

Trevi House

Quality Report

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

Ratings

Overall rating for this location

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Outstanding



Are services responsive?

Outstanding



Are services well-led?

Good



Overall summary

We rated Trevi House as good overall because:

- The environment was homely, clean and well maintained. Clients had access to facilities that promoted recovery, such as the purpose-built therapy room and the nursery where their children were looked after whilst they were in therapy. Clients had access to 'move-on' bedrooms in another building as part of a step-down process as their recovery progressed.
- Clients had access to a wide range of therapy and activities, based on national guidance and best

practice. Staff supported clients with their physical health and encouraged them to live healthier lives. Clients were very positive about the staff working with them and the service that they received. Clients were able to see changes as a result of them complaining, such as being involved in a review of the use of mobile phones.

- The service had enough staff with the right skills and training to provide safe, effective, holistic, high quality care to the clients. Staff felt proud to work at the

Summary of findings

service and said they were valued and respected by their team. All staff had received an appraisal that identified training and qualifications they would need to further their careers.

- Staff had regular meetings where they discussed learning from incidents, complaints, service planning and development. Clients and staff said they felt very involved in the running of the service. Staff empowered clients to have a voice and realise their potential by involving them in presentations, celebrations and service promotion.
- Staff were highly motivated to empower clients to get the most out of their recovery. Staff went the extra mile to ensure clients were safe and supported. The provider demonstrated a proactive approach to understanding the needs of a very vulnerable group of people with complex needs, by keeping the location of the service covert and by providing services such as the nursery that were specific for their clients' needs. Stakeholders said that the service and the staff team were inspiring.
- The provider demonstrated innovative approaches to working with other agencies to support appropriate discharge from the service and provide the most fitting aftercare for clients. Staff worked diligently with ex-clients and joint worked with another provider to successfully set up a women's centre that focussed on continuing recovery after leaving the service. The provider had also successfully bid to secure a tender for the Pause project. Pause is a national service that identifies women who have had two or more children

removed from their care. The team at Trevi House worked with Plymouth social care to look at women's records and target women who met the criteria for this support. This project is due to start in February 2019.

- The provider was involved in innovative research and quality improvement programmes. Managers were campaigning about funding inequalities across local authorities, had completed a cost benefit analysis of the 'Trevi pound' (the Trevi Pound showed that by having clients in their care (represented as one pound), this saved the community two pounds) and were involved in research at two universities.

However:

- Information in care plans was not all stored in the same place. Staff used two systems to record information and as a result, information was missing from both locations. Crisis plans were not filed in clients' care plans which meant that staff did not have access to essential information about how to support a client if they went into crisis. Information about unplanned exits was not recorded in clients' care records.
- There were recording errors and medication charts did not clearly show whether medication was prescribed regularly or as required. The provider had recently changed systems to address the increase in medication errors and was arranging training for staff. Managers were not carrying out regular audits on medication and care records.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	See overall summary.

Summary of findings

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Good 

Trevi House

Services we looked at

Substance misuse services

Summary of this inspection

Background to Trevi House

Trevi House is registered with the Care Quality Commission (CQC) to provide accommodation for people who require treatment for substance misuse and is registered to provide accommodation for up to 10 women and their babies or young children. Mothers and their children remain together while the mother receives treatment. The mother and child are provided with parenting support and observation whilst substance misuse and related issues are addressed. This is the only service of its kind in the country.

Trevi House is an abstinence-based service. Clients come into the service after completing detoxification programmes but the service also provides residential rehabilitation and an assisted withdrawal service for prescribed medication, such as methadone or buprenorphine with the support of the visiting GP.

Trevi house provides aftercare support and outreach. In partnership with a neighbouring women's inpatient rehabilitation service, Trevi House provides a programme of aftercare support and outreach for women and their children via the Sunflower women's Centre.

Trevi house's accommodation includes eight bedrooms in the residential building and two self-contained flats for women at different stages of their treatment.

The service is managed by a chief executive, a registered manager and a deputy manager. A registered manager is a person who has registered with CQC to manage the service. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Trevi house is a registered charity and individual placements are funded by statutory organisations. Mothers and children are funded separately. Women are referred by local authorities from anywhere across the UK.

There is a board of trustees that supports the service governance arrangements.

The Office for Standards in Education, Children's Services and Skills (Ofsted) had inspected the on-site nursery and gave it a rating of good.

Our last inspection of Trevi House was in September 2016. We did not rate substance misuse services at the time of this inspection.

There were seven families using the service at the time of our current inspection.

Our inspection team

The team that inspected the service comprised two CQC inspectors.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to inspect and rate substance misuse services.

Summary of this inspection

How we carried out this inspection

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

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

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:

- visited Trevi House, looked at the quality of the physical environment, and observed how staff were caring for clients

- spoke with four current clients and two previous clients
- spoke with the registered manager, deputy manager and the chief executive officer
- spoke to the GP employed by the service
- spoke with six other staff members, including three keyworkers, one physical health lead, the safeguarding lead and one domestic member of staff
- received feedback from agencies working with the service
- attended and observed one client group
- looked at four care and treatment records for clients
- completed a check of the clinic room and looked at seven medicines records and
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke to four clients and two people who had previously used the service in a focus group that was held during our inspection.

Clients were very positive about the provider and the support they were receiving. Clients said that staff were always there for them and could go to them for support.

Clients spoke highly of the aftercare programme provided by Trevi House at the Sunflower women's centre and described how vital it was in continuing their recovery and preventing future relapses.

Clients said the food was of good quality.

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:

- Crisis plans were not filed with client's care records nor uploaded onto the provider's shared electronic database. We found them in the staff office, sitting in a pile on a staff member's desk. This meant that staff would not be able to access the information needed to support a client if their mental health deteriorated or if they relapsed.
- Although staff regularly reviewed risk management plans, they had not been documented as reviewed, signed or dated. Risk management plans did not identify those at risk of unexpected exit from treatment.
- Information held on each client in their records was not always up to date, and there was information missing, such as some information about diet and nutrition, mental health and self harm. Not all documentation was stored in the same place.
- There were recording errors and medication charts did not clearly show whether medication was prescribed regularly or as required. Staff were not recording when a dose of medication was missed or refused. Staff were relying on clients to ensure their babies and children took their medication as prescribed. There were examples of babies missing vitamins but the medication record did not show if this had been refused. The provider had recently changed systems to address the increase in medication errors and was arranging training for staff.
- Managers were not auditing medication systems and processes regularly or effectively.

However:

- The environment was safe, clean, well-equipped and well-furnished. Staff risk assessed any ligature anchor points and had a clear admissions policy that screened out potential clients at high risk.
- The provider had enough staff to keep people safe from avoidable harm.
- Managers provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect clients from abuse and the provider worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply safeguarding principles.

Requires improvement



Summary of this inspection

- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave clients honest information and suitable support.

Are services effective?

We rated effective as good because:

- Staff provided a range of treatment and care for clients based on national guidance and best practice. For example, staff offered therapy on domestic violence, eye movement desensitisation and reprocessing (EMDR), cognitive behavioural therapy (CBT), mindfulness, self-esteem, and 'you and me, mum' (a facilitation programme developed by Women's Aid). Staff supported clients with their physical health and encouraged them to live healthier lives.
- Managers made sure they had staff with a range of skills and qualifications needed to provide high quality care. They supported staff with appraisals and opportunities to update and further develop their skills.
- Staff worked effectively with other agencies to ensure clients received holistic care and support.
- Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005.

However:

- Client assessments were often hand written and did not follow the providers pro forma document. Care records had information missing as sections were stored in different places.

Good



Are services caring?

We rated caring as outstanding because:

- Staff were highly motivated and treated clients with compassion and kindness. They respected clients' privacy and dignity, and went the extra mile to support their individual needs.
- Stakeholders praised the friendly and welcoming manner of the staff team, the caring, compassionate environment of the service and the prompt and effective organisation of support by the team. Stakeholders said that the passion for the work the team delivered was very apparent and their work was emotional and inspiring.
- Staff empowered clients to understand and manage their own care and treatment by working in partnership with them in their care planning.

Outstanding



Summary of this inspection

- Staff encouraged all of the clients to support and understand individual's religious and cultural needs.
- Staff supported clients to have a voice and realise their potential, such as speaking at events, singing at a celebration and speaking to journalists during the filming of a documentary. Clients were enthusiastic about their inclusion and involvement in the development of the service. Clients were involved in interviews to recruit staff and volunteers.
- The provider had an innovative approach to supporting clients to maintain and get the most out of their therapy sessions by providing tailored childcare in an onsite nursery. This meant clients could rest assured that their child was being safely cared for by qualified staff whilst they concentrated on their recovery sessions.
- Staff maintained confidentiality of information about clients. Staff were aware who clients had agreed to have their information shared with. For example, clients would often not want information shared with their ex-partners.

Are services responsive?

We rated responsive as outstanding because:

- Clients could access the service within 48 hours if they needed urgent support.
- The provider demonstrated innovative approaches to implement responsive aftercare and involved other organisations and linked services, such as the sunflower women's centre to ensure continuity of care. Staff offered telephone and Skype counselling if clients moved out of area after completing treatment. Some clients told us that they relocated to Plymouth just so they could keep their aftercare support going through Trevi house.
- Clients and their children had their own bedrooms where they could keep personal belongings safely. There were quiet areas for privacy and where clients could be independent of staff. Night staff observed babies every hour throughout the night to check they were asleep in their cot or if the mother needed any support.
- Staff supported clients with activities outside the service, such as work, education and building family relationships.
- The provider had a proactive approach to understanding the needs of a very vulnerable group of people. The provider location was covert and had a PO Box address so victims of domestic abuse felt safe. Therapy sessions were specific to the

Outstanding



Summary of this inspection

client group and mothers were able to attend therapy knowing their babies were being looked after in a safe environment by qualified nursery staff. Staff ensured that clients had access to peer support and cultural support.

- Clients had access to good quality food that met specific needs such as for those who were vegetarian or coeliac. Clients could make hot and cold drinks and snacks when they wanted.
- Staff treated concerns and complaints seriously, investigated them and learned lessons from the results. Lessons learnt were shared with all staff. Clients were involved in the review of complaints, such as the use of mobile phones.

Are services well-led?

We rated well-led as good because:

- Managers had the right skills and abilities to ensure the service provided high-quality sustainable care. Managers were visible in the service and approachable for clients and staff. Trustees attended staff meetings and were well known by the staff and clients.
- The provider had a vision for what it wanted to achieve and workable plans to turn it into action. The plans were developed with involvement from staff, clients, and key groups representing the local community.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff described people working collectively and never on their own. Morale was high and the staff group felt positive and satisfied. Staff were proud to work for the provider.
- Managers used a service improvement plan to continually improve the quality of its services. Managers regularly submitted plans to the board of trustees to review. Learning from incidents and complaints was shared regularly via the service's newsletter and via staff meeting minutes.
- The management team had addressed communication issues within the team by working on a project called 'project hymn sheet', which ensured staff were being consistent with what they said and did. Managers also addressed this via their staff wellbeing strategy and the staff newsletter.
- The provider encouraged learning and demonstrated their involvement in innovative practice, such as developing their outreach service, carrying out a cost benefit analysis of the 'Trevi pound', working on research with two universities, and tendering services with Pause. Pause is a national charity working to improve outcomes for vulnerable women and aims to reduce the number of children going into care.

Good



Summary of this inspection

However:

- Managers were not auditing medication administration records and care plans. We saw errors in both areas that had not been picked up by the management team.

Detailed findings from this inspection





Mental Capacity Act and Deprivation of Liberty Safeguards

Staff understood the principles of the Mental Capacity Act and how it related to their role in supporting clients to make decisions. Mental Capacity Act training was part of the teams mandatory training.






The provider did not accept clients who were subject to a Deprivation of Liberty Safeguard authorisation.

Overview of ratings

Our ratings for this location are:

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

Substance misuse services

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

Are substance misuse services safe?

Requires improvement 

Safe and clean environment

- The service was clean, comfortable, and well-maintained. Staff followed a recently updated ligature risk assessment which meant that areas of the service had been assessed and any risk mitigated. Fire equipment had been recently serviced and there was a fire evacuation plan in place for clients and staff to follow.
- There were handwashing posters displayed in the communal toilets and kitchen and there were hand sanitizers available at the entrance. Staff maintained cleaning records and fridge and freezer temperature records. There was a control of substances hazardous to health (COSHH) cupboard which was locked and checked by the domestic staff. The kitchen had a food standards agency rating of five stars.

Safe staffing

- There were enough skilled staff to meet the needs of clients. The service comprised a chief executive, a registered manager, a deputy manager, three keyworkers, one counsellor, 13 support workers, four bank staff, two finance administrators, a business development officer, two housekeepers and one cook. The nursery team comprised one manager, a deputy manager, two nursery workers and one apprentice. The Sunflower recovery project comprised a strategic lead, and five recovery workers. There was one full time vacant admin post.

- The manager had worked out the staff-to-client ratio by trialling levels of staff and asking staff at what level they felt safe. The manager held a list of qualifications for each member of staff. Staff held qualifications that were appropriate for their post.
- The manager used bank staff and one agency staff who were well known to the service to manage unforeseen staff shortages. Staff covered each other's annual leave and sickness.
- The manager had a sickness review chart to monitor levels of absence and also conducted return to work interviews. The manager used the Bradford factor, a means of measuring staff absenteeism, to analyse and have a better understanding of triggers and performance issues.
- Two staff worked at the service overnight. In an emergency, they would phone staff who were on-call, and that member of staff would come into the service if required. Managers were also on-call. There was a staff and client 'in and out' board so people knew where each other were.
- Seventy nine percent of staff had completed mandatory health and safety awareness training with the remaining staff booked on to attend this training.

Assessing and managing risk to patients and staff

Assessment of client risk

- Staff followed a risk management policy and procedure which identified likely risks to the staff and clients. The policy also detailed how to document risk assessments and risk management plans. All clients had a risk management plan in place. However, of the four records

Substance misuse services

reviewed, staff had not signed to confirm that risk management plans had been reviewed within the past two months and one was not in the clients file and had not yet been signed.

- Risk management plans did not identify those at risk of unexpected exit from treatment. Clients had an exit plan on the electronic system stating who staff should call in the event a client left treatment early and who they should call if the client attempted to take their child with them. Clients had taken part in a relapse prevention group and we saw evidence of two clients with detailed relapse prevention plans written in their own words. However, the relapse prevention plans were left on a staff member's desk and were not stored with their risk management or care plans. The plans were not dated or signed. It was not documented if all staff had seen these plans and would know how to support the client should they relapse or consider leaving treatment early.
- The provider had a clear admission and exclusion policy which meant that prospective clients with certain areas of risk were screened out of admission. The provider also had an exclusion criteria for prescribing medication. This meant that women who, for example were pregnant or had a low BMI, would not be prescribed certain medication. Clients were excluded if they were currently misusing alcohol or illegal substances in the community. Staff used a pre-admission checklist so they could check all areas had been covered before admission. This list detailed the person responsible, the date actioned and any notes.

Management of risk

- Before coming into the service, clients were given information which described what would happen during their recovery, what medication might be prescribed, what would happen if they became unwell and what would happen if they relapsed. Before clients started their treatment, staff created a recovery care plan with them which identified any physical and psychological health needs, any legal or financial requirements along with housing, education and employment information. Staff completed contingency plans at the clients' referral stage. Contingency plans included information about what would happen if clients broke their contract.

- Staff held three handovers a day to identify if there were any changing risks with clients. The provider employed a specialist GP who visited the service twice a week. This meant that clients could be seen straight away if staff noticed a sudden deterioration in their health.
- Staff also followed a policy on promoting positive mental health which detailed mental health diagnoses and an action plan on what to do if staff noticed a client's mental health was deteriorating.
- All staff could describe the process for an unplanned exit. Staff told us that they would make sure the client had their medication, prescriptions and money. The client's keyworker would offer support and information about where to stay and two staff would escort them off the premises and take them to the train station. However, this information was not documented in risk management plans.
- The provider did not use any restrictive physical interventions. If required, staff would call the police. If clients needed support to verbally de-escalate, two staff would make sure other families were away from the scenario and supported. Any children involved were supported in the nursery with their nominated staff. Staff ensured they were consistent with the house rules and boundaries. Clients were issued final warnings if they contravened from their agreement.
- The provider had some blanket restrictions such as an agreement not to use social media, no visitors for the first two weeks of treatment and set times for lights out. However, these were all discussed and agreed with the client during their admission meeting and were documented in the resident's handbook.

Safeguarding

- Staff understood safeguarding principles and how it related to their role. Staff were aware of what constituted a safeguarding concern, and how to raise this concern. The provider's nursery manager was also the safeguarding lead. All staff understood how to safeguard adults as well as children. Staff raised concerns with the clients named social worker, with the statutory organisation funding the client's placement and the local authority in Plymouth. Staff were aware of their local safeguarding hub and how to contact them and raised all concerns to the safeguarding lead and manager.
- Staff completed both adult and children's safeguarding as mandatory training. Eighty one percent of staff had

Substance misuse services

completed safeguarding adults training and seventy five percent had completed children's safeguarding. All the remaining staff had training dates booked. However, there was no evidence of having annual refreshers.

Staff access to essential information

- Staff used a combination of paper and electronic client records. All staff had a log-in and accessed the electronic system. The electronic system contained information on all clients, including babies and children. However, the information held on each client was not always up to date and contained missing information, such as some information about diet and nutrition, mental health and self harm, with boxes in forms being left blank or marked N/A.
- Staff also stored records in client folders, which were stored in the staff office. However, not all documentation was stored in the same place. For example, some care plans and risk assessments were stored in a separate folder in a different room. Treatment outcome profiles (TOPs) and client's physical health care plans were stored in the clinic room. Some documentation was stored on staff desks and had not been filed away. This meant that staff did not have access to all client's information in the same place.

Medicines management

- Staff followed a medication policy which had recently been reviewed. All staff were given this policy to read as part of their induction. Prior to undertaking any medicines administration, staff were given an in-house induction by the health lead, had at least two observations and completed online and Boots medication training. All staff had either received or were booked on to receive safer medication handling training.
- The clinic room was spacious and well organised. Each client's medicine was stored in marked boxes with their name, photograph, date of birth and allergy status marked on the individual box on colour coded labels. The temperature of the room was recorded daily and fans were in place for hot weather. There was a locked medicines fridge in the room and a controlled drugs cabinet with a list of what constituted a controlled drug on the door of the cabinet. Staff completed a daily medication stock check.
- The provider had very recently purchased a defibrillator, but not all staff had received training in how to use it.

- Staff followed an 'assisted withdrawal support protocol' for clients who were undertaking an assisted withdrawal from methadone or buprenorphine. This process was overseen by a primary care team who attended the service to provide assessment and support. Nurses from the primary care team could access the provider's shared electronic database so were able to update and share information with staff.
- New clients registered with the provider's GP within 24 hours. Where applicable, client's current prescriber wrote a prescription for a week of medication prior to admission to the service. The provider's GP would then collect this prescription on admission. Clients received a medical assessment within their first week.
- Clients who were in treatment for opiate dependence had access to naloxone and were given this as take-home medication when they left treatment. Naloxone is a life-saving medication used to treat an opiate overdose. The provider had a GP employed with a specialist interest in substance misuse treatment and they prescribed client's opiate assisted withdrawal regime in line with national guidance. Prior to prescribing, the GP met with clients to conduct a face to face assessment.
- There were medication recording errors. For example, missing signatures or incorrect medication stock. The provider had moved to a different system, which had increased the number of errors being made. Due to this, at the time of the inspection, the provider had gone back to their previous system as managers had recognised the problems and were working to resolve them. One member of staff was nominated lead in medication and they were due to provide staff a refresher course on medication recording.
- It was not always clear if a medication was 'as and when required' or prescribed to be taken regularly. For example, one client's medication administration record showed they had missed a morning dose of an anti-histamine however when raised with staff we were told it was because she had not needed it. Some medication administration records contained gaps. For example, one child was prescribed drops in the morning but had not received the dose. Staff had not recorded if this dose was missed or refused. There was no procedure in place to ensure all clients, including their children, had received medication at the prescribed times.

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- The manager had carried out regular audits of controlled drugs and staff took a stock check every night. However, the storage of medicines audit was not signed and dated and the most recent dated audit was from July 2017. The medication administration records audit was blank and there were no other types of medicine audits. The provider had received a medication review by a local pharmacist in June 2018 who had suggested that auditing had slipped and any audits reviewed were old versions.

Track record on safety

- The provider had not reported any serious incidents in the last 12 months.

Reporting incidents and learning from when things go wrong

- The manager provided information about an adverse event when staff had re-ordered a client's medication but the pharmacy had lost the prescription. This meant that the client ran out of medication before staff realised it had not been delivered. Staff were able to contact the GP surgery and the client received their dose in time. However, there was not a system in place that alerted staff that the medication had not arrived and the previous supply had run out. Staff carried out their duty of candour, explaining what had happened to the client and apologised that the system had not worked. Staff informed the client of what would happen so this error did not happen again. The manager brought the incident up with the board of trustees who advised of their next steps. This incident resulted in the manager deciding to revert back to their old system of medicines management where they did not have to rely on a courier to deliver their medication.
- All staff knew what incidents to report and how to report them. Staff recorded incidents and sent a copy to the manager. The manager then looked at the theme of the incident, checked if it related to safeguarding, actioned the incident and fed back to the person who recorded the incident. Staff discussed incidents in handovers and weekly family reviews where they talked about current issues.
- Information about the medication system changeover was featured in the staff newsletter.
- Staff were offered debrief sessions following serious incidents by their manager or alternative supervisor. Staff discussed how the incident made them feel and how they could improve practice and share learning.

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

Good 

Assessment of needs and planning of care

- Staff completed a telephone assessment followed by a face to face assessment with clients prior to admission. The assessment looked at the client's background, substance misuse history, any criminal or forensic information, their relationships and family structure, their education, financial status, their physical and mental health, any issues with self-harm, housing, local authority concerns, and their hopes, fears and needs. Staff then went through the provider's policies and residents' handbook. Assessments usually took one and half hours to complete. However, the record of the assessment was often handwritten, stored in emails or in the electronic system as notes. This meant that staff did not necessarily follow the provider's agreed pro forma and the assessment document was difficult to locate.
- Staff developed care plans that met the needs of clients. Staff followed a recovery care plan policy which detailed how to complete a recovery plan with clients and what it should include. These plans included goals relating to abstaining from future substance misuse, physical and mental health, parenting, legal support, financial support, housing support, employment and education. Clients met with their assigned keyworker weekly to go through the plans and work on the goals. Staff did not record that care plans had been reviewed and it had not been documented if clients had received a copy. However, clients we spoke with told us they had a copy of their care plans and provided weekly input during keyworker sessions
- The provider's GP assessed clients' physical health during their initial assessment within 24 hours. Staff supported clients and their children to then register with the local GP practise. Keyworkers reviewed clients' health plans during their one to one sessions. Staff liaised with external health care professionals such as dentists, midwives and neo-natal teams when required.

Substance misuse services

Best practice in treatment and care

- The chief executive was a member of several community network groups which met regularly to share best practise. Current evidence-based practise was shared with staff via the staff newsletter.
- A therapist counsellor evaluated the treatment options available for clients and asked for feedback about how successful clients thought them to be. The therapist received supervision from an external supervisor to ensure they were delivering therapies recommended by the National Institute for Health and Care Excellence.
- Trained staff offered therapy on domestic violence, eye movement desensitisation and reprocessing (EMDR), cognitive behavioural therapy (CBT), mindfulness, self-esteem, and 'you and me, mum' (a facilitation programme developed by Women's Aid). Clients could also attend narcotics anonymous (NA) groups who would come into the service once a fortnight.
- Clients could access blood borne virus testing via the GP. However, as women were typically tested during pregnancy this was not routinely offered. This meant that clients with older children were not routinely offered blood borne virus testing.
- Clients were supported to live healthier lives. Each client had a physical health assessment on admission. One member of staff was nominated as physical health lead and was responsible for developing and updating physical health care plan for clients. Care plans included registering with the GP and dentist, managing an existing physical health need, any mental health needs and sexual health screening. Sexual health screening was not routinely offered. However, a client would have a telephone consultation with the GP to decide if it was required. Clients had access to the local gym, swimming pool and had support to get involved in specific interests and hobbies. Clients could access a smoking cessation group if they wanted to.
- Staff were able to do blood pressure monitoring on site and blood tests were arranged through the GP.

Monitoring and comparing treatment outcomes

- Staff did not document when they had reviewed care plans and did not update current care plans following weekly sessions with clients. However, clients told us that care plans were reviewed weekly to ensure that their goals were being met or to decide what additional work was needed to support the client to meet their goals.

- Clients completed the treatment outcome profile (TOP) at admission and at regular points during treatment. However, these were stored in the clinic room and not in client files.
- The provider had begun to use the 'drug and alcohol star', which focused on ten outcomes for treatment such as emotional health, physical health, and drug use.

Skilled staff to deliver care

- All staff were provided with a comprehensive induction in line with the care certificate before commencing formal employment. Records of this were kept in staff files and signed off by the new member of staff's supervisor.
- The manager ensured that all staff were up to date with their mandatory training by completing and updating a training matrix.
- Managers identified the learning needs of staff via annual appraisals. These were documented in staff files. Staff received specialist naloxone training from a local drug and alcohol service. Staff also accessed trauma-informed training and mental health training.
- Robust recruitment processes were followed and all documents relating to this such as interview notes and disclosure and barring certificates were located in staff files.
- Staff told us that they received regular monthly supervision with their manager and had access to group supervision with an external supervisor. Staff were allocated to their group supervision at the end of each staff meeting. The external supervisor kept a list of who attended group supervision and shared this with the manager. Staff had access to informal supervision and debrief sessions with the manager following an incident or difficult shift. Staff were also able to access a counsellor at the Sunflower women's centre if required.
- Most staff had received regular supervision and supervisors documented notes in supervision files. All staff had received an annual appraisal. However, there were some gaps in supervision with out of hours team and also a few gaps with the day team. The chief executive was in the process of recruiting a new registered manager with the aim of increasing and auditing all supervision. They had put together an action plan which identified areas to improve and audit. Managers were in the process of storing all of their supervision records centrally within staff files rather than in their own offices.

Substance misuse services

Multi-disciplinary and inter-agency team work

- Client assessments included input from the GP, maternity services, children services, social workers and criminal justice services. The GP had access to the provider's shared electronic database so could document and share information regarding clients. A midwife worked with the team to support clients post childbirth.
- Each client's file had a clearly identified care manager or social worker.
- Staff attended a multi-disciplinary team meeting once a month. The chief executive also met with the out of hours team quarterly. The manager discussed a particular policy during each team meeting and there was a standing agenda which all staff contributed to. One of the provider's trustees attended staff meetings and got involved in service projects such as the 25 year celebrations.
- Recovery plans included clear care pathways to other supporting services such as the dental pathway to get dentures, midwifery care pathways and the neo-natal outreach team that worked with vulnerable children and mothers. Staff worked with health care professionals to support post birth care, smear tests, breast screening and contraception.
- Staff would also work with local community mental health services when required.

Good practice in applying the MCA

- The provider had a policy on the Mental Capacity Act which had been recently updated and contained relevant examples reflecting the provider's client group. Mental Capacity Act training was part of mandatory training. However, only 65% of staff had completed training on the Mental Capacity Act 2005.
- Following advice from Plymouth city council, the manager had completed workshops with the staff around specific training if a person had used drugs and alcohol and how capacity fluctuated.
- Staff had a good understanding of the Mental Capacity Act and how it applied to their role. Staff were aware that clients could have fluctuating capacity and that they needed to be mindful of this when supporting clients in making decisions.

Are substance misuse services caring?

Outstanding



Kindness, privacy, dignity, respect, compassion and support

- Staff were highly motivated and demonstrated compassion, dignity and respect to clients, providing responsive, practical and emotional support.
- All the clients described that staff went above and beyond their roles to support them. Staff went the extra mile to provide additional support to women in need, even if there was limited or no funding for their placement. We heard of one example where the provider offered one client free treatment and accommodation so they were not homeless over Christmas.
- Clients were very positive about the provider and the support they were receiving. Clients said that staff were always there for them and could go to them for support. Clients spoke highly of the aftercare programme provided by Trevi House at the Sunflower women's centre and described how vital it was in continuing their recovery and preventing future relapses.
- Feedback from stakeholders has been continually positive. Stakeholders praised the friendly and welcoming manner of the staff team, the caring, compassionate environment of the service and the prompt and effective organisation of support by the team. Stakeholders said that the passion for the work the team deliver was very apparent and their work was emotional and inspiring.
- Staff empowered clients to understand and manage their own care and treatment by working in partnership with them in their care planning. The provider had an innovative approach to supporting clients to maintain and get the most out of their therapy sessions by providing tailored childcare in an onsite nursery. This meant clients could rest assured that their child was being safely cared for by qualified staff whilst they concentrated on their recovery sessions.
- Staff encouraged all clients to support and understand individual's religious and cultural needs. For example, staff arranged a visit to a local mosque at the request of one individual but supported the whole group to accompany and support them. This not only raised the group's awareness of cultural identity but also made the individual feel supported by their peers.

Substance misuse services

- Staff directed clients to other services such as dentistry and neo-natal support when appropriate and supported them to access those services.
- The provider had clear confidentiality policies in place and each clients' records contained a confidentiality statement, detailing who staff can share information with. However, some client records were not stored in appropriate files and some information was left on a staff member's desk.

Involvement in care

- The provider encouraged peer support rather than advocacy. Staff supported clients to attend peer support training. Previous clients supported new clients and clients who used the Sunflower women's centre.
- Staff empowered clients to speak in front of an audience during presentations held by the provider. Clients were interviewed in a recent interview on BBC Spotlight about the positive experience they had received at the service.
- Peer mentors sat on recruitment panels. New clients were allocated a buddy and a named keyworker on admission. Staff organised a welcoming party for them and a settling in period with their child. New clients received a nursery orientation and staff allocated the child a keyworker.
- Placement planning and recovery care planning booklets were completed by the clients, written in the first person and clients had to rate their own needs out of one to five. Clients used the outcome star in conjunction with these documents.
- The manager supported clients who had finished treatment to conduct exit interviews and surveys, the results of which were shared in the provider's newsletter.
- Clients had weekly resident meetings which staff actioned to involve them in planning their care and treatment. Clients also held daily diary meetings with their keyworkers so they could plan their day.
- Clients were involved in the development of the Sunflower women's centre. Clients and staff reflected that their input was a key factor in preventing relapses. We heard about an example of when police officers visited and donated £250 to the provider. Clients chose how to spend this money. Clients were involved in the provider's 25-year celebrations. One client sang in front of 75 people during this event.
- Family members were risk assessed by children's services as part of the clients' initial assessment. Clients

chose to what extent they involved their families. We heard of one example when a client had been admitted whilst pregnant and had stated that her mother was her birthing partner. When the client went into labour, staff stayed with her until her mother arrived from London to support her daughter.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Outstanding



Access, waiting times and discharge

- Staff screened potential clients as part of the provider's admissions policy. If the initial risk assessment showed the risk as too high for admitting the client the service did not offer the client a placement. Staff would then discuss with the referrer about where they could go instead. Staff signposted these people to services such as other detoxification and rehabilitation services in the area. Staff said they had to think about current client group as well as the individual so were mindful of the needs of the service as a whole. The provider also had clear exclusion criteria for prescribing certain medication. This meant that women who, for example were pregnant or had a low BMI, would not be prescribed certain medication. Staff used a pre-admission checklist so they could check all areas been covered before admission. This list detailed the person responsible, the date actioned and any notes.
- At the time of our inspection, there was no waiting list for clients and the service was not operating at full capacity. Records showed the referral to assessment time as a month, then admission a month after. This was often due to waiting for funding to be agreed as children and adult funding was calculated separately. However, the provider was able to take urgent referrals within 48 hours.
- The average length of stay over a 12 month period from August 2017 to July 2018 was 182 days. The provider's average bed occupancy was 67% for the same time period. Occupancy levels were affected by a combination of funding and court decisions.

Substance misuse services

- Staff worked closely with housing services and local authorities during the discharge process. Discharge was delayed until suitable accommodation was found for the client and their child.
- Staff started planning for discharge at the beginning of the client's placement. For example, staff would need to know how long the client had funding for and whether they needed to request more. Staff made plans for the child around schooling. Staff asked clients if they wished to register with the sunflower women's centre. Staff and clients told us that they needed to know what their discharge plan was right from the beginning as it affected their progress during their stay. Staff offered telephone and Skype counselling if clients moved out of area after completing treatment. There was also a closed social media account for previous clients so they could keep in touch with one another and their keyworkers. Some clients told us that they relocated to Plymouth just so they could keep their aftercare support going through Trevi house.

Facilities that promote comfort, dignity and privacy

- Clients all had their own bedrooms which they could personalise as they wished. Some rooms had en suite facilities and some had bathrooms next to their bedroom. Each client was offered a key to their bedroom to enable them to store their possessions securely. Rooms were well-sound proofed and promoted privacy and dignity. Baby monitors were issued to each client during the day so they could check their babies when they were napping. Night staff observed babies every hour throughout the night to check they were asleep in their cot or if the mother needed any support. Clients agreed to this level of observation during their admission meeting and the surveillance policy was detailed in the residents' handbook.
- The provider had good facilities to promote recovery; this included a purpose-built therapy lodge for one to one therapy and groups. There were crèche facilities and a nursery for the children to be looked after during therapy times. The nursery had received a 'good' rating from their last Ofsted inspection.
- Clients had access to mobile phones following a consultation process during resident meetings where clients requested this restriction be lifted.

Client's engagement with the wider community

- During the week there was a full timetable of activities focussing on therapy, such as group therapy, one to one sessions, crafts, gym sessions, self-esteem groups and parenting programmes. At the weekend, clients took part in housekeeping and therapeutic duties. They took part in activities on site such as messy play and communal dinners. Staff also supported clients and their children with accessing activities in the community, such as going to the library, the local museum, the local aquarium, soft play, swimming and the park.
- Staff supported clients to keep in contact with their families should they wish to. Family members were risk assessed before being allowed on site. Clients also followed a visitor's policy.
- Peer mentors encouraged clients with networking in the wider community. Before discharge, clients completed training programmes with the sunflower women's centre. Staff at the sunflower women's centre delivered training in literacy and mathematics and employment support.

Meeting the needs of all people who use the service

- Staff demonstrated a clear understanding of the potential issues facing vulnerable groups. The provider emphasised in their mission statement that all people were treated equally. Staff and clients followed an anti-bullying policy. The provider's location was covert and they used a PO Box address for correspondence. Clients who had been victims of domestic abuse, sex work or homelessness could discuss these issues in group or one to one therapy. Staff attended equality and diversity training as part of their mandatory training. Staff worked with two churches in the local community who had helped raise money for the provider. One church had collected gifts for the clients so everyone had a present to open on Christmas day. Staff supported all clients to get involved and support each others' cultural and spiritual needs. For example, the whole group accompanied one client who wished to visit a mosque and all wore head scarves to support her. There was a choice of food to meet dietary requirements for example those with specific dietary preferences and those from religious and ethnic groups. Keyworkers accessed appropriate spiritual support on an individual basis.

Substance misuse services

- The provider did not have accessible rooms to see people in. Corridors were narrow and would not accommodate a wheelchair. However, all the communal facilities were on the ground floor. There were grab rails in bathrooms but the provider could not accommodate clients needing to use wheelchairs.
- Information leaflets and posters were on display and there was a range of information on treatments and information about abuse. Information leaflets were available in languages spoken by people who use the service. The manager knew how to access information in other languages and how to arrange interpreters if required.
- Clients had access to make drinks and snacks at any time. Menus were agreed with the clients and food was freshly prepared on the premises by the cook. At the weekends, the clients came together as a group and decided what they wanted to eat, then staff supported them to do a food shop.

Listening to and learning from concerns and complaints

- Staff we spoke with knew how to handle complaints appropriately. The provider applied duty of candour with complaints and the process was open and transparent.
- Clients were familiar with the complaints process and knew how to complain. There was information on how to complain in the resident's handbook and clients were invited to comment and complain in daily and weekly meetings. Staff encouraged clients to put their comments and complaints down in writing so there was a paper trail for staff to follow. Following discussions in group therapy, clients had complained about not having mobile phones. This blanket restriction was lifted as a result of the group complaint.
- Learning from complaints was a standard agenda item in staff meetings. Clients were also encouraged to write any concerns in their treatment journal every night as part of therapeutic work which they handed in to their keyworker to discuss during their next one to one session. This meant concerns could be addressed quickly and informally.

Are substance misuse services well-led?

Good 

Leadership

- The chief executive, registered manager and deputy manager all had the relevant skills, qualifications and knowledge to provide positive, effective leadership.
- The provider had a clear definition of recovery and this was shared and understood by all staff.
- Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care.
- Leaders were visible in the service and approachable for clients and staff. Trustees attended staff meetings and were well known by the staff and clients. Stakeholders told us that the provider and team were inspiring.
- The board of trustees met every other month and the trustees visited the provider at least once a month. Trustees filled out a monitoring form during their visits with staff and clients which they then discussed at board meetings. We heard of one example where staff, clients, previous clients and trustees came together for a sleep over at the service so they could watch a documented programme about Trevi House together.

Vision and strategy

- All the staff we spoke with knew and agreed with the providers statement of purpose to provide a safe place for mothers with substance misuse issues to recover whilst remaining and supporting them with their children. The provider's visions and values were displayed around the service on the walls. They were also incorporated into the provider's code of conduct, staff induction and staff handbook.
- Staff had the opportunity to contribute to discussions about the strategy for their service, during debates in staff meetings. Staff described people working collectively and never on their own.

Culture

- Staff felt respected, supported and valued. Morale was high and the staff group felt positive and satisfied. Staff were proud to work for the provider.
- Managers dealt with any bullying and harassment issues appropriately with support from their human resources representative.

Substance misuse services

- Staff attended equality and diversity training as part of their mandatory training. We saw examples of how staff had been able to progress their careers through successful mentoring.
- Teams worked well together and where there were difficulties managers dealt with them appropriately. The manager shared an example of when it was their first weekend on call. Staff had approached them individually and offered support in advance.

Governance

- The provider employed a chief executive, who was previously the registered manager, a registered manager and a deputy manager. The provider was overseen by a board of trustees.
- The managers completed a service improvement plan as part of their quality assurance programme. The service improvement plan identified areas of improvements, such as checking safeguarding was reported appropriately, collating compliments, medication audits, health and safety issues, and risk assessment audits. The registered manager presented the service improvement plan to the board meeting on a quarterly basis. The service improvement plan incorporated findings from audits, incidents, complaints and compliments. This was analysed by the trustees and monitored to ensure that required changes were being progressed.
- We saw that learning from incidents and complaints was shared regularly via the provider's newsletter. We saw that these discussions were also documented in staff meeting minutes.
- Managers took part in audit reviews. However, an inspection by the local pharmacy in June 2018 had suggested that auditing processes and frequency had slipped and that managers were using old documents. We also found this to be the case with gaps in auditing the storage of medication and blanks sheets for the auditing of medication administration records. The provider's care plan audit was last carried out in July 2018 and identified issues had not been resolved at the time of our inspection.
- Data and notifications were submitted to external bodies, such as the local authority, children's services and criminal justice department as required.
- The provider had a whistleblowing procedure in place for all staff and clients.

Management of risk, issues and performance

- Two trustees attended a seminar in May 2018 alongside the chief executive titled, 'building a sustainable charity'. The chief executive incorporated some of the ideas within this event to maximise the effectiveness of their board. For example, one of the actions was to work on a board assurance framework which was being developed at the time of our inspection.
- The risk register was reviewed regularly and also at the provider's annual general meeting. The action plan highlighted the risks that were currently focused on and the subsequent actions that were in place. These were discussed and overseen within the board meetings and the manager reported back to the trustees or met with them between the scheduled board meetings as required. One issue raised was around reputational risk. The provider needed to raise their profile in order to increase their occupancy but at the same time had a duty of care for the client group to remain discreet.
- The management team continually bid for funding. One project involved demonstrating the value of the 'Trevi pound' to commissioners. The team's cost benefit analysis of data had shown that by having clients in their care (represented as one pound), this saved the community two pounds. The provider's successful bid for the Pause project generated income. Pause is a national service that identifies women who have had two or more children removed from their care. The team at Trevi House worked with Plymouth social care to look at women's records and target women who met the criteria for support. This project is due to start in February 2019.
- The management team had identified that due to a number of different teams working as part of one whole team, sometimes communication was challenging. They had addressed this by working on a project called 'project hymn sheet' to ensure staff are being consistent with what they say and do. The managers also addressed this via their staff wellbeing strategy and the staff newsletter.
- The provider had a financial team, a financial strategy and financial contingency plan in order to ensure that staff would be protected if funding became an issue. The chief executive was working with their finance team on trying to improve their occupancy rates.

Substance misuse services

Information management

- The provider used two systems to store information about staff and clients. However, despite staff saying they had no problems recording in two systems, some data was missing from paper records and some paper records had not been uploaded onto the electronic database. The manager was considering the option to move over to just one system.
- Staff had enough office space and information technology to do their work. Managers had their own offices to hold meetings and complete paperwork.
- The provider had good information sharing processes and joint-working arrangements with other services, such as the GP and social services.

Engagement

- Staff and clients had access to up-to-date information about the work of the provider via regular newsletters.
- Clients had opportunities to give feedback on the service they received via resident's meetings which the staff team documented and actioned.
- Clients and staff met with members of the provider's senior leadership team and trustees to give feedback.

Learning, continuous improvement and innovation

- Managers had identified issues around the funding and placement of clients and a disparity in practise by

funding authorities. They found that if there were insufficient funds for a client to be placed at Trevi House from their local authority, their baby would be removed from them. As a result of this, managers were working on a campaign to address this inequality.

- The team developed the 'Sunflower women's centre' which was the first women's centre in Plymouth. It was set up in collaboration with clients. It offered free aftercare to women leaving Trevi House and the accredited peer mentor scheme had seen four cohorts of previous Trevi clients trained. The team had successfully undertaken a tender process in order to deliver the Pause programme, which supported women who had experienced multiple removals of children. This was due to start in February 2019 and the managers had already recruited staff to deliver this programme at the time of our inspection.
- The team took part in research with Nottingham university looking at the last ten years of outcomes of successful recovery, completion of assisted withdrawal, treatment and whether clients left with their children. Together they looked to find any themes, such as the age of the client.
- The team was also working with a PhD student at Plymouth university about narratives around motherhood.

Outstanding practice and areas for improvement

Outstanding practice

Trevi House was a unique provider that admitted mothers or pregnant women together with their children from anywhere in the United Kingdom. Although there was not another provider to compare this with, we considered that there were a number of areas where the provider demonstrated outstanding practice.

The provider had a registered nursery on site which enabled women to focus on their recovery by attending relevant groups and one to one sessions without worrying about childcare. The ability to keep their children during substance misuse treatment was a key motivator for women to complete treatment successfully and the aftercare programme provided at the Sunflower women's centre was vital in supporting women to remain abstinent. The Sunflower women's centre was the first women's centre set up in Plymouth, in collaboration with clients. It offered free aftercare to women leaving Trevi House and also offered previous clients the opportunity to take part in an accredited peer mentor scheme.

The provider demonstrated total commitment to their work with mothers and their children and we received unanimously positive comments from clients and other agencies who worked with Trevi House.

All the clients described that staff went above and beyond their roles to support them. Staff provided additional support to women in need, even if there was limited or no funding for their placement. We heard of one example where the provider offered one client free treatment and accommodation so they were not homeless over Christmas.

Staff empowered clients to have a voice and realise their own potential. Staff supported clients to speak up at presentations run by the provider, sing in front of a crowd of people during a celebration and take part in filming for a documentary about the provider.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that client records have detailed information that allows them access to information to support the delivery of safe, good quality care. This includes crisis plans and risk management plans that identify those at risk of unexpected exit from treatment.
- The provider must ensure that medication administration records are fully completed to ensure the safe dispensing and checking of medication. This

includes staff signing and dating medication administration records to show missed or refused medication and specifying which medication is 'as required' on medication administration records.

Action the provider **SHOULD** take to improve

- The provider should ensure that staff have access to refresher training on safeguarding.
- The provider should ensure that all service audits are conducted and documented regularly, including medicines audits and audits of care records.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

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

The provider did not maintain safe records relating to the dispensing of medication. Records were not dully completed including staff not signing and dating medication administration records to show missed or refused medication and not specifying which medication was 'as required'.

This is a breach of regulation 12 (2)(g).

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not ensure that client records contained all relevant client information and were easily accessible to staff.

This is a breach of regulation 17 (2)(c)