

# Westcliffe House Limited

## Quality Report

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

## Ratings

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

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

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

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

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

# Summary of findings

## Overall summary

We rated Westcliffe House as requires improvement because:

- The unit did not have clear governance systems that could provide assurance that the service was delivering safe, effective care. The manager had not yet implemented systems and processes which meant they could record, review and audit information about the clients and their service despite this being raised as a concern on two previous inspections. The manager needed to update and review information about the service. This included information about staff training, staff supervision and appraisals, policies, staff files, client care records, risk assessments, incidents, complaints and client medication.
- There was no evidence of harm reduction advice provided, no evidence of the alcohol use disorders identification test (AUDIT) or the severity of alcohol dependence questionnaire (SADQ) completion in clients' care records
- Although staff stored, administered and recorded medicines safely, the medication policy and procedures to support staff administering medicines were limited and did not cover all aspects of the safe management of medicines. There was no evidence of staff being signed off as competent following medication training.
- There was little evidence to show that staff were up to date with their mandatory training. The manager did not have a clear training matrix in place to identify when staff had received, were due or were competent in their training. It had not been identified that staff who were first aiders had expired training certificates, and should have received refresher training.
- Staff meeting minutes were not easily located or filed in the appropriate place. There was no evidence of staff learning from incidents and adverse events.
- Client's physical and mental health problems were not fully reflected in some of the care plans and risk assessments. Risk assessments could have included more individualised detail and crisis plans. Staff did not record information about unplanned exits in clients' care records.
- Staff did not have a good understanding of the Mental Capacity Act. This meant that clients who might have

lacked the capacity to make some decisions at a certain point of their treatment, including the impact of substances, were at risk of not being represented appropriately.

- The service did not have a formal admissions policy. There was a potential risk to other clients and staff of admitting an unsuitable client due to not having a formal admission policy.

However:

- The service was well staffed and had a low turnover rate. Staff had worked at the service for a long time and demonstrated a deep understanding of the service's recovery model. Staff treated clients with compassion and dignity. Clients described a culture of honesty and openness within the service and said they trusted the staff team.
- Clients felt as though changes had been made as a result of their feedback. Staff supported the involvement of families and provided support to develop and maintain these relationships.
- Staff offered a wide range of therapies and reviewed these regularly with the client to ensure they were effective. Clients had lots of activities to choose from, especially in their local community. There was a strong emphasis on education which included clients educating each other about their culture, heritage and life stories. Staff supported clients to live healthier lives.
- Clients said that they felt the environment was homely and could personalise their bedrooms. The service documented lots of compliments and had thank you cards displayed around the building. Clients said the food was good and staff had a good knowledge of how to support people who had specific dietary requirements.
- Staff and client morale was high. Staff felt happy about coming to work and felt proud to be working at the service. The manager respected and empowered the staff team. The manager had identified areas for improvement working with employers of clients with addiction. The manager demonstrated how they had successfully raised awareness about keeping people in employment with employers and the wider community. Staff felt supported by the manager.

## Summary of findings

This was the third time the service has been issued a requirement notice due to concerns about the governance of the service under regulation 17 of the Health and Social Care Act 2008. We have discussed this

with the provider and will return to inspect the service to see if they have made the necessary improvements and to consider further action if the requirement notice has not been met.

# Summary of findings

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Requires improvement 

# Westcliffe House

## Services we looked at

Substance misuse services

# Summary of this inspection

## Background to Westcliffe House Limited

Westcliffe House Limited provides accommodation for persons who require treatment for substance misuse and or detoxification. It has the capacity to treat and care for up to 20 men and women at any one time. The service had 10 clients admitted at the time of the inspection.

The service offers residential treatment programmes for clients recovering from drugs, prescription medication and alcohol addiction. They also offer accommodation for clients requiring detoxification; this treatment is delivered and monitored by a local community substance misuse service with whom Westcliffe House have a written agreement.

Westcliffe House Limited also offers counselling to clients with mental health problems such as obsessional compulsive disorder, eating disorders, gambling and co-dependency. Westcliffe House offers a range of services that include specialist therapies, training programmes and aftercare.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC to manage a service and they have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations. At the time of the inspection Westcliffe House Limited was registered for accommodation for persons who require treatment for substance misuse and treatment for disease disorder and injury.

We last inspected Westcliffe House Limited on the 9 May 2018. We issued one requirement notice following this inspection. This was the second time that the provider had received a requirement notice about the safe governance of the service under regulation 17 of the Health and Social Care Act 2008, having previously had a requirement notice given following our inspection on 14 December 2016. This requirement notice has not yet been met.

## Our inspection team

Team leader: Katharine Segrave

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

## Why we carried out this inspection

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

## How we carried out this inspection

This was an unannounced comprehensive 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 and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients;
- spoke with six clients who were using the service;
- spoke with the registered manager;

# Summary of this inspection

- spoke with six other staff members; including support workers, therapists and administrative staff;
- attended and observed one hand-over meeting;
- looked at six care and treatment records of clients;
- reviewed daily, weekly and monthly medicines audits that had been carried out by staff;
- reviewed nine medication administration records
- and looked at a range of policies, procedures and other documents relating to the running of the service

## What people who use the service say

Clients were very positive about the service they received at Westcliffe House. They felt safe and said that staff treated them with dignity and respect and that they trusted the staff. Clients enjoyed the range of different

therapies they could receive. Clients liked the environment and referred to it as being homely. Clients said the service made them feel like they had family. Clients said that there was 'magic in the walls'.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as requires improvement because:

- Although medicines were stored, administered and recorded safely, the medication policy and procedures to support staff administering medicines were limited and did not cover all aspects of the safe management of medicines.
- There was no clear threshold for admitting clients into the service. There was a potential risk to other clients and staff of admitting an unsuitable client due to not having a formal admission policy.
- Staff did not detail risk management plans, including the likelihood and severity of risk occurring, in client's risk assessments and management plans. Staff had not documented crisis plans in care notes. Staff did not document in client's care plans about how they would support clients safely during an unplanned exit from the service.
- There were no records to demonstrate that staff had discussed and learnt from incidents.
- There was little evidence to show that staff were up to date with their mandatory training. The manager did not have a clear training matrix in place to identify when staff had received, were due or were competent in their training. The training matrix was not complete to demonstrate staff competencies and there were no training certificates attached to evidence attendance at training events. It had not been identified that staff who were first aiders had expired training certificates and should have received refresher training.
- Staff had not recently received training in safeguarding, although since our inspection, the manager has confirmed that all but one staff have completed safeguarding training. The safeguarding policy contained out of date information from the Department of Health's 'No Secrets' white paper. This was replaced in 2014 by the Care Act.
- The manager had not updated the lone working policy for a number of years. The policy had incorrect information about what to do in an emergency.
- There was no evidence of harm reduction advice provided, no evidence of the alcohol use disorders identification test (AUDIT)) or the severity of alcohol dependence questionnaire (SADQ) completion.

However:

Requires improvement



# Summary of this inspection

- The environment was clean and well maintained. Staff kept good cleaning records and clients got involved in therapeutic cleaning activities.
- The service was well staffed and had a low turnover rate, with some staff working there for over 20 years. The manager had a proactive system of supporting ex clients to volunteer and train to become support workers.
- Staff had good knowledge around managing client risk and who to contact for advice and support. Staff were very responsive to deterioration in risk or health.

## Are services effective?

We rated effective as requires improvement because:

- Client's physical and mental health problems were not fully reflected in some of the care plans and risk assessments. This meant that there was a risk of clients not having all of their needs met.
- The manager had recently completed an induction checklist, but this had not been incorporated into all staff files. There was no evidence that staff had been safely inducted into the team or that they understood each aspect of their induction.
- Staff supervision and appraisals were not recorded. This meant that there was little documented direction for continual professional development and performance monitoring. Staff did say they received supervision and support.
- Staff meeting minutes were not easily located or filed in the appropriate place.
- Staff did not have a good understanding of the Mental Capacity Act. This posed a risk to clients who might have lacked the capacity to make some decisions about their care at some stage of their treatment.

However:

- Recovery plans were personalised and recovery oriented. The client's voice was included and we saw lots of evidence of involvement and choices given.
- Staff joint worked with a healthy living co-ordinator who offered a range of activities and group to improve clients' health.
- The manager demonstrated a positive response to working with people who had convictions. They followed a clear flowchart to ensure this process was implemented safely.
- Staff had four huddle meetings a day to pass on information and assess the progress of the clients.

**Requires improvement**



## Are services caring?

We rated caring as good because:

**Good**



# Summary of this inspection

- Staff treated clients with compassion and dignity. They demonstrated a deep understanding into their life stories and recovery.
- Clients described a culture of honesty and openness within the service and said they trusted the staff team.
- Clients were included in the planning of their recovery and care records reflected a strong client voice.
- Clients felt as though changes had been made as a result of their feedback.
- Staff supported the involvement of families and provided support to develop and maintain these relationships. Clients said that staff went out of their way to provide reassurance to their families.

## Are services responsive?

We rated responsive as good because:

- Existing clients took responsibility for welcoming new clients during their orientation and there was a clear buddy system in place.
- Staff offered a wide range of therapies and reviewed these regularly with the client to ensure they were responsive to their recovery.
- Staff provided safe support around planned discharge and worked responsively during a client's aftercare.
- Staff were passionate about not setting people up to fail and would not discharge clients until exactly the right conditions were in place to support a successful recovery.
- Clients said that they felt the environment was homely and were able to personalise their bedrooms. Clients had created a beautiful outdoor space symbolising their journeys and recovery.
- Clients had a wide range of activities to choose from, especially in their local community. Clients said they felt enthused after activities and said that staff were flexible with what they wanted to do.
- There was a strong emphasis on education which included clients educating each other about their culture, heritage and life stories.
- Clients said the food was good and staff supported people who had specific dietary requirements. Staff had a good knowledge of how substance misuse impacted on people's experience of food.
- Clients and staff knew how to complain. The service documented lots of compliments and had thank you cards displayed around the building.

**Good**



# Summary of this inspection

## Are services well-led?

We rated well led as requires improvement because:

- The manager had not yet implemented systems and processes which meant they could review and audit information about the clients and their service.
- The manager did not have a clear training matrix which recorded the team's training in one place. This meant the manager was missing when training was due to be renewed.
- The manager had not incorporated Mental Capacity Act training into their training programme. This was not considered mandatory training, yet had relevance to the client group.
- The manager did not record staff supervision and all appraisals. This meant that the manager could not monitor and review staff progress and performance and that staff had no reference after their meetings.
- The manager was updating the policy folder. Some policies such as the lone working policy did not contain up to date information.
- The manager was updating all staff files. They had produced an induction checklist but this had not yet been incorporated into staff files.
- The team had not recorded when audits had taken place, and although discussed as a team, did not record these discussions and their outcomes.

However:

- The manager was supportive, approachable and responsive to staff.
- The manager and team had a deep understanding of their recovery model, shared vision and values of the service and how best to support the clients.
- Staff and client morale was high. Staff felt happy about coming to work and felt proud to be working at the service. The manager respected and empowered the staff team.
- The manager had identified areas for improvement working with employers of clients with addiction. The manager demonstrated how they had successfully raised awareness about keeping people in employment with employers and the wider community.

**Requires improvement**



# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

We reviewed six records of care and all had documented evidence of clients' consent to treatment and to the sharing of information about them. Staff did not have a good understanding of the Mental Capacity Act and how it related to the clients in their service. However, staff who






had completed the Care Certificate had covered aspects of the Mental Capacity Act in that training. Staff said that lacking the capacity to consent to treatment would be an exclusion factor for appropriateness for treatment.

## Overview of ratings

Our ratings for this location are:

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

# Substance misuse services

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

## Are substance misuse services safe?

Requires improvement 

### Safe and clean environment

- On the first floor of the building were therapy rooms, offices, kitchen and dining area, bedrooms and bathrooms. Therapy rooms were sound proofed and private. Staff locked the offices when they left the room. Clients could leave the premises if they needed to and there was a latch on the front door to prevent other people from walking in. Female clients had a separate floor. Three bedrooms had ensuite facilities. The rest shared bathrooms which could be locked from the inside.
- There were blind spots and ligature points all around the building. The service stated that they did not accept people who posed such risks, and would consider these risks while assessing for admission. However, since there was no admissions policy in place, the service was not able to show how they screened out those at risk. There was an environmental risk assessment in place from December 2017 but this had not detailed mitigation in respect of ligature and blind spot risks.
- Communal areas were clean and tidy. However, one area next to the upstairs fire exit was suffering from damp and paint was peeling off the walls. There was exposed tacking on the floor in this area which we notified the manager about during the inspection.
- Fire safety equipment had been recently checked there was an emergency evacuation procedure in place for staff and clients to follow.
- Staff kept cleaning records up to date and clients took part in daily therapeutic activities to keep their

environment clean and tidy. Staff kept cleaning products in a locked control of substances hazardous to health (COSHH) cupboard and had a list of COSHH products in a file. Staff followed guidance on avoiding cross contamination and logged daily fridge and freezer temperatures.

### Safe staffing

- The service was commissioned to support 20 clients. At the time of our inspection, there were 10 clients using the service. The manager had been away from work for a period of time and had safeguarded the staff team and the current client mix by not operating at full capacity during her absence. The service had 19 staff in total. Staff worked on a sessional basis which meant that the manager could easily arrange cover for sickness and absence as they did not have to find full time cover. The team comprised a manager, one nurse, one senior therapist, four therapists, two trainee therapists, one senior support worker, six support workers, one administrative worker, one housekeeper and one cook. Nurses from a local community substance misuse service worked daily within the service if a person had been admitted for detoxification.
- The manager had calculated the required staffing level dependent on their caseload and by listening to the team leaders about what levels they required.
- The service had a low sickness and absence rate and a very low turnover of staff. However, staff attendance was not analysed or audited.
- The manager never employed bank or agency staff as there was enough capacity within the team to cover any vacancies.

# Substance misuse services

- Staff felt that the service was never understaffed and were always able to carry out planned activities with the number of staff on duty. Clients told us that there was always staff on duty 24 hours a day and they never had activities cancelled because of too few staff.
- Staff kept themselves safe by carrying a work mobile during their shifts and could access a list of on call staff to support them if required. However, the lone working policy was out of date and needed current information adding about how to get support.
- The manager was in the process of updating the staff training matrix. The manager had identified dates for safeguarding training to take place and had some documentation of staff attending mandatory training, such as medication training. However, the manager had not documented what training staff had completed and when. This had been raised as a concern at previous inspections.
- The manager had not identified that staff who were first aiders had expired training certificates and should have received refresher training. First aid at work certificates had expired in July 2018.
- All records contained a missing person's report in case a client left.
- Staff considered the chance of someone being at risk of an unexpected exit before they were admitted to the service. Staff said they had forms for unplanned exits which they completed with the client, asked the client to complete a questionnaire, why they were going and what could have been done better. Staff contacted the duty manager who had a conversation with the client and would encourage them to stay until the main staff came back on shift. Staff would try to persuade them to stay. If the client decided to leave, staff would phone their referrers, escort them to train station to make sure they had a safe exit. Clients told us that they knew that staff would never allow them to exit without a home. Clients told us that staff would work out a plan to keep them safe. However, none of the care records we reviewed had this information documented.
- Staff knew how to recognise warning signs and deterioration in health for each client and could contact the lead manager at a local community substance misuse service for advice and support. If there was a medical issue, staff would accompany clients to hospital or the local GP. The team did not have a good working relationship with the local community mental health team so took people to accident and emergency if they went into crisis. Staff had a policy about how to safely transport clients to hospital.
- Therapists sat with each client first thing in the morning to check for any issues. They then went straight into therapy to discuss any changing risk. The manager did not have a written policy on observation but staff were very responsive as they monitored clients throughout the day during group sessions.
- Clients told us they felt very safe in the service. Clients told us that if there was a clash of personalities, staff responded immediately before it escalated. Clients told us they completed a diary each night which the therapists responded to. Clients said it was a safe way of asking for help if they could not vocalise it.
- Clients were permitted to smoke and the service had a designated smoking area. Staff ran a smoking cessation group once a week. We saw evidence of clients making plans of how to stop smoking in their care plans.

## Assessing and managing risk to clients and staff

- The service did not admit clients who presented with high levels of risk. We reviewed six care records during this inspection. Out of six records, four had a risk assessment in place. Some risk assessments identified risks but there were only two management plans in place. All six records had evidence of a drug and alcohol assessment. However, there was no evidence of harm reduction advice provided, no evidence of the alcohol use disorders identification test (AUDIT)) or the severity of alcohol dependence questionnaire (SADQ) completion. One record had evidence of a blood borne virus (BBV) test. Four records had an assessment of motivation to change.
- Risk assessments constituted a tick box form that included substance related risks, risk to self, including medical conditions, physical impairment, accommodation, risk to others, past risks, client's views, risk from others and protective factors. Some risk assessments lacked detailed risk management plans.
- When clients were undergoing alcohol detoxification, the service had completed records to show that clinical institute withdrawal assessment (CIWA) were completed and monitored.

# Substance misuse services

- There were some restrictive interventions in place. Clients were not permitted to have mobile phones, apart from set times, for example at Christmas. Clients were also given a copy of house rules to follow. These restrictions were agreed by clients on admission.

## Safeguarding

- Staff followed a safeguarding policy which had guidance on what constituted abuse. However, the policy contained out of date information from the Department of Health's 'No Secrets' white paper. This was replaced in 2014 by the Care Act.
- Most staff had not received recent training in safeguarding, although dates had been identified for these staff in December. Since our inspection, the manager has confirmed that all but one member of staff has now received safeguarding training.
- Staff knew the procedure for making a safeguarding alert and felt confident with the process.
- Clients with children were permitted to see them on site. However, staff encouraged them to spend time together away from the service. If the client wanted to remain on site, staff asked them to use a specific room next to the front room so children were not walking around the communal areas.

## Staff access to essential information

- Staff used paper records to record information about clients and the service. Client's care files were stored in a locked cupboard in the main office which was locked when not in use.

## Medicines management

- Staff completed all paper medication administration record charts at the time of administration. There were no gaps in recording administration of medication identified.
- There was no copy of the British National Formulary (BNF) available. The providers policy stated to refer to the BNF for information, this was ordered during the inspection after we raised it with the provider. Staff said they would access the online version.
- Staff stored medicines securely in locked cupboards and clear records were present for the receipt of medicines and the disposal of medicines when they were no longer required.
- Staff followed a policy on the storage, use and disposal of medicines, securing the medication cabinet and the

procedure for recording medication. The manager had a tick list to show that 75% of the staff team had attended medication training. However, we were only able to view one workbook from this training. There were no certificates in the training file to demonstrate that staff had completed this training and had been assessed as competent to administer medicines.

- As soon as a client was admitted to the service, the manager registered them with the local doctor and they reviewed that client's medication. The local community substance misuse service that partnered with Westcliffe House organised clinicians to prescribe medication for clients during their detoxification and the staff administered it. All other prescriptions were done through the provider's registered doctors surgery.
- Staff did not oversee of the production of hand written charts and these were not signed and dated by the person transcribing the information onto them nor was there any second check mechanism.
- Staff were not able to explain the rationale behind administering "when required" medicines and the use of these was not reflected within the care plan for the client.
- The homely remedies policy only referred to the use of none prescribed analgesics and not to other medicines that were being administered for other medical conditions, such as inhaled reliever medicines for people with asthma.
- Although no medicines requiring refrigeration were currently present the service did not have the facility to store these securely.
- The audit system in place to monitor and check availability of medicines was not robust and did not identify those medicines that may expire before the next audit. For example, a Naloxone injection for one client which expired at the end of November before our inspection was still in the medication cabinet, but no replacement had been ordered or identified as being no longer required.
- There was no system in place to support clients to look after and manage their own medicines at any point in their treatment programme.

## Track record on safety

- The service had not experienced any serious incidents in the last 12 months.
- The manager described one adverse event when a client had not returned from leave within the agreed time.

# Substance misuse services

Staff had discussed what actions to take and when the client returned, had a debrief with them explaining the consequences of leaving the service without prior agreement and carried out a drug and alcohol screen.

## Reporting incidents and learning from when things go wrong

- Staff had huddle meetings four times a day and discussed any incidents, recording information in their handover file. Staff followed an 'incident investigation' policy which defined the differences between an accident and an incident. However, we were unable to find any staff meeting minutes that demonstrated learning from incidents.

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

Requires improvement 

## Assessment of needs and planning of care

- We reviewed six records of care and found that all six had care and recovery plans in place, although one had not been completed as the client had only recently been admitted. Recovery plans were personalised, holistic and recovery oriented. The client's voice was included and we saw lots of evidence of involvement and choices given.
- Staff created care and recovery plans within the first two weeks of a client's admission into the service. They were allocated a therapist during this time. Recovery plans were reviewed monthly. However, client's physical and mental health problems, such as assessments for potential seizures whilst in withdrawal, were not fully reflected in some of the care plans and risk assessments. There was no evidence of a full physical health examination on admission because physical assessments were completed by the GP at this stage. However, this information had not been transferred over to clients' care records. This meant that staff did not have a complete picture of the client before commencing therapy. Three out of six care records had documented evidence on ongoing physical health monitoring. If a client was going through detox, staff worked with a nurse from the local community

substance misuse provider who came in to carry out daily observations for the duration of their stay. Clients who had been through detox confirmed a named nurse came in every day to check their physical health.

- Staff gathered information about a client from their referrer before the client was admitted. Staff then followed a flowchart to guide them through the next stage of care planning. Staff completed initial assessment checks for the client's housing situation, their type of substance misuse, any blood borne viruses, their physical health, mental health, their relationships and family situation, their finance and education background and if they had any contact with the criminal justice system.
- Staff and clients identified smart, measurable, achievable, realistic and time-framed (SMART) goals in their care plans.
- Clients had two assessment forms in their care records; one from their referrer and one from the provider. There were different levels of information within each of the assessment forms. It was not clear which was the current record of clients' needs or which one staff should refer to. Some clients' files only had one of the forms included.
- Staff completed assessments face to face upon admission. The assessment included how clients interacted with others in the home and their initial response to a therapist.

## Best practice in treatment and care

- Each client had an individualised therapeutic plan with a named keyworker. Staff reviewed these therapies with the referrer, doctor and client to agree the most suited approach to the individual. The manager employed a consultant who advised on following best practise when supporting people through recovery.
- Therapists offered cognitive behavioural therapy, mindfulness, trauma work, dealing with bereavement and loss, anxiety management, drama and art psychotherapy. Clients told us that they appreciated working with different therapists who might offer a different perspective on their recovery. Clients told us that therapy was adjusted to meet their individual needs. Clients told us that they received support and care from everyone, they were interested in people on a one to one basis.
- Clients registered with the local doctors and dentists when they were admitted. A healthy living co-ordinator

# Substance misuse services

from north Somerset worked with clients once a week and offered them free passes to the gym, swimming classes, slimming classes and smoking cessation groups.

## Skilled staff to deliver care

- All staff received an induction which involved volunteering and shadow work. The manager had an induction checklist in place which was in the process of being incorporated into all staff files.
- The manager was in the process of updating the staff training matrix. Staff were being offered training opportunities but this was not documented clearly.
- Staff were given the opportunity to bid for any specialist training that would enhance their skill set, such as British Sign Language and acupuncture.
- All staff had disclosure and barring service (DBS) checks and the service had a filtering flow chart and a policy on recruiting ex-offenders. The manager had a proactive attitude about working with volunteers and people who used to use the service.
- Therapists received regular external clinical supervision although the manager did not document when this happened. The manager did not document supervision with the rest of the staff team, although staff said they had regular supervision. The manager had recorded some appraisals but not throughout the team.
- The manager supported volunteers to join the team. Some volunteers were ex clients who had been through the system successfully.

## Multi-disciplinary and inter-agency team work

- Staff worked with the criminal justice system and the education and housing teams. This meant that there was joined up working from the beginning, during and post recovery with the client.
- Staff worked closely with commissioners and referrers. Referrers reviewed clients every six weeks.
- Staff worked with the local community substance misuse provider on a regular basis and had been joint working with them for three years.
- Staff hosted alcoholics anonymous and narcotics anonymous once a week who would hold sessions in the therapy room. Clients told us this was a useful way of being able to keep in touch with either community service and receive joint support.
- We observed a team handover during the inspection. The handover was well attended by all staff on duty.

Staff discussed activities that morning and how the clients had rated themselves during these. Staff described how clients were feeling and any progress made. Staff reflected upon a recent incident and resolved this by the end of the meeting. Staff discussed a planned discharge and how they planned to work with the local community mental health team. Staff brought up any environmental issues and made contingency plans around an identified concern. A referrer joined the meeting to discuss discharge plans and fed back what a good job the team were doing.

- Staff had team meetings every quarter. The minutes for the most recent meetings were not in the staff meetings file, but had been filed elsewhere.

## Good practice in applying the MCA

- We reviewed six records of care and all had documented evidence of consent to treatment and sharing of information.
- Staff did not have a good understanding of the Mental Capacity Act and how it related to the clients in their service. However, staff who had completed the Care Certificate had covered aspects of the Mental Capacity Act. Staff said that lacking the capacity to consent to treatment would be an exclusion factor for appropriateness for treatment but there was no understanding of how substance misuse could impair capacity.

## Are substance misuse services caring?

Good 

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

- Staff had compassion for clients and understood their journeys.
- Staff interacted appropriately with clients. Clients told us that when they were observed or searched, this was done very respectfully. Clients said that staff would always knock on their door and would not generally enter their bedrooms.
- Before being referred to the service, clients could access information about the service on the website and referrers gave clients brochures about Westcliffe House.

# Substance misuse services

Staff supported clients with an orientation day so they could look around for themselves. Staff gave clients leaflets about the house rules, their rights, expectations and therapy details.

- Clients told us that the service was based on trust and honesty. Clients said they trusted the staff team.
- Clients told us that they were encouraged to laugh and enjoy life and that there was lots of laughter in the service. Clients said that therapy was always left on a positive note and they felt very safe therapeutically. Clients said that there was “magic in the walls”. Clients told us that when staff went home at the end of the day, the support workers who were still there had all been through the same process, so they understood what they were experiencing.

## Involvement in care

- Clients were encouraged to access advocacy with the citizens advice bureau.
- Staff recorded client's choices and preferences in their care plans following one to one discussions. Staff and clients would hold monthly strengths, weaknesses, opportunities and threats (SWOT) analysis meetings and add smart, measurable, achievable, realistic and time-framed (SMART) goals to their care plans but it was not clear if clients had been given a copy of their care plan.
- Clients could feedback about the service via a questionnaire. We saw feedback forms on what should be included in the service brochure.
- Clients were involved in the running of the service. All clients met any potential new staff and fed back their thoughts before they were recruited.
- Clients told us that they had seen quite a few changes come about because they asked for them. For example, following a complaint, staff had encouraged clients to discuss changing language and terminology used if people were offended by the way someone was speaking during a group therapy session.
- Clients chose whether or not to involve their families unless there were legal requirements that prevented children from visiting. Clients chose to arrange visits and phone calls with their families. Staff would encourage and facilitate family meetings if required. Families could feedback about the service via comments cards.
- Clients told us that the manager encouraged relationships with family members and families were encouraged to visit. Clients told us that staff went out of

their way to make their families feel reassured. Clients gave an example of a recent birthday celebration where their family was invited. Clients told us that therapists helped to bridge the gap between families and the client.

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

Good 

## Access and discharge

- The service did not have a formal admissions policy. There was no documented threshold or criteria to admit clients although the manager told us they did not accept clients they did not think they could support or who were referred with too little information. There was no pathway or referral systems in place for clients who they did not think they could support.
- Staff and clients agreed a date and time for admission. Clients arrived at a time when they could spend informal time and have lunch with their buddy on their first day. This buddy called the client before admission to introduce themselves. The client group talked to them and showed them around and answered questions.
- Clients told us that the assessment process of a befriender or buddy ringing up beforehand and being shown around by the same person made them feel more confident about coming in to the service. Befrienders were current clients in the service. Clients told us they liked the fact that they met their peers on arrival and had lunch with them. They said it made them feel more at home and it was a very friendly way of being introduced.
- Planned discharge started six weeks before the end of treatment, in negotiation with the client's referrer, especially if they were out of county. The manager would continue a client's placement until their housing situation was completely sorted out before discharging them.
- Staff would apply early to access the dry houses and would work together with the client and any other involved people to plan a discharge. Staff organised trips to look around placements and would include the

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referrer in this process. If a client was homeless and appropriate housing could not be found, the team continued to provide support for them until an appropriate placement could be found. Staff were passionate about ensuring the right conditions were in place before discharging a client. Although staff could describe how they would safely support someone through an unplanned exit from the service, they did not record this in clients care records.

- Clients told us that they received a lot of support around aftercare, especially when looking around dry houses and preparing for discharge. Clients told us they had the option to come back on certain days after discharge so they received ongoing monitoring and support. Clients told us that once they had left staff requested that they stay in contact to let them know how they were doing. They said staff want to know the good and bad experiences. Clients told us this made them feel like they had family.
- There was no one on the waiting list to access services at Westcliffe House.
- The service gave awards to the clients who had completed their recovery programme on the day of their discharge. All clients and staff gathered together to say farewell and good luck to clients as they left the building. Referrers said this was a very positive way of going through discharge

## The facilities promote recovery, comfort, dignity and confidentiality

- During a client's face to face assessment, staff discussed if they had any religious or cultural beliefs. Staff said it was then their job to support people to access church, or follow a specific diet or have designated time to pray, for example. Clients had regular contact with the neighbouring church or would support clients to Bristol to access other facilities. Clients were encouraged to educate others and raise awareness about their backgrounds by doing presentations to the group. This promoted a group understanding of others and their diversities in a positive and protected environment.
- Clients had their own bedrooms, or could choose to share if they wished. Clients could personalise and decorate their rooms. Clients could access their rooms during the day and had their own key to their room so they could keep their belongings safe.
- Clients had access to a large outdoor space which they had decorated themselves. Clients could see the sea

from the raised deck at the end of the garden. Staff provided regular gardening therapy sessions as well as trips to the local park to do gardening as part of horticultural courses with a local college.

- Clients thought the service was very homely. Clients told us they wanted to come to this service because it was the best.
- Clients were not permitted to have mobile phones, apart from set times, for example at Christmas. This expectation was documented in their admission pack and clients agreed to this on admission. There was a payphone in the dining room for clients to use. If they wanted a private call, they could use the office phone.

## Clients' engagement with the wider community

- Staff asked clients to agree not to contact their families and friends for the first two weeks of their recovery. This meant that clients could clearly focus on the initial stages of recovery. Following that, staff supported clients to arrange visits and outings with their families as and when they liked.
- On admission, clients were allocated a befriender and a co-befriender from the existing client group.
- Staff supported clients to access activities in the community such as adult education classes, literacy and numeracy, computer skills, night school, theatre groups, community horticulture local churches and the library. In the lead up to Christmas, staff supported clients to take part in festive activities such as making ginger bread houses which they gave to adult and children hospices. Clients had a structured timetable which formed part of their recovery. Clients were asked to ensure they were available for set therapy times and were offered a variety of therapeutic options. Specialist groups were rotated every 6-8 weeks as indicated by the individual client. Activities were offered seven days a week but with less planned at the weekends as this is when most clients saw their families. Clients told us that they came back from activities enthused. Clients said that they could try lots of different activities and the staff were really flexible with what they wanted to do.
- Part of a client's recovery programme involved education. Staff encouraged clients to educate each other and gave examples of how clients enjoyed describing their life stories and cultural background. Group therapy sessions involved teaching about group dynamics, communication skills, psychology theories, bereavement and grief models and self-reflection.

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- Clients told us that the service's policy was re-educating them to be in the world and knowing what to do. Clients said it encouraged them with reintegration into society.
- The manager was concerned about clients who were in full time employment and couldn't access day care because sessions were held during the day. The manager wrote a scheme to support this, based on national evidence and presented this to the local community substance misuse provider. The manager raised awareness about how to keep people in employment whilst they were recovering from an addiction. The manager now works with employers of their clients around this with success.

## Meeting the needs of all people who use the service

- The service had an information board downstairs with posters about community events and in house activities. There were no smoking signs and hand washing posters displayed as well as advocacy and complaints information.
- Clients told us that the food was good. Clients with dietary requirements had their needs met and staff showed a good understanding of different dietary needs. The staff team had a detailed list of client's food and drink preferences, any allergies or health conditions. Staff had a good understanding of how substance misuse could affect appetite and taste. Clients told us they could request to eat at a different time, but generally they all ate together and left together.
- Staff encouraged clients to talk about any potential issues facing them in group therapy. The aim was to educate the group about challenges that face vulnerable groups of people.

## Listening to and learning from concerns and complaints

- Clients received information about how to make a complaint in their admission pack. There were client group representatives to whom clients could raise complaints directly.
- Staff had a complaints file which detailed an action plan. The service had not received any complaints since 2017.

- Staff also had a compliments file which contained letters from ex clients stating their thanks to the staff team. Staff displayed thank you cards all around the service..

## Are substance misuse services well-led?

Requires improvement 

### Leadership

- The manager had a background in education and counselling. They privately owned the service and had worked there for over 20 years. There was a very low turnover of staff and some staff had also worked at the service for over 20 years.
- Staff had a very clear understanding of the organisation's definition of recovery. Some staff had been through the system of recovery themselves so knew the process well.
- The manager understood the service thoroughly, as they had built it up from the start themselves. They could explain clearly how their teams worked to provide high quality care.
- The manager had an open door policy and would take an active role in working with the clients and staff team. The manager responded quickly to on call issues and spoke with clients over the phone when they were off sick. Staff said that the manager was very supportive and approachable. Staff referred to the manager for any advice needed.

### Vision and strategy

- The manager had put together a presentation pack about what the service aimed to achieve, how they supported clients to recover and the vision and values of the service. All staff knew and understood the contents of the pack.
- Staff were involved in creating the vision and values of the service, which were to provide a safe environment in which clients can address their issues and remain substance free for the rest of their lives. The manager described the team and their commitment as the reason why the service was so successful.

# Substance misuse services

## Culture

- Staff said that they felt very supported during any period of absence and felt valued and respected by the team.
- Staff felt happy in their job and were very positive about coming to work. Staff bought in to the ethos of the service and felt proud to be making changes to client's lives.
- Staff had not experienced any issues around bullying and harassment.
- Staff reported good communication between themselves and said that they dealt with problems as a team.

## Governance

- The manager had not yet implemented systems and processes which meant they could review and audit information about the clients and their service. The team had not recorded when audits had taken place, and although discussed as a team, did not record these discussions and their outcomes.
- There were care plan audit forms in all of the care records we reviewed but they were all blank.
- The training matrix did not contain information in one place about what training staff had received and when. There was no evidence that staff had attended their mandatory training and were competent. The risk was that the manager could not be assured and did not have the evidence in place that demonstrated the team were appropriately trained to carry out their jobs.
- The manager had created an induction checklist but this was not present in all staff files. Staff had not signed and agreed that they understood their induction. Therefore, the manager could not demonstrate that staff were competent to start formal employment, or because it was not documented, review areas of concern and check their understanding. This also linked in to a lack of supervision records, as if learning needs from staff induction were not documented, they could be missed and not reviewed during supervision.
- The manager was updating the policy folder and staff files. The lone working policy had incorrect information about how to access support when lone working. There was no admissions policy. This meant that the manager decided who came into the service with no clear threshold. This could lead to the admission of clients who were too high risk and could not be cared for safely in the service.

- Although staff said they were regularly supervised and well supported, the manager did not record the frequency or content of supervisions and only a few staff files had their appraisals documented. The impact of this meant that staff did not have recorded action plans which might reduce service improvements or their own personal development. The impact of not recording all appraisals with staff feedback included was that staff had nothing to refer to following their appraisal which would identify how to develop in their careers or any learning outcomes. It also meant the manager had no system in place to review staff performance.
- Incidents and complaints were logged but not reviewed and audited.
- Each member of staff had their own responsibility to keep on top of an area of the service, such as the cleaning records.
- Staff understood the arrangements for working with other teams to meet the needs of the clients, such as joint working with a local community substance misuse service, dry houses and employers.

## Management of risk, issues and performance

- The manager did not have quality assurance management and performance frameworks in place and was working with a consultant at the time of our inspection on how to implement these. The manager was unable to review their management of risk, issues and performance due to a lack of documentation and auditing.
- The manager did not check medication administration sheets were signed and dated by the person transcribing them. Not having a second check mechanism increased the likelihood of a medication error occurring, with no paper trail. Not dating the sheet meant that staff were not sure if it was the most current sheet or that it had been checked.
- The manager did not have a robust audit system in place to monitor and check availability of medicines which might expire before the next audit.
- The manager had not checked how staff understood aspects of their medication training and if they were competent to administer medication. For example, staff did not understand the rationale behind administering "when required" medicines and the use of these was not reflected within the care plan for the client.

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- The service had a risk register and staff could contribute to it. There was only one item on the risk register at the time of our inspection. This had an accompanying risk assessment attached to it so staff could review its severity.
- The service had a business continuity plan in place, whereby the manager had ensured the service was able to continue operating effectively whilst they were off for a period of time. To safeguard the clients and staff team, the manager had stopped any new admissions of clients so the team were operating at a level they could manage and continue the successful treatment of the clients admitted at the time.
- When staff were sick, the manager noted this in the diary. However, sickness rates were not an issue and so the manager did not feel they had to monitor them.

## Information management

- The service used paper records to collect all data. Staff seemed to manage well with this system.
- Patient records were kept confidential by locking them away in a cupboard in the office.

- The manager knew the team well and could overview the performance of the service. However, they did not record this information anywhere.
- Staff knew how to notify safeguarding concerns to the local authority and notified a local community substance misuse service and client's referrers of any required information. However, the safeguarding policy contained out of date information.

## Engagement

- Staff and clients had information about the service in admission packs and brochures. However, information about the service on their website had not been updated recently.
- Clients and carers could feedback about the service via client surveys and comments cards for families. This information was logged in the office but not collated or used to make improvements.

## Learning, continuous improvement and innovation

- The service did not participate in accreditation schemes, peer review or research to improve the quality of the service.

# Outstanding practice and areas for improvement

## Outstanding practice

New clients were welcomed into the service by a 'buddy', who would contact them via telephone before they came in to welcome themselves. On the new client's first day, staff would arrange a lunch time admission, so their buddy could meet them and they could have lunch

together. This meant the new client had a friendly face to support them when they were feeling at their most anxious. Clients described a family experience going through the process of recovery together.

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must review the medicines policy and procedures to bring them into line with published guidance, review the audit process to provide assurance that medicines will be fit for use throughout the period between audits and evidence competency where staff have completed medicines training.
- The provider must complete the implementation of systems and processes to ensure that they can document, monitor and review:

**Staff training** - The provider must complete a staff training matrix which identifies when mandatory training has been completed and when it needs to be renewed. The provider must keep training certificates or evidence that the staff member has been assessed as competent.

**Supervision** - The provider must document all staff supervision and appraisals.

**Induction** - The provider must complete their induction checklist with all new staff and show that all existing staff have completed a similar induction.

**Policies** - The provider must ensure that all policies are regularly reviewed and show review dates on the policy.

**Client medication** - The provider must audit the production of medication administration records.

**Client care records** - The provider must implement a care records review and audit completion of risk assessments, recovery plans, physical health monitoring and crisis plans.

**Admissions policy** - The provider must create an admissions policy, to clearly define who would be acceptable for admission and why.

### Action the provider **SHOULD** take to improve

- The provider should address the damp walls and exposed floor tacking next to the upstairs fire exit.
- The provider should document harm reduction advice provided, the alcohol use disorders identification test (AUDIT) and the severity of alcohol dependence questionnaire (SADQ) completion within clients' care records.
- The provider should ensure that all staff have a clear understanding of MCA and the implications for their practice.
- The provider should ensure that clinical audits are carried out and recorded in order to enable staff to learn from the results and make improvements to the service.
- The provider should ensure that client care plans address the potential risks to clients of early exit from the programme.
- The provider should update all staff files.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not oversee the production of hand written charts and these were not signed and dated by the person constructing them nor was there any second check mechanism. The provider did not review the audit process to provide assurance that medicines would be fit for use throughout the period between audits.</p> <p>The provider did not have evidence to demonstrate that staff had completed medicines training satisfactorily or that the members of staff had been assessed as competent to carry out the task.</p> <p>This was a breach of Regulation 12 (g) the proper and safe management of medicines.</p>

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not yet have systems and processes in place to record, monitor and review staff training, supervision, induction, policies, client medication, an admissions policy and client care records.</p> <p>This was a breach of regulation 17 (2) (a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity and(2) (f) evaluate and improve their practise in respect of the processing of information</p>

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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