8pm.
- There was a comprehensive group activity programme between 9am and 4.30pm. During the evening, clients were able to use the gym and recreational room. Mutual aid groups were held at the service twice a week. There were fewer activities at weekends to allow clients time to relax.

Patients' engagement with the wider community

- Staff supported clients to access activities outside the service and to maintain relationships with friends and family where appropriate.
- The provider had developed links with the careers service who facilitated basic literacy and numeracy courses at the service. There was an education centre with computers so that clients could complete a variety of training and education including ICT skills, health and safety and driver theory tests.
- Social enterprise projects were available for clients to increase their recovery capital and support their return to independent living. We heard examples where the provider had supported clients with specific interests including creating a sewing room.

Meeting the needs of all people who use the service

- In response to our warning notice, the provider had installed a chair lift so that clients with mobility issues could access all areas of the service.
- Staff demonstrated an understanding of the potential issues facing vulnerable groups. A member of staff had recently been nominated as the equality and diversity champion to lead on service developments and ensure that the service could meet the diverse needs of clients.
- Staff communicated with clients so that they understood their care and treatment. Staff supported clients with literacy and numeracy. There was an expectation that clients had a reasonable level of speaking and understanding English, so that they were able to engage in group work.
- A chaplain visited the service each week. Staff supported clients observe or celebrate their religious beliefs off site.
- Client records and minutes of meetings demonstrated that staff supported homeless clients with housing applications.

- Referrals were monitored during the weekly admissions panel. Records from the meeting showed that staff liaised with relevant professionals to minimise the waiting time for treatment.
- The provider offered move on accommodation and volunteer opportunities as part of the clients' recovery journey.

Listening to and learning from concerns and complaints

- Information about how to complain was included in the client welcome pack. However, the complaints process was not clearly displayed in the service.
- The service had received four complaints and one matter of concern since April 2018. All complaints were investigated and resolved in line with the providers complaints procedure.

Are residential substance misuse services well-led?

Good

Leadership

- Managers had the skills, knowledge and experience to perform their roles. There was a clear definition of recovery that was shared and understood by all staff. Managers had a good understanding of the service and could clearly explain how staff were working to provide high quality care. Managers were visible and approachable for clients and staff.

Vision and strategy

- Although some staff were unable to describe the vision and values of the organisation, they understood their role in clients' recovery journey. Staff knew that information could be found on the intranet.
- Staff were able to contribute to discussions about the strategy for the service. We saw examples of staff involvement in developing processes and training to ensure client needs were met.
- Staff could explain how they were working to deliver high quality care within the budgets available. The provider had made changes to streamline delivery of care and ensure sustainability of the service.

Culture

- Staff felt respected and valued. The provider had made changes about how they communicated service developments because of feedback from staff surveys. The chief executive attended weekly case review meetings to update staff regarding strategy and service improvements. A new management group had been developed to enable more input into service planning and delivery. The chief executive sent regular bulletins to staff.
- Staff told us they felt proud to work for the service and were supported in their role. They said that stress levels had increased because of the warning notices issued in February 2019. They told us that things were now settling down and the service had benefited from the improvements made. Staff said they felt positive about the direction of the service.
- The provider and staff did not report any bullying or harassment cases.
- Staff said that teams worked closely and had the same shared goal to provide the best possible service for clients.

Governance

- Since our warning notice, the provider had introduced new systems to improve record keeping. These were being embedded at the time of our inspection. Managers completed regular care record audits to ensure staff adhered to policy.
- Although we saw records of staff capturing information about training, line management and clinical supervision, records did not show how managers were responding to this information to improve data.
- The provider had reviewed their admission processes to ensure the service was able to meet the needs of clients. However, meeting records contained limited information to demonstrate comprehensive review of referrals and rationale for decision making.
- Policies, procedures and protocols were regularly reviewed. There was a clear framework of what should be discussed at team, manager and board level to ensure that essential information was shared.
- The medicines management lead carried out monthly medicine audits. Actions identified were implemented and subsequent audits showed that improvements had been made. Medicines errors were minimal and were reported. Investigations were completed and learning from incidents were shared with staff.

- Managers sent weekly updates about referrals, assessments, admissions and client numbers to the chief executive. Quality audits in line with key lines of enquiry requirements were completed and presented to the Operational Quality Meeting.
- The provider completed data collection tools to submit to the National Drug Treatment Monitoring Service (NDTMS). Data from NDTMS showed that approximately 83% of clients had completed treatment in the previous 12 months.

Management of risk, issues and performance

- The service had a quality assurance management and performance framework. A quality and governance tools and monitoring form contained information about a range of monitoring tools, aligned with key lines of enquiry. The form recorded where each subject should be discussed.
- The service used a board assurance framework (BAF) as a supporting document to the strategic business plan to align risks with strategic objectives, highlight progress and ongoing risk. The BAF included organisational and local risk, for example, staff training and generating referrals. The provider used a coloured risk rating for each objective. The BAF was presented and reviewed at each board meeting.

Information management

- Staff had access to appropriate equipment and technology to do their work. Staff used computers in the team office. Staff could access policies and procedures on the provider intranet. Due to the size of the grounds, staff used walkie talkies to communicate.
- Client records were stored in a locked cabinet in the staff office.
- Managers had oversight of records to monitor risk, recovery plans and clients' care and treatment. Managers completed audits of client records and identified actions for staff.
- Managers had access to information to support them in their role. This included information about the performance of the service.
- The provider had changed the process for reporting safeguarding alerts following recent safeguarding training.
- Staff shared information with a range of professionals involved in the care and treatment of clients where consent had been obtained.

Engagement

- There was up to date information about the provider on the internet. The provider sent a regular bulletin to all staff, with updates about the service. The provider produced a regular newsletter with information about the service and forthcoming events.
- The provider had recently updated the client satisfaction survey. They hoped the new survey would provide more focus on service improvements. Clients were able to provide feedback during the monthly community forum meeting. At the time of the inspection, the provider did not have a formal method of collecting feedback from carers. They planned to develop an information pack for families and carers to include information about support available.

Learning, continuous improvement and innovation

- The provider had introduced several processes in response to the warning notices issued in February 2019.
- The service assessed the quality and sustainability impact of changes, including financial.
- Staff appraisal records showed that objectives were focussed on improvement and development.
- The education and social enterprise continually evolved to meet the needs of the clients. Social enterprise projects provided the opportunity for clients to develop new skills and abilities alongside volunteers from the wider community.
- Kenward Trust was awarded the Kent Care Charity of the Year 2017.

Outstanding practice and areas for improvement

Outstanding practice

The social enterprise project was innovative and continually evolved to support clients' recovery and social capital. Staff, clients and volunteers worked together to develop, and nurture forgotten skills and increase confidence. Clients were encouraged to build on these resources to support their return live an independent, meaningful and rewarding life when they had completed treatment.

Areas for improvement

Action the provider MUST take to improve

The provider must ensure that staff complete mandatory training.

Action the provider SHOULD take to improve

- The provider should ensure that it takes timely action to embed new processes to ensure clients are safe and protected from harm.
- The provider should ensure that minutes of meetings are robust and can demonstrate a clear rationale of discussions and decision-making.
- The provider should ensure that staff complete training and understand the criteria of the Mental Capacity Act

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The provider did not monitor staff compliance with training** **This was a breach of regulation 18(2)(a)**