Outstanding ☆

Kent and Medway NHS and Social Care Partnership Trust

Substance misuse services

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RXYF2	Bridge House at Fant Oast	Bridge House	ME16 8DE

This report describes our judgement of the quality of care provided within this core service by Kent and Medway NHS and Social Care Partnership Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Kent and Medway NHS and Social Care Partnership Trust and these are brought together to inform our overall judgement of Kent and Medway NHS and Social Care Partnership Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive?	Outstanding ☆
Are services well-led?	Outstanding ☆

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards
We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

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

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

Summary of findings

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Overall summary

We rated substance misuse services in Kent and Medway NHS and Social Care Partnership Trust as outstanding because:

- Bridge House was exceptionally clean and well maintained and without exception, patients told us that they felt safe. The ward was well equipped and fixtures and fittings were provided to a high standard.
- There were enough suitably qualified and trained staff to provide care to a very good standard. The provider employed some staff with lived experience of addiction which further enhanced the skill mix and diversity of staff available. Skilled staff delivered care and treatment. Throughout the ward the multidisciplinary team was consistently and pro-actively involved in patient care and everyone's contribution was considered of equal value.
- We found that patients' risk assessments and care plans were robust, recovery focussed and person centred. The assessment of patients' needs and the planning of their care was thorough, individualised and recovery focused. Staff considered and met the needs of patients at all times.
- Staff were confident in how to report incidents and they told us about changes they had made to service delivery as a result of feedback following incidents.
- All patients received a thorough physical health assessment by both the consultant and a nurse on admission to the ward and staff identified and managed risks to physical health. Patients had an excellent level of access to a good variety of psychological therapies either on a one to one basis or in a group setting. The service model optimised patients' recovery, comfort and dignity. There was a clear care pathway through the service with associated treatment and therapy options. The patient successful completion rate for the detoxification programme was over 96% during the preceding year. There was a varied, strong and recovery-orientated programme of therapeutic activities available every week. Aftercare for all patients was arranged before admission to Bridge House. This included aftercare in the community with specialist teams or longer term residential rehabilitation. The ward offered ex-patients and their families and friends the opportunity to contact staff for support and/or information after discharge
- Staff interacted with patients and their approach was kind, respectful and professional at all times. Staff continually interacted in a positive and proactive way. The atmosphere was really welcoming, friendly and warm. Staff were particularly enthusiastic, dedicated and motivated by their work. Staff spoke respectfully about their patients at all times and demonstrated an excellent understanding of their issues with a non-judgemental approach.
- The trust carried out a monthly friends and family test, asking how likely a patient would be to recommend the services to family or friends if they needed similar care or treatment. All patients asked in December 2016 said they were extremely likely to recommend the service.
- All patients and staff told us that the quality and range of food offered was of a high standard.
- All staff had good morale and told us that they felt well supported and engaged with a visible and strong leadership team, which included both clinicians and managers. Staff were motivated to ensure the objectives of the organisation and of the service were achieved.
- Governance structures were clear, well documented, followed and reported accurately. These are controls for managers to assure themselves that the service was effective and being provided to a good standard. Managers and their team were fully committed to making positive changes. Changes were carried out to ensure that quality improvements were made, for example through the use of audits. The service had clear mechanisms for reporting incidents of harm or risk of harm and we saw evidence that the service learnt from when things had gone wrong.

However:

- Staff could not be sure that patients were able to securely store all of their possessions in their bedrooms as there were no locks on the

doors.Although no patients or staff raised any issues or concerns about bedrooms doors not being lockable, we did consider that the security of patients' belongings could be compromised.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

Good

We rated safe as good because:

- Bridge House was exceptionally clean and well maintained and without exception, patients told us that they felt safe. The ward was well equipped and fixtures and fittings were provided to a high standard.
- There were enough suitably qualified and trained staff to provide care to a very good standard. The provider employed some staff with lived experience of addiction which further enhanced the skill mix and diversity of staff available.
- Patients' risk assessments and plans were robust, recovery focussed and person centred. The assessment of patients' needs and the planning of their care was thorough, individualised and recovery focused. Staff considered and met the needs of patients at all times.
- Staff were confident in how to report incidents and they told us about changes they had made to service delivery as a result of feedback, following incidents.

Are services effective?

Outstanding

We rated effective as outstanding because:

- The assessment of patients' needs and the planning of their care was thorough, individualised and recovery focussed.
- The patient successful completion rate for the detoxification programme was over 96% during the preceding year.
- All patients received a thorough physical health assessment by both the consultant and a nurse on admission to the ward and staff identified and managed risks to physical health.
- Patients had an excellent level of access to a good variety of psychological therapies either on a one to one basis or in a group setting.
- Skilled staff delivered care and treatment. Throughout the ward the multidisciplinary team was consistently and pro-actively involved in patient care and everyone's contribution was considered of equal value.
- Two members of staff had lived experience of addiction and using substance misuse services, both were in recovery. Patients told us how strong and positive the message of recovery was for them, to have the opportunity to be cared for by and work with these staff. Patients told us they could see for

Summary of findings

themselves that recovery was possible and felt no “embarrassment or shame, as if it was them and us”. One staff member described the two positions as, “two real life role models”.

Are services caring?

Outstanding ☆

We rated caring as outstanding because:

- Staff interacted with patients and their approach kind, respectful and professional at all times. Staff continually interacted in a positive and proactive way. The atmosphere on the ward was really welcoming, friendly and warm. Staff were particularly enthusiastic, dedicated and motivated by their work.
- Staff spoke respectfully about their patients, at all times and demonstrated an excellent understanding of their issues with a non-judgemental approach.
- The trust carried out a monthly friends and family test, asking how likely a patient would be to recommend the services to family or friends if they needed similar care or treatment. All nine patients asked in December 2016 said they were extremely likely to recommend the service.
- There was evidence of patient involvement in the care records we looked at and all patients had signed a copy of their care plans. Staffs’ approach was person centred, highly individualised and recovery orientated. We also saw that patients reviewed their care plan at least once daily with a member of staff and weekly with their consultant. Patients told us they were fully involved with every aspect of their treatment and care planning.

Are services responsive to people's needs?

Outstanding ☆

We rated responsive as outstanding because:

- The service model optimised patients’ recovery, comfort and dignity.
- There was a clear care pathway through the service with associated treatment and therapy options.
- Aftercare for all patients was arranged before admission to Bridge House. This included aftercare in the community with specialist teams or longer term residential rehabilitation. The ward offered ex-patients and their families and friends the opportunity to contact staff for support and/or information after discharge.

Summary of findings

- All patients and staff told us that the quality and range of food offered was of a high standard.
- There was a varied, strong and recovery-orientated programme of therapeutic activities available every week.

However:

- Staff could not be sure that patients were able to securely store all of their possessions in their bedrooms as there were no locks on the doors. Although no patients or staff raised any issues or concerns about bedrooms doors not being lockable, we did consider that the security of patients' belongings could be compromised.

Are services well-led?

Outstanding ☆

We rated well-led as outstanding because:

- All staff had good morale and told us that they felt well supported and engaged with a visible and strong leadership team, which included both clinicians and managers. Staff were motivated to ensure the objectives of the organisation and of the service were achieved.
- Governance structures were clear, well documented, followed and reported accurately. These were controls for managers to assure themselves that the service was effective and being provided to a good standard. Managers and their team were fully committed to making positive changes. Changes had been made to ensure that quality improvements were made, for example through the use of audits. The service had clear mechanisms for reporting incidents of harm or risk of harm and we saw evidence that the service learnt from when things had gone wrong.
- Staff were encouraged to submit articles about interventions and skills they were particularly proud of to the quarterly publication called 'Connected'. Staff at Bridge House had made submissions, which were published, talking about their service and employing staff with lived experience of addiction and using substance misuse services. One of the volunteers also had an article published describing their journey as a relative of an ex-patient and their role as a volunteer.

Summary of findings

Information about the service

Bridge House at Fant Oast, Maidstone, is a nine bed inpatient, drug and alcohol detoxification unit for men and women. Bridge House was previously inspected (not rated) in March 2015.

Our inspection team

Our inspection team was led by:

Chair: Geraldine Strathdee , Consultant Psychiatrist and Clinical lead, mental health intelligence network, PHE

Team Leader: Natasha Sloman, Head of Hospital Inspection, mental health hospitals, CQC

Inspection Manager: Evan Humphries, Inspection Manager, mental health hospitals, CQC

The team that inspected the substance misuse service comprised of: a CQC inspector and a specialist advisor who was a nurse with expertise in addictions.

Why we carried out this inspection

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

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 these services.

During the inspection visit, the inspection team:

- visited Bridge House and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with seven patients who were using the service
- spoke with the managers for the unit
- spoke with six other staff members including nurses, support workers, student nurses, a volunteer and ancillary staff
- attended and observed one therapeutic group
- looked at five treatment records of patients
- carried out a specific check of the medication management which included looking at six medication charts
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

We spoke with seven patients who were using the service. All of the comments were very positive and highly complimentary about the care and treatment provided at the Bridge House. Patients told us that staff were very caring, respectful, motivated and kind towards them. All of the patients we spoke with felt actively involved in choosing and making decisions about their care and treatment.

Good practice

- Two members of staff had lived experience of addiction and using substance misuse services, both were in recovery. Patients told us how strong and positive the message of recovery was for them, to have the opportunity to be cared for by and work with these staff. Patients told us they saw for themselves that recovery was possible and felt no "embarrassment or shame, as if it was "them and us". One staff member described the two positions as "two real life role models".
- We felt privileged to be invited by patients to a therapeutic group, facilitated by a carer volunteer. The group was outstanding and very effective in enabling patients to disclose personal and emotional information which they said provided, "a turning point" in their recovery journeys. Our specialist advisor called the group, "remarkable and a therapeutic asset for Bridge House".
- Information provided by the trust showed that 96% of patients admitted completed their detoxification in the preceding year.
- Staff were encouraged to submit articles about interventions and skills they were particularly proud of to the quarterly publication called 'Connected'. Staff at Bridge House had published submissions talking about their service and employing staff with lived experience of addiction and using substance misuse services. One of the volunteers had also had an article published describing their journey as a relative of an ex-patient and their role as a volunteer.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should review the decision to put locks on bedroom doors so not to compromise the safety and security of the patients' belongings.

Kent and Medway NHS and Social Care Partnership Trust

Substance misuse services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Bridge House	Bridge House at Fant Oast

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

We did not inspect this area as the service does not admit detained patients.

Mental Capacity Act and Deprivation of Liberty Safeguards

- All patients had consented to their treatment and signed a written contract prior to admission during the pre-admission assessment process.
- All staff had undertaken Mental Capacity Act training. There was a Mental Capacity Act policy in place and staff told us about the principles and how they applied to their patients.
- Where appropriate patients had a mental capacity assessment relating to care and treatment. There were no current Deprivation of Liberty Safeguard applications or best interest assessments pending.

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- The inpatient detoxification service at Bridge House was provided in a converted oast house and presented some challenges for clear observation of the patients. However, staff managed this through individually risk assessed observation levels for patients. All of the staff we spoke with said there were sufficient staff available to enhance the observation of patients should they be assessed as being at risk of self-harming.
- The staff had completed ligature risk assessments which were detailed and these were updated every few months or immediately when a new risk had been identified. The purpose of carrying out a ligature point assessment is to identify, assess and evaluate the risk to inform decisions and actions to remove or reduce the risk of suicide or self-harm through hanging or strangulation. Risk assessments identified that risks were mitigated by, for example, enhanced patient observation.
- The service complied with Department of Health guidance on same-sex accommodation. The guidance states that all sleeping and bathroom areas should be segregated and patients should not have to walk through an area occupied by another sex to reach toilets or bathrooms.
- Emergency resuscitation equipment including, oxygen, defibrillator and suction machine were available in the fully equipped clinic room. Staff checked the medical equipment regularly to ensure it was fit for purpose and safety testing was in date on the devices we checked. Emergency drugs were available in the clinic room and were all in date. Staff were trained in life support techniques as part of their mandatory training. This enabled them to be able to use the emergency equipment and respond appropriately to medical emergencies. All staff were trained in the care for patients requiring either alcohol or drug detoxification.
- All areas of Bridge House were visibly clean, with good furnishings and were very well maintained.Cleaning records were complete and up to date. Cleaning schedules were available and followed. Dedicated housekeeper staff showed pride in their work and had received a cleanliness compliance score of 100% and were issued with a certificate of compliance from the trust's infection prevention and control team.
- We observed staff following good infection control practice including hand washing.
- Regular environmental risk assessments were undertaken and updated as required. The environmental risk assessment work was audited as part of a wider monthly compliance audit carried. Daily and weekly checklists were completed by staff to ensure risks were managed in the general environment, clinic rooms and medicine cabinets, emergency equipment and management of patients' money.
- There were no alarms fitted in Bridge House. However staff did use sound monitors to alert them overnight if a patient was in distress and they wanted to summon staff support in between the regular night checks staff made. Staff told us there had not been any incident which had led them to consider installing alarms in the building.

Safe staffing

- There were 21 substantive staff working at Bridge House, in addition to two volunteers, a consultant was on site three days each week and two student nurses. The trust recently agreed funding to increase the consultant time to five days each week. There were no staff vacancies. On average one shift each week was filled by temporary staff. There were no occasions when a shift had not been filled. All temporary staff were bank or agency staff who were all were familiar with the service. The sickness rate was low at below 1% as of January 2017 and the staff turnover rate was also low at below 1%.
- Medical cover was available day and night and a doctor could attend the ward in an emergency from the doctors on the trust's medical on call rota.

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- In addition to staff on duty there were two ward managers. One ward manager co-ordinated all patient referrals and liaised with referring agencies. The second manager organised the day to day running of the ward.
- All staff told us there were sufficient staff to deliver care to a good standard and on checking the rota there were sufficient staff on duty. There was a minimum of one qualified nurse and one support worker on each shift, over a 24 hour period. An additional support worker worked from 09.00 to 17.00. The management team were working in addition to the minimum number of staff on each shift. We looked at the staffing rotas and saw that there were sufficient staff on each shift.
- The service had put effective administrative support and processes in place to enable clinical staff to spend their time in direct contact with patients. This meant staff had time to prioritise the care and treatment of their patients.
- Staff were available to offer regular and frequent one to one support to their patients. There were enough staff on each shift to facilitate patients to have leave and for activities to be delivered. Staff and patients told us that activities were not cancelled due to staffing issues. Patients told us they were offered and received a one to one session with a member of staff every day. On checking the patients' daily records this was the case.
- More than 95% of all staff had updated mandatory training refresher courses recorded. Staff were encouraged to attend additional training courses (detailed in the effective domain).

Assessing and managing risk to patients and staff

- There was no use of seclusion, long term segregation, restraint or rapid tranquilisation during the two years prior to our inspection.
- We looked at five electronic care records, all of which demonstrated good practice in assessing and managing risk. Staff used the risk assessment template and associated documentation in the electronic care record system.
- Prior to admission to Bridge House, the ward manager carried out a detailed assessment to ensure that patients' needs could be managed well and met on the ward.
- On admission the assessment process was thorough and detailed and covered identifying risks to patients' health and wellbeing. A medical assessment was carried out and nurses assessed physical and psychological needs and risks. Patients referred to Bridge House were very unwell and could experience extreme effects whilst undergoing detoxification from drugs and alcohol ranging from sweats and shaking to, in the case of alcohol withdrawal, severe seizures.
- Staff carried out a comprehensive risk assessment for patients on their admission. Patients were actively involved in the risk assessment process. Risk reviews were undertaken at least every day by the nursing team and three times each week in full multidisciplinary care reviews and following any incidents or safeguarding concerns. Risk formulations and management plans were comprehensive and relevant.
- Staff used a number of risk assessment tools to safely manage risks associated with drug and alcohol detoxification. For example staff used the clinical institute withdrawal assessment for alcohol to assist staff to safely manage withdrawal symptoms and risks associated with alcohol withdrawal.
- All patients had contingency plans in place should they make an early and unplanned exit from the ward. Patients were not detained under the Mental Health Act and patients knew they could leave the ward at will.
- There were clearly advertised blanket restrictions on the ward. Blanket restrictions are rules and boundaries put in place by staff. We discussed these with staff and patients, examples included patients' mobile phones were kept in the office, no use of the internet without staff supervision and patients opened their post in front of staff. Staff and patients told us the restrictions were in place to maintain safety and to ensure patients had the best chance of successful treatment. All patients had consented to the restrictions as part of their treatment contract which all patients had signed. Staff referred to and regularly reviewed these contracts during a patient's admission. Staff told us flexibility was used dependant on patients' needs. For example the ward had a laptop available with supervised internet access and Skype for staying in touch with family and friends.
- Staff made good use of frequent observation of patients' physical and psychological health. Staff told us that,

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

where they identified particular risks, they safely managed these by putting in place relevant measures. For example, the level and frequency of observations of patients by staff were increased. Individual risk assessments we reviewed took account of patients' previous risk history as well as their current mental and physical health state.

- Patients told us, without exception, that they felt safe at Bridge House.
- We spoke with staff about protecting their patients from abuse. All the staff we spoke with were able to describe what constituted abuse and were confident in how to escalate their concerns. All staff received training in safeguarding adults at risk and children and were aware of the organisation's safeguarding policy. At the time of our inspection there were no current safeguarding concerns. The provider had an appointed safeguarding lead clinician.
- We checked the management of medicines on the ward and looked at six medication administration records. There was one omission in recording which we raised at the time and it was immediately addressed. We did not see any errors on the medicine charts. The medicines were stored securely in the clinic room. Daily checks were made of room and refrigerator temperatures to ensure that the medicines remained suitable for use. All medicines needed were available. We looked at the ordering process and saw the process for giving patients their regular medicines and we heard from patients about the information they were given. All medicines checked were in date. There were good processes and procedures in place on the inpatient unit in relation to medicine reconciliation. The provider used a pharmacist to advise and audit the medicine management system. Staff gave patients information about medicines. Staff discussed medicines in multidisciplinary care reviews. Staff discussed changes to the patients' medicines with them and provided leaflets with more information. We observed this practice happening during our inspection. The provider attached photographs of patients on the front of their administration charts to lessen any chance of the wrong patient being administered medicine not prescribed to them.
- Staff used clear protocols for patients to see children from their families. Each request was risk assessed thoroughly to ensure a visit was in the child's best interest. There were meeting rooms available for visitors outside of the immediate bedroom areas.

Track record on safety

- There were no serious incidents requiring investigation in 12 months prior to our inspection.
- Improvements were made to ensure safe practice, for example a recent review of the detoxification guidelines and a review of risk assessment practices led to additional physical health checks being introduced for all patients.

Reporting incidents and learning from when things go wrong

- Staff knew how to recognise and report incidents. All incidents were reviewed by the ward managers on a daily basis if required. Staff told the managers and more senior managers within the organisation about incidents in a timely manner so that they could monitor the investigation and respond to these. Staff investigated all incidents to try to establish the root cause.
- Staff told us that they received feedback from investigations in regular team meetings where they learnt key themes and lessons and developed action plans if they needed to make changes. Staff said there was always a debrief session arranged following a serious incident, and that a facilitated (by one of the managers) reflective session would take place to ensure, as well as learning lessons, that staff felt adequately supported.
- The senior management team circulated a monthly bulletin, the 'learning flyer', to staff with incident summaries for the service line and emerging themes. There was a section detailing key lessons for learning in order to prevent reoccurrence of incidents. For example, staff were reminded about ensuring security within their service areas following an incident of 'tailgating' when a person closely followed another person when they entered the ward.

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- The provider was open and transparent with patients regarding their care and treatment. This was known as their duty of candour and set out some specific requirements that providers must follow when things go wrong with patients' care and treatment. This includes informing people about the incident, providing reasonable support, providing truthful information and an apology when things went wrong. We retrospectively saw in incident records that all incidents had been discussed with patients at the time.

Are services effective?

Outstanding ☆

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- We reviewed five sets of care records and found they were all completed to a high standard and demonstrated good practice in assessments, recording and care planning.
- Staff assessed patients' needs and delivered care in line with patients' individual care plans. All patients received a thorough physical health assessment, by both the consultant and a nurse, on admission to the ward and staff identified and managed risks to physical health. In addition to the psychiatrist working as part of the multidisciplinary team, a general practitioner visited the ward weekly. All staff we spoke with were very confident in their ability to assess physical health care needs and provide robust care and treatment plans. For example all patients received an electrocardiogram (ECG) and comprehensive blood screening. An ECG is a test that checks for problems with the electrical activity of the heart. A number of nurses were trained in phlebotomy which meant that blood tests could be taken on site. The modified early warning system to help monitor a patient's physical health care needs was fully implemented for all patients. Information in the patients' care records confirmed that these checks had taken place.
- Care plans were personalised, holistic and recovery focused. Most patients stayed on the ward for 10 days only and care plans reflected specific treatments for each patient's stay.
- 96% of patients admitted to the unit, completed their detoxification programme in the preceding year.
- Patients told us that they had signed and received a copy of their care plans. Patients we spoke with told us that they were involved in the care planning process and that the plans were individualised to meet their specific needs. We saw many examples of staff applying this individualised approach to patients. All patients, without any exception, told us they were fully involved in every aspect of their treatment and all decisions concerning their care plans.
- All care records were stored securely on the provider's electronic care record system and were accessible to all staff.

Best practice in treatment and care

- Staff used National Institute for Health and Care Excellence (NICE) guidance when prescribing medicines. Guidance was used in relation to the options available for patients' care, their treatment and wellbeing and in assuring the highest standards of physical health care delivery. NICE guidance was used in the delivery of the drug and alcohol detoxification programmes, treatment for patients with depression, anxiety, and where appropriate common mental health disorders and for those patients with a personality disorder.
- Psychological therapies recommended by NICE were available on the ward either as part of a group or individually. For example there were groups available based on cognitive behaviour therapy which is a talking therapy that can help patients manage their problems by changing the way they think and behave. Additional therapies were available such as acupuncture and relaxation.
- Two members of staff had lived experience of addiction and using substance misuse services, both were in recovery. Patients told us how strong and positive the message of recovery was for them, to have the opportunity to be cared for by and work with these staff. Patients told us they could see for themselves that recovery was possible and felt no "embarrassment or shame, as if it was them and us". One staff member described the two positions as, "two real life role models".
- We observed, by invitation of the patients, a therapeutic group, facilitated by a carer volunteer. The group was very effective in enabling patients to disclose personal and emotional information which they said had provided, "a turning point" in their recovery journeys. Our specialist advisor called the group, "remarkable and a therapeutic asset for Bridge House".
- Many patients had physical health issues as a complication of their addictions which were well managed by the staff on the ward. If necessary patients sometimes needed to be transferred to the local acute hospital for a period of intensive physical health care with specialist input.

Are services effective?

Outstanding ☆

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Staff carried out a nutritional screening for all patients on admission. They used an accredited screening tool called the malnutrition universal screening tool which raised awareness of a patient's risk of malnutrition.
- Staff used nationally recognised rating scales to assess patients physically, mentally and safely through their withdrawal. For example the subjective opiate withdrawal scale was used and enabled patients to be involved in assessing their withdrawal symptoms with staff.
- Staff participated in clinical audits to monitor the effectiveness of services provided. Audits carried out included a regular person centred audit to ensure patients were fully involved in all aspects of their care planning. In addition audits were carried out to ensure the electronic records were complete through the use of a checklist. A monthly audit was carried out which looked at how many blank boxes were on each patient medication record. A blank box would mean an omission had been made in recording.
- We noted a quality initiative called, 'Peak of the week' which identified a particular area of the service where a development or improvement had been identified and submitted to the senior management team for consideration. This was then advertised and celebrated across the organisation in the monthly, 'quality newsletter'. We found that staff were particularly motivated, engaged and energised by this initiative. For example Bridge House had recently secured a new contract to provide detoxification services to patients from West Sussex. In another example three support workers had been trained to deliver auricular acupuncture treatment.

Skilled staff to deliver care

- There was a range of staff at Bridge House including medical, nursing, pharmacy, therapists, volunteers and some staff with lived experience of using substance misuse services.
- Staff were experienced and qualified. They told us they had received a very thorough induction when they started working at Bridge House. Staff received appropriate training, supervision and professional development. Staff were encouraged to attend additional training courses. For example three staff received training in acupuncture. Patients told us how helpful they found this intervention in assisting them to feel calmer and more relaxed. Other staff, for example, received training in dual diagnosis, counselling, phlebotomy and physical and mental health.
- We saw evidence that all staff received supervision at least every four to six weeks and an annual appraisal.
- There were no staff performance concerns on the ward.

Multi-disciplinary and inter-agency team work

- A fully integrated and well-staffed multidisciplinary team worked at Bridge House. Regular team meetings took place every month. There were handovers during the day which were highly effective in communicating information between staff.
- Staff had space and time to feedback and add to discussions in meetings. Everyone's contribution was valued equally.
- We observed interagency working taking place with primary care, the locality community substance misuse teams, the local acute hospital and mental health teams (hospital and community) being a particularly positive example. Bridge House fast tracked patients from the local mental health unit and the acute hospital who required detoxification from drugs or alcohol.
- Bridge House had strong links with local organisations and charities and each week representatives from alcoholics' anonymous, narcotics anonymous and cocaine anonymous ran groups for patients on the ward. Patients told us how important these talks were as they gave them opportunity to hear about other peoples' journeys and experiences. They said they could see that recovery was possible through hearing others talk about their own recovery.

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

- This area was not inspected as patients at Bridge House are not detained under the Mental Health Act.

Good practice in applying the Mental Capacity Act

- All patients consented to their treatment prior to admission during the pre-admission assessment process.
- All staff had undertaken Mental Capacity Act training. There was a Mental Capacity Act policy in place and staff told us about the principles and how they applied to their patients.

Are services effective?

Outstanding ☆

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Where appropriate patients had a mental capacity assessment relating to care and treatment. There were no current Deprivation of Liberty Safeguard applications or best interest assessments pending.

Outstanding ☆

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- Patients spoke highly of the staff working on the ward and were extremely complimentary about them. Some comments from patients included, “Bridge House has saved my life” “It’s like a miracle, the way my life has turned around” “fabulous and fantastic staff”. One patient said, “The staff are simply the kindest, most dedicated and most memorable team I’ve ever met, I have a huge gratitude to them.”
- Relatives also commended the ward and staff and told us Bridge House had, “offered us a lifeline”, and “the staff are compassionate, kind and professional.” Another example, which was powerful and heartfelt, included the following comment, “This is a very special place, the staff offer hope, time, experience and space. The path of recovery is hard however, with their help it is a better journey with a greater chance of success”.
- There was a clear, consistent and cohesive approach to care and treatment which was enhanced by some staff members who had lived experience of addiction and using substance misuse services. Staff were interacting with patients and we observed their approach to be kind, respectful and professional at all times. We joined staff and patients for lunch and experienced how calm and relaxed the atmosphere was. Staff continually interacted in a positive and proactive way. The feel of the ward was really welcoming, friendly and warm. Staff were particularly enthusiastic, dedicated and motivated in and by their work.
- Staff spoke respectfully about their patients at all times and demonstrated an excellent understanding of their issues with a non-judgemental approach.
- Many compliments and thank you cards sent by previous patients were proudly displayed and enjoyed by all on the ward. One example of a compliment from an ex patient said, “Full detox completed. None of the changes in my life could have happened without the love and support from Bridge House”. In December 2016 Bridge House received 23 compliments. This demonstrated the achievements of the team. Over the preceding year they received 127 compliments which was a remarkable number for one service.

The involvement of people in the care that they receive

- Staff told us confidently about the treatment and therapy model for drug and alcohol detoxification. Staff were non-judgemental towards their patients and empowered them to encourage their involvement.
- All patients received information about Bridge House before they were admitted. Patients received an information booklet on admission to the ward which was designed with input from ex patients. The handbook welcomed patients and included information about their health needs, the multidisciplinary team, care and treatment options, medication and physical health needs, arrangements for health records and care plans. In addition the rules and restrictions in place on the ward were clearly described with the rationale of why they were in place. We found the folder helped to orientate patients to the service and patients we spoke with received a copy and commented on it positively.
- There was evidence of patient involvement in the care records we looked at and all patients had signed a copy of their care plans. Staffs’ approach was person centred, highly individualised and recovery orientated. We also saw that patients reviewed their care plan at least once daily with a member of staff and weekly with their consultant. Patients told us they were fully involved with every aspect of their treatment and care planning.
- Local advocacy services were advertised widely, both on the information board and in the patient welcome pack.
- Bridge House encouraged the involvement of friends and families. We met with one relative who was now volunteering on the ward. She said, “I want to give back to those who are only just beginning their road to recovery and for clients and carers to know they are not alone. There is hope and a system of professional people who can help without judgement, recriminations or an ulterior motive.” Staff worked closely with families and actively encouraged patients’ children to visit. Staff signposted families and carers to a counselling service provided by the trust.
- Patients could get involved through a number of initiatives. A daily morning meeting took place where patients could raise any issues, ideas or concerns. All patients were given the opportunity to review their experience and give feedback both during their

Are services caring?

Outstanding ☆

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

admission and post discharge. The trust carried out a monthly friends and family test, asking how likely a patient would be to recommend the services to family or friends if they needed similar care or treatment. All patients asked in December 2016 said they were extremely likely to recommend the service.

- We looked at a number of examples of staff acting on patients' suggestions to improve services, known as, 'you said, we did'. This showed us how staff encouraged patient feedback and responded positively and quickly to implement those changes. Examples included, patients said they sometimes found it difficult to relax and sleep. Staff purchased MP3 players and headphones with downloaded relaxation music on them. Patients said they would like some exercise equipment and a rowing machine and exercise bike were purchased for patient use. Patients said they would like access to the internet so staff purchased a laptop for their internet usage. A risk assessment had been carried out on access to the internet.

Are services responsive to people's needs?

Outstanding ☆

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- The average bed occupancy for Bridge House in the preceding year was 72%. Patients were referred to the ward from local statutory and third sector substance misuse services, the local acute hospital and mental health hospital. The ward also accepted out of area placements for detoxification from West and East Sussex, Oxford, Kent, East London and Buckinghamshire.
- All patients admitted had already received specialist community support provided for those people who were dependent on drug and alcohol. However only Bridge House offered specialist inpatient detoxification. The patients admitted were too unwell either physically or mentally (or both) to undergo detoxification at home or in the community.
- Aftercare for all patients was arranged before admission to Bridge House. This included aftercare in the community with specialist teams or longer term residential rehabilitation.
- The average length of stay was 10 days and 96% of patients completed their detoxification in the preceding year.
- The average waiting time for admission from referral was 14-28 days. There were 48 patients on the waiting list for admission. All patients waiting for admission were receiving services from community based substance misuse teams in the interim.
- During our inspection visit there was one empty bed.
- The ward manager assessed potential patients prior to admission to the ward and they told us that they were given sufficient time to complete the assessment. Risk was assessed thoroughly pre admission to ensure that patients did not require a higher level of security and containment than the ward was able to offer.
- The ward admitted patients at appropriate times of the day. Current ward beds were never used when patients were on leave.
- There were no delayed discharges from the inpatient unit in the year prior to our inspection as all patients were discharged back to the care of the referring team or onwards for further drug or alcohol rehabilitation.
- Patients spoke to us about their discharge plans and told us how staff were helping them to achieve these plans.
- The ward offered ex-patients and their families and friends the opportunity to contact staff for support and/or information after discharge. There was no time limit to this arrangement and at any one time several ex-patients and/or their family and friends were speaking to the ward manager on a regular basis. We spoke to one family member who told us how helpful they had found this facility.

The facilities promote recovery, comfort, dignity and confidentiality

- Bridge House had a variety of very well furnished rooms for patients to use including quiet lounges, dining room, communal kitchen, clinic room and a designated women's lounge. A selection of therapy and group rooms were available to patients. The quality and standard of the environment, fixtures and fittings was high. Without exception, patients reported the facilities aided their recovery.
- Patients were able to make private phone calls on a payphone. Their own mobile phones were stored in the staff office and patients were able to freely request their phones when they wanted to use them.
- Patients could access a shared laptop with internet and Skype available on it. This was carried out with staff supervision.
- Bridge House had access to beautiful outside garden areas which were superbly maintained, with seating areas and a play area for any children who visited.
- We sampled the food available to patients and found it was presented to and tasted of a very high standard. All patients without exception commented on the high quality of the food provided. The head chef was in daily discussion with patients, seeking feedback on the quality and range of food available. Menus were changed regularly and were informed by patient choice. There was a wide choice of food on offer daily and the chef told us they prepared whatever patients wanted to

Are services responsive to people's needs?

Outstanding ☆

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eat if they did not like the choice on offer.Patients were able to have hot and cold drinks and snacks throughout the day. Patients were asked about any allergies, dietary needs or preferences on admission to the ward. This information was relayed to kitchen staff who maintained an allergy and special diet board in the kitchen for each patient. Patients were able to request smaller portions, bland or spicy food and all patients could be referred to a qualified dietician.

- Patients' bedrooms were personalised with their photos and personal items on show. Patients accessed their bedrooms at any time. Staff could not be sure that patients were able to securely store all of their possessions in their bedrooms as there were no locks on the doors. Although none of the patients or staff raised any issues or concerns about bedrooms doors not being lockable, we did think the security of patients' belongings could be compromised and we discussed these potential issues with the management team. We were told by the managers that discussions would be held to consider putting locks on the bedroom doors.
- A daily activity and therapy programme was in place on the ward. Alongside the therapy and treatment programmes additional activities were available and included pampering sessions including hair and beauty, relaxation, exercise and walks in the local area, quizzes, and art and craft sessions.

Meeting the needs of all people who use the service

- Bridge House had full disability access including adapted toilet accessibility and access to the bedroom areas via a stair lift.
- Staff told us that information could be made available in different languages as required by patients using the services. Information was available on interpreters.
- There was a range of information available on treatments, therapy, local services, patients' rights and how to complain.
- There was a wide choice of food on the ward, prepared freshly by a chef each day, which met the individual needs of all patients. For example, Halal and Kosher food was available as well as dairy and gluten free food.
- Patients told us there was access to spiritual support.

Listening to and learning from concerns and complaints

- There had been no complaints at Bridge House in the preceding 12 months to our inspection. Minor concerns were dealt with on an ongoing basis and these were either raised by patients with staff individually or in the daily business meeting.
- Copies of the complaints process were on display in reception and in the ward's welcome pack. Patients we spoke with all knew how to make a complaint should they wish to do so. This included how to contact the Care Quality Commission should the patients wish to do so.
- Staff confidently described the complaints process and how they would handle any complaints. Staff told us that they try to deal informally with concerns and to do this promptly in an attempt to provide a timely resolution to concerns.
- Staff met regularly to discuss learning from complaints. The monthly 'learning flyer' bulletin was widely advertised and this informed a programme of improvements and training across the service line, for example a patient satisfaction survey on food was undertaken in early 2016. A seven point action plan was put into place as a result to improve choice and avoid too much repetition.
- The 'you said, we did' initiative was well embedded and information on it was widely advertised.

Are services well-led?

Outstanding ☆

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- The trust's vision, values and strategies for all of the services were evident and on display throughout Bridge House. Staff we spoke to understood the vision and direction of the organisation. Staff at every level felt very much a part of the service and were able to discuss the philosophy of the ward confidently. Staff told us that the purpose of the ward was to offer and deliver high quality treatment and therapy programmes to patients to enable them to change and have the possibility of a new start in life.
- The two ward managers had daily contact with all staff and patients. The managers were highly visible and patients knew who they were and felt confident to approach them if they had any concerns. Staff told us their managers were, "excellent managers".
- Staff commented on the high quality support they received from ancillary services such as housekeeping, catering, maintenance and general administration.

Good governance

- We looked at a series of clinical quality audits, human resource management data and data on incidents and complaints. The information was summarised and presented monthly in a key performance indicator dashboard called the 'risk highlight report'. This meant that the management team were able to receive assurance from data and apply clear controls to ensure the effective running of the service. Staff received their mandatory training, supervision and appraisals. There were sufficient staff available on every shift in each unit to deliver good care to patients. Clinical audits were regularly carried out to ensure treatment and therapy was effective. Staff were confident that they learnt from incidents, complaints and patient suggestions and feedback.
- Managers carried out daily quality walk arounds where they assessed the environment, documentation, patient welfare and patient experience. We spoke to patients who told us that they were encouraged by staff to participate in making suggestions towards improving many aspects of the service.
- The senior clinical staff told us they felt they had the autonomy and authority to make decisions about changes to the service. They commented that they felt very well supported.
- Staff showed us the strategic and operational risk register. Staff told us that they were able to submit items of risk for inclusion on the risk register. The risk register had inclusions from staff at Bridge House, which showed us risks were escalated appropriately from all areas of the service. Risks were circulated monthly to all staff in the, 'risk highlight' report.

Leadership, morale and staff engagement

- Staff told us they understood what was expected of them in their jobs, they felt supported by their line managers and felt they could safely raise concerns at work. They understood how their work helped to achieve the service objectives. All of the staff we spoke with were highly satisfied working at Bridge House.
- The staff met regularly in team meetings and all staff described morale as exceptionally good with their managers being highly visible, approachable and supportive. Staff were asked regularly, by their senior managers, about what they thought the services did particularly well and what the services could do to improve.
- Sickness and absence rates were less than 1% as of January 2017.The trust target rate for sickness was 3%.
- Staff said they felt very well supported in dealing with any concerns they had about any adverse behaviour from either fellow staff or patients.
- Staff were aware of the whistle blowing process. There was a policy which the provider would follow for the investigation of concerns. No whistle blowing alerts were received by the Care Quality Commission in the year prior to our inspection.
- Staff told us they felt Bridge House was, "the best service to work in and such an effective service for our patients", they felt supported and valued by the management team. They described their morale as being exceptionally high.
- Staff were able to confidently describe the importance of transparency and honesty and their duty of candour.

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- All of the staff we spoke with expressed their pride in the strong element of team working across the ward.

Commitment to quality improvement and innovation

- Staff participated in clinical audits to monitor the effectiveness of services provided. They evaluated the effectiveness of their interventions. This work was overseen by the quality committee and the quality improvement team, which provided an overall review of quality, safety and effective clinical services. The 'quality newsletter' encouraged staff to write about their service achievements and was published and circulated to staff monthly. The newsletter was advertised widely on the ward.
- Staff were encouraged to submit articles about interventions and skills they were particularly proud of to the quarterly publication called 'Connected'. Staff at Bridge House had made submissions, which were published, talking about their service and employing staff with lived experience of addiction and using substance misuse services. One of the volunteers also had an article published describing their journey as a relative of an ex-patient and their role as a volunteer.