

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

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.

Overall summary

We do not currently rate independent substance misuse services.

We found the following issues that the provider needs to improve:

- Westcliffe House Limited had a philosophy around how treatment was delivered and staff knew what this was. However, at the time of the inspection we did not see this written down for anyone new coming into the service. The provider did not have an overarching governance structure. Policies and procedures were not robust and outcomes were not recorded. This meant staff could not be sure that they were delivering a service that met national best practice. For example those set out in the Drug Misuse and Dependence UK guidelines on clinical management.
- Some monitoring systems and processes were in place. However, these were not effective. Medicine charts had numerous gaps where staff had not regularly signed for refused or omitted medicines. Staff were not reporting medicine errors or learning from incidents. Generally policies, including safeguarding and incident reporting, had not been updated.
- Staff told us informal supervision took place and therapists attended external clinical supervision. However, this was not regular or documented and staff

Summary of findings

had not received an annual appraisal. We saw a training programme and staff undertook National Vocational Qualifications. However, the competence of support volunteers to do a number of aspects of their job had not been assessed. For example, the administration of medicines. Recruitment files were in place. However, we found staff working at the service did not have evidence of a Disclosure and Barring certificate on file and staff who had previously been convicted of criminal offences did not have references or risk assessments in place. Staff had also not updated all other policies, including safeguarding and incident reporting.

- The service had a health and safety environmental risk assessment, including fire risk assessments. However, staff had not recorded that the building did not accommodate clients with limited mobility. The provider did not have a policy to explain the reasons for this or demonstrate how they had referred clients to an alternative service that could accommodate them. The manager had also not recorded on the assessment that the taps in all the bathrooms and bedrooms were 'push on' providing only a small amount of water with each push and did not have free flowing water for staff, clients, and other people coming into the service to wash their hands effectively after visiting the toilet
- Staff communicated with each other regularly throughout the day. However, they did not formally

document a daily handover of client information at the end of each shift, so it was unclear how they demonstrated that they monitored client progress. We also found client sensitive information in a room with the door open so that anyone could access it.

- We found shared bedrooms did not have privacy screens separating the beds and in one room, the ensuite shower had no wall. This meant clients had to agree not to be in their room whilst the other was taking a shower. This compromised client's dignity and privacy.

However, we also found the following areas of good practice:

- There was good communication between the provider and partnership agencies that referred clients to them. Referrers we spoke to were positive about the care given.
- Clients felt supported and cared for by staff. They stated that the therapeutic programme provided by the service kept them safe and supported their recovery.
- Staff actively engaged with families, providing support and information to enable them to support their relative who was in recovery.
- Carers we spoke with told us they were pleased with the support their family member received.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		Inspected but not rated

Summary of findings

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Westcliffe House

Services we looked at

Substance misuse services;

Summary of this inspection

Background to Westcliffe House Limited

Westcliffe House Limited is located in the small seaside town of Weston-super-Mare.

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 Addaction, an external organisation 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.

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.

Westcliffe House Limited was last inspected in November 2013 and met the standards.

Our inspection team

The team that inspected the service comprised of CQC inspector Sharon Dyke (inspection lead). One other CQC inspector and one specialist adviser who had clinical practice experience in substance misuse services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

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

During the inspection visit, the inspection team:

- visited this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with seven clients
- spoke with two ex-clients
- spoke with two family members
- spoke with the registered manager
- spoke with two other staff members employed by the service manager, including and administration staff
- received feedback about the service from two carers
- spoke with four support volunteers
- attended and observed one hand-over meeting
- spoke with three staff members from other organisations

Summary of this inspection

- collected feedback using comment cards from 13 clients
- looked at five care and treatment records for clients
- looked at 10 medicines records cards
- looked at policies, procedures and other documents relating to the running of the service.

Information about Westcliffe House Limited

Westcliffe House Limited provides accommodation for persons who require treatment for substance misuse. It has the capacity to treat and care for up to 20 men and women at any one time.

Commissioners that fund clients who reside at Westcliffe House Limited include Wandsworth Council and Addaction North Somerset. Westcliffe House can also accommodate private paying clients.

There is a CQC registered manager in post.

What people who use the service say

- Clients we spoke with told us they felt staff treated them with respect. They told us they felt safe and listened to. One client told us they felt care was consistent and staff always helped them to cope better. All clients we spoke with said staff understood their needs.
- Carers we spoke with told us they were pleased with the support their family member received. One carer said their family member had done very well and returned to studying.
- We spoke with professionals who work in partnership with Westcliffe House. They told us staff were supportive and nothing was too much trouble.

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 do not currently rate standalone substance misuse services.

We found the following issues that the provider needs to improve:

- Medicine management was poor. Staff did not maintain records well. We found staff had not reported medicine errors as an incident.
- We looked at six staff files out of 14. All six files did not have relevant checks completed such as Disclosure and Barring certificates (DBS) and references.
- The provider did not have an effective system in place to ensure that support staff were competent to do their job following training.
- Generally, policies such as safeguarding or the policy on reporting and learning from serious incidents had not been updated.
- Staff did not record client activity throughout the day to provide evidence of how they monitored client progress.

However, we also found the following areas of good practice:

- The environment was warm and welcoming
- Care records contained a risk assessment covering mental and physical health.
- Therapy staff were experienced and able to identify and respond to risk.
- A local provider called Addaction carried out community opiate detoxification for clients within Westcliffe House Limited, who had difficult social circumstances. Addaction completed the physical health monitoring as part of their agreement or provided staff at Westcliff House Limited the equipment to monitor clients' observations if medication was given outside of their working hours.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following issues that the provider needs to improve:

Summary of this inspection

- Staff told us they had completed a medicines audit. However, we found multiple errors in the administration of medicines that had not been identified.
- Staff had little knowledge of how mental capacity may fluctuate in their client group and how this may affect day to day risk management.
- The service had access to secure storage for client records. However, although the clinic room was lockable, during the inspection staff left client sensitive information unattended in the clinic room with the door open. This meant other clients and people coming into the service could have accessed the records without authorisation.
- The provider did not have a robust induction programme. This meant there was a strong risk that new staff gained only a limited understanding of the organisation and their role in it.

However, we also found the following areas of good practice:

- Care plans reflected client's needs. Records contained risk assessments and identified client preferences where appropriate.
- The manager had good links with local community groups. Clients supported a horticultural charity to maintain a local public park.
- There was a range of therapists to provide treatment at Westcliffe House.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were positive about the support staff gave. Clients told us they felt listened too and confident staff would help them in their recovery.
- The assessment and care planning process demonstrated that staff sought to address and work with individual needs.
- Clients told us they had been involved in their care and treatment throughout their stay.
- Family members were involved in the treatment process when this was appropriate.

However, we also found the following issues that the service provider needs to improve:

Summary of this inspection

- Staff said they acted as advocates for clients. However, the provider did not ensure clients had information or access to an independent advocacy service within the local area.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following issues that the provider needs to improve:

- The provider did not have a clear rationale for clients accessing the service. When a client was referred to the service the manager would meet them regularly until it was agreed they were ready to move in. There was no written procedure in place to engage people who did not attend appointments.
- There were emergency procedures in place. However, the provider did not have an overarching policy that explained this process.
- The provider did not have a visitor's policy that ensured privacy, or safety within the service. This meant there was a potential for visitors to disrupt therapy or be placed at risk
- Clients could not access the kitchen outside of meal times to make hot snacks. This meant if they wanted a hot snack they had to rely on staff being available. The provider did not have a clear policy or rationale to explain why this was required.
- The provider did not have a policy to say why they didn't accommodate clients with limited mobility's and did not offer alternatives such as sign posting to another service.

However, we also found the following areas of good practice:

- Clients received a welcome pack that contained details of how to make a complaint, house rules and treatment options during their stay at Westcliffe House Limited.
- Clients and staff had regular house meetings to address any immediate concerns raised.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following issues that the provider needs to improve:

- The provider did not have an overarching governance structure. Policies and procedures were not robust and outcomes were

Summary of this inspection

not recorded. This meant staff could not be sure that they were delivering a service that met national best practice. For example those set out in the Drug Misuse and Dependence UK guidelines on clinical management.

- The provider did not have a formal process for reporting incidents. Staff we spoke with did not know what incidents they should be reporting.
- The competence of staff to carry out aspects of their job was not assessed following training. For example, staff did not understand the Mental Capacity Act (2005) and how the Mental Capacity Act (2005) might relate to the client group at Westcliffe House Limited.
- The policies we looked at during the inspection generally had not been updated, signed or dated. Staff used safeguarding policies from another organisation through the internet. This had not been fully adapted to meet the needs of Westcliffe House Limited. This meant staff could not be certain they were following the most up to date policy and procedures.
- Staff did not have an annual appraisal and supervision was not recorded which meant the manager could not monitor staff development

However, we also found the following areas of good practice:

- Staff said that they knew how to raise a concern and they felt confident it would be dealt with.
- Staff morale was high and they felt that the manager's leadership was supportive and motivating.

Detailed findings from this inspection

Mental Health Act responsibilities

The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health were to deteriorate, staff knew whom to contact.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff lacked an understanding of the Mental Capacity Act (2005), its principles and the application in the service. Staff told us they would contact the GP to check if

someone had the capacity to consent to treatment. Clinical and medication records showed that staff had not recorded consent to treatment as well as consent to share information.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	N/A	N/A	N/A	N/A	N/A	N/A

Notes

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Westcliffe House Limited was a large property with two floors. There is one corridor front to back on the top floor and a parallel one on the ground floor. There is one staircase and one fire escape at the rear of the building. There were 20 bedrooms in total. Bedrooms were on all floors including the ground floor. The décor was in need of updating. However, the environment was clean and welcoming. Clients were encouraged to keep their own bedroom space clean and tidy. Volunteers, staff, and clients shared other cleaning duties between them.
- The clinic room was a very small office used to administer medication and this had no space for staff to carry out any examinations. However, staff told us Addaction would complete physical health checks for clients on a detox and this can be carried out in the client's bedroom.
- Staff could not observe the entire environment at all times. Staff monitored each client closely dependent on their individual risk. Staff demonstrated a good knowledge of the specific individual risks of the clients.
- The manager told us a local provider called Addaction carried out community detox for clients within Westcliffe House Limited and completed the physical health monitoring as part of their agreement. This included basic information such as weight measurement, temperature, pulse, and blood pressure. If there were ongoing concerns Addaction left the staff equipment to test outside of their visits.
- The provider had not trained staff to use specialist resuscitation equipment or emergency drugs so none were available at the house. Although there was no

automated external defibrillator available for use staff told us they would call 999 for medical emergency. However, this procedure was not written down and staff had not received training in basic life support that could be implemented whilst waiting for an ambulance to arrive.

- The provider supplied two first aid boxes. Staff checked the contents of one of them and signed them off as being in date. However, when we reviewed the contents, the majority of the items were out of date in both boxes. For example, two of the body fluid clean up kits were dated 2014. We raised this with the manager who sent staff out to purchase new items immediately.
- Staff carried out urine screening. Staff told us clients used the nearby toilets for them to provide urine samples. However, the provider did not have a bodily fluids and transmissible disease policy to minimise the risk of infection.
- The provider did not display leaflets about safeguarding, medication, and treatment advice or harm minimisation such as safer injecting or needle exchanges. However, we did see leaflets referring to Hepatitis B testing.
- The manager told us they completed medicine audits. However, staff had not identified several errors as part of their medicine management process. There were numerous gaps on the medicine charts. Staff had not consistently signed the medication administration record at the time of administration or after a client had taken their medicine. We found six charts that had gaps where staff should have signed for administering medication. Two charts had three gaps each and one chart had seven gaps. The worst examples had 17 gaps, 20 gaps and 26 gaps. We could not identify staff signatures easily or what medicine the client had taken, on which date and at what time. This was because staff

Substance misuse services

had used a liquid corrector to blank out information on three charts. Medication administration record codes did not reflect any changes staff made to client medicines and staff did not record the reasons in the notes section or in the clients care notes. Although staff stored medicine securely and kept medicine charts in a locked cabinet in the clinic room.

- Staff had a cleaning list. However, we did not see an up to date infection control policy. The provider did not display hand-washing signs in every bathroom. The majority of bedrooms and bathrooms had stop taps fitted that did not allow the water to flow continuously. This meant clients staff and visitors to the service could not wash their hands effectively after visiting the toilet because the water immediately stopped when you took your hand off the tap. The provider had not carried out a full risk assessment of their hot and cold water systems to ensure adequate measures were in place to control the risk of legionella, bacteria commonly found in water.
- We saw an up to date health and safety environmental risk assessment, including up to date fire risk assessments with actions identified. Staff monitored actions and signed them off as they were completed. However, this assessment focused on general maintenance and did not include other risks such as ligatures. Ligaturepoint is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation.
- There was a full explanation of the provider complaints policy available in the reception area. Easy read versions were not available on site. However, the manager told us they would access the information on line if required.

Safe staffing

- The staff team consisted of six therapists, three of these were self-employed, seven volunteers carrying out support worker roles, one administrator, and one registered manager. During the day, there was up to five staff, including volunteers, on duty and at night, a volunteer slept over. The provider did not employ registered nurses or use agency staff. The manager told us they had no vacant posts at the time of the inspection. However, there was no systematic approach to determine the number of staff or the range of skills required in order to meet the needs of the clients and

keep them safe at all times and none of the seven volunteers or three self-employed therapists had a contractual agreement requiring them to turn up for work.

- We reviewed six staff records. Volunteers carried out support worker roles. However, the provider did not have a volunteer policy and none of the volunteers records checked contained a disclosure and barring service (DBS) and reference checks in place. The provider had not completed risk assessment for any individual with a conviction prior to offering them a role. The manager told us that they offered all volunteers training such as a National Vocational Qualification. We raised this as a concern as their use of volunteers was not in line with current guidelines. For example, Unison states that volunteers can only be utilised to undertake work that forms a supplement to activity usually conducted by paid staff and complements the core work in delivering services. Volunteers can only receive expenses on an “out of pocket” basis to cover such costs as travel or subsistence incurred in the cost of volunteering activity.
- As of November 2016, Westcliffe House Limited reported that there had been one staff member off sick for nine months, this staff member was now on a staged return to work programme. The manager told us there were no current staff performance issues even though some staff had repeatedly made mistakes when administering medicines to clients.
- Mandatory training included equality and diversity, fire safety, health and safety, care planning and induction medication management. We asked the manager how staff received training such as safeguarding, Mental Capacity Act and basic life skills. The manager told us it was covered through the National Vocational Qualification. All staff were completing the care certificate, four volunteers were completing the National Vocational Qualification level three and therapists were completing a National Vocational Qualification in care management which covered subjects such as staff supervision and team leading. However, the provider could not demonstrate the effectiveness of any training attended as they did not have a system in place to monitor staff attendance or completion of training and they did not review staff competence.

Assessing and managing risk to clients and staff

Substance misuse services

- We reviewed six client files; each one contained a generic risk assessment. Staff completed these at the initial assessment stage and reviewed them regularly throughout the placement. The risk assessment form covered mental and physical health. When staff identified a risk, they completed a separate risk management plan. However, this was not consistent for all risks identified. For example, one assessment identified two health risks and only one of these risks had a management plan in place.
- Addaction, a partnership agency, carried out all detoxification and its management for clients who required the intervention within Westcliffe House Limited. Addaction placed clients at Westcliff House that they would normally detox in the community but were unable to due to unstable social situations that the clients were in. For example, people who were street homeless, at risk of domestic violence or lived with a current user of illicit substances. At the time of the inspection the manager could not show us a written agreement that ensured each party knew their role. However, since the inspection the manager has forwarded this to CQC and whilst responsibilities are clearly defined, staff at Westcliffe House Limited did not keep their own records of any treatment Addaction provide, such as planned medical reviews with the local GP or individual crisis plans.
- Addaction administered medicine for clients who were on a detox programme and conducted the physical health monitoring of those clients. Any other general medicines brought in by the client were stored in a locked cupboard held in the treatment office and administered by Westcliffe House Limited staff. However, we saw medicine administration record charts that were poorly completed, there was no medicine management policy in place or completed monitoring records.
- Staff told us that if someone disclosed a safeguarding issue to them they would report it to the manager. We saw evidenced of a safeguarding concern being raised by the manager, they had liaised with the safeguarding board and social work team at the Local Authority. However, staff we spoke with told us they had not attended any specific local authority safeguarding training.
- We saw a business contingency plan informing staff what to do in the event of an emergency such as fire or flooding. Staff told us if there were an incident within the client group, they would contact the manager, as there was no formal on call procedure. When we asked the manager, they told us staff would discuss amongst themselves each week and agree who would be available in the event of an emergency out of hours but they did not have a nominated person to act in the absence of the manager. The provider did not have a policy on reporting and learning from serious incidents.

Track record on safety

- Westcliffe House reported no serious incidents in the 12 months prior to inspection. We saw evidence that staff raised concerns via staff meetings, in daily handover logs, and client meeting minutes. These concerns were raised and resolved quickly. Clients we spoke with told us they felt confident that staff managed risk quickly and professionally. However, the provider did not have an up to date incident reporting policy in place and records were inconsistent.

Reporting incidents and learning from when things go wrong

- Staff told us they would report all incidents to the manager. The manager was responsible for investigating any incidents by interviewing the people that were involved. When we asked what sort of incidents they might report staff told us it would be situations such as a fire in the building. The manager told us they would feed back to staff any review and any lessons learned in staff meetings. An example given was one of client conflict, we saw change made to practice that resulted in a contract of behaviour being drawn up for all clients and was provided by the manager. However, Staff did not recognise that medication errors were incidents and told us they would not consider reporting them.
- Staff told us they would address issues arising from group work themselves. For example, where it was felt that staff could have facilitated the group differently. Staff recorded this in the daily log. Staff told us they felt supported by the manager following incidents. However, this was an informal arrangement. We saw no evidence that the provider had a process that sits in an incident and duty of candour policy and procedure

Duty of candour

Substance misuse services

- Staff we spoke with understood the need to be open and honest with clients. Clients said they felt comfortable reporting things and would often raise concerns at daily meetings. However, staff we spoke did not know that outcomes of investigations into incidents must be shared with the client concerned and, where relevant, their families, carers and advocates.

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

Assessment of needs and planning of care

- We saw that staff kept all files in a locked filing cabinet. Staff told us they kept any closed files for seven years. We reviewed five client care records. All records had a completed initial assessment that included the client's physical and mental health. The information from this tracked through to the generic care plan, risk assessment, and daily notes. However, not all information sharing agreements had been completed or signed by the client, we found no written evidence of consent to treatment and staff had not included a copy of the detox and crisis plan created by Addaction. This meant staff could not be certain they were carrying out effective treatment at all times.

Best practice in treatment and care

- Addaction prescribed medicines for detoxification following the 'drug misuse and dependence: UK guidelines on clinical management (2007)'. The manager told us they had a joint prescribing protocol with Addaction that laid out the obligations for Westcliffe House Limited staff and Addaction staff. However, when we requested to see this the manager was unable to produce it on the day of the inspection. However, the manager has now forwarded this to CQC and the roles are clearly defined. All detox prescribing was adapted from national guidelines and delivered by Addaction. They had an approved formulary for medicines that would give to help with side effects of detox. Addaction staff completed CIWA-AR rating scale for clients undergoing alcohol detox. Westcliffe House Limited staff offered clients blood borne virus testing through either the associated GP surgery or the local sexual health clinic.

- Westcliffe House Limited did not offer formal after care. Once clients had finished their detox programme, staff discharged them from Westcliffe House Limited and Addaction delivered any planned aftercare. However, staff encouraged clients to drop in at any time for informal support. On the day of the inspection we spoke with an ex client who had dropped in for a catch up with everyone.
- The manager showed us a list of audits that included building maintenance, PAT testing and Fire drills. We did not see any monitoring of medicine management, governance systems or service outcomes during the inspection. The provider did not have a framework that defined their quality improvement process. However, clients we spoke with all said they had made good progress within their treatment programme.
- Westcliffe House Limited delivered psychosocial interventions in line with National Institute Clinical Excellence guidance. The service offered an empowerment model which they described as being similar to cognitive behavioural therapy. However, if clients wanted to attend groups run by 12 step organisations, (an internationally recognised abstinence-based model which supports clients to access self-help groups narcotics anonymous (NA) and alcoholics anonymous (AA), they could do so once they had completed the first two weeks of treatment and were allowed to leave the premises. Westcliffe House Limited also offered art therapy, individual counselling, and family work.
- The manager had good links with local community groups. Clients spent time working with a local charity on horticulture projects. For example, they helped maintain the grounds of a local park on a Friday. Links to local college courses were also available. The programme also includes "therapeutic duties" whereby all clients take turns to help with domestic chores and kitchen duties.

Skilled staff to deliver care

- There was a range of therapists to provide treatment at Westcliffe House Limited. This included counsellors, children, and families therapist, a social worker who was retrained as drama psychotherapist, and a cognitive behaviour therapist. The manager told us they collaborated with external agencies for specialist staff

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such as registered nurses. Partner agencies included Addaction, a local pharmacy, and the local GP surgery. The service did not have access to a psychologist and would refer clients to the community mental health team if required. The team at Westcliffe House Limited also included administration, domestic staff, and volunteers.

- Staff induction involved new members shadowing existing staff until they felt confident. The manager did not complete any paperwork to evidence this. When we asked the manager, they told us staff learnt on the job. Mandatory training was limited and the manager relied on staff and volunteers completing a National Vocational Qualification to cover subjects such as safeguarding and Mental Capacity Act training. However, staff knowledge in these subjects was limited and the manager did not review staff competence. Staff told us they did not receive additional training for specialist areas.
- Therapists told us they received regular external clinical supervision. All staff said they felt supported by the manager and had regular discussions about the delivery of client care. However, the manager did not record that staff received regular supervision or an annual appraisal. This meant the provider could not monitor and review staff development

Multidisciplinary and inter-agency team work

- The manager worked closely with local authorities who purchased placements with them and kept care managers (the local authority employee responsible for the client's placement) informed. Staff informed clients' care managers and GPs if clients left early or if the manager discharged them early. Staff told us they held multi-disciplinary meetings every day to review client progress. However, we did not see these taking place and staff did not record these meetings.
- We attended a handover meeting. Not all staff on duty attended this meeting. The meeting did not review every client's daily activities. Staff selected clients at random and gave a brief overview of any issues that may have arisen during the day. During the meeting, the manager came in to communicate previous issues around meal size. One staff members use of terminology at the handover did not demonstrate client respect.

Good practice in applying the MCA (if people currently using the service have capacity, do staff know what to do if the situation changes?)

- Staff had limited understanding of the Mental Capacity Act (2005) and its principles. Staff could not tell us how to check if someone had the capacity to consent to treatment and said they would call the GP to assess someone's mental capacity if required. Staff did not recognise that capacity was decision specific or that they would be able to assess in the first instance if a client did not appear to have capacity.
- We saw no evidence of consent to treatment recorded on client files. Staff told us consent was gained by the referring agency which meant they had implied consent and did not need to record it on client notes.

Equality and human rights

- The provider did not have an equality and diversity policy. However, staff told us they assessed client's religious needs at the assessment stage, this included how they catered for alternative religions through meals and menu choice.

Management of transition arrangements, referral, and discharge

- The manager accepted referrals from local authority commissioning teams. The manager handled referral information and completed pre-admission assessment. The provider did not have a structured aftercare programme to support clients to make the transition away from residential treatment. However, they did encourage clients to remain in contact with them informally if they felt they needed support once they had left the programme. Clients did not have an unexpected discharge from treatment plan, the manager told us they had never had a client not engage with the service to date.

Are substance misuse services caring?

Kindness, dignity, respect, and support

- Clients were overwhelmingly positive about the support staff gave and were complimentary about the service and specifically the manager. We observed staff being

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polite, kind, and supportive during face-to-face interactions with clients. However, during a handover of daily activity, we observed one staff member talking disrespectfully about a client.

- Staff we spoke with had a good understanding of individual client need. Clients told us they felt supported and guided by staff, they felt positive about the care provided. We received a large amount of very positive feedback from clients and carers involved in the service; for example, they told us the staff went 'above and beyond' and that they were approachable and knowledgeable and made them feel respected.
- The assessment and care planning process demonstrated that staff sought to address and work with individual needs. For example, we found a consideration of special needs form that asks clients to list medical, dietary, religious, cultural/ethnic, and special requirement such as access to children. However, during the inspection we observed that staff had not

The involvement of clients in the care they receive

- Clients told us they had been involved in their care and treatment throughout their stay. Records showed goals set in the care plan were set in collaboration between the staff and client. At each review, there was clear involvement throughout. However, staff kept the daily log in the clinic room. During this inspection, the door to this room was unlocked, open, and at times not staffed. This put client sensitive information at risk of being exposed.
- A welcome pack was given to clients and they were made clear on all house rules. For example, no telephone contact was allowed in the first week of admission; visitors must stay with clients at all times, and about respecting each other.
- Family members were involved in the treatment process when this was appropriate. For clients wishing to have family involvement, family meetings were encouraged. However, the provider did not have a policy in place to safeguard children visiting the service and expected parents visiting their family members to take full responsibility for their children whilst they were in the building.

- Clients did not have access to a local advocacy service; we did not see any information informing clients of their right to advocacy. When we asked the manager, they told us the staff advocate for all clients.

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

Access and discharge

- Clinical commissioning groups and local authority's referred into the service. The manager reviewed the referral and decided if they are able to accept it. There was no waiting list, the manager contacted the referrer the day they received the application and informed them if they are able to accept the client. The manager based this decision initially on the written information received.
- The provider did not have a set target time from referral to triage/assessment and from assessment to treatment. The manager told us they carried out pre admission work for as long as it takes to ensure the client was stable before they were able to come to Westcliffe House.
- The manager told us they only accepted planned admissions. They did not accept people in crisis. The service provided treatment based on group and individual therapy for a minimum period of six weeks. However, we did not see an admissions policy and the provider did not monitor or review specific outcomes to demonstrate how effective the service was.
- The treatment programmes ranged from four to 12 weeks. At the end of treatment the provider discharged the client and notified the funding authority of their discharge. However, the provider did not have a robust discharge procedure and we saw little evidence of engagement with other services as part of the discharge planning.

The facilities promote recovery, comfort, dignity, and confidentiality

- Westcliffe House was a large building. It had several rooms to support treatment and care. There was three lounges staff held the groups. The service had two

Substance misuse services

offices that staff could use for private interviews. During the inspection, staff had left both of these offices open and we saw client sensitive information on display.

- We found information leaflets in the reception. These included how to complain, how clients could access blood borne virus testing, and what to do in an emergency.
- Clients could receive visitors. However, there was no policy available. This meant staff could not ensure privacy or safety within the service and there was a potential for visitors to disrupt therapy.
- There were some shared bedrooms. Staff told us that clients consented to share before admission. We did not see privacy screens separating the beds. In one room, the ensuite shower had no wall, which meant clients had to agree not to be in the room whilst the other was taking a shower. This had an impact on client privacy and dignity.
- Clients did not have lockable storage in their rooms. However, the manager told us they could lock personal items in the office. Clients also had a key to their room. Clients were encouraged to personalise their bed space.
- Clients told us the food was excellent. Clients had lots of choice and the manager catered for all dietary needs. Clients had access to hot and cold drinks 24 hours a day. Clients were encouraged to eat healthily and could have cold snacks throughout the day outside of mealtimes.
- There was a laundry room with a washing machine, tumble dryer and ironing facilities, this was available during the hours of 9am and 5pm. Staff told us this was due to the noise affecting client bedrooms that were close by. Clients took care of their own laundry needs. There was access to a garden with smoking areas and a quiet lounge for clients to use. However, there was no designated female only room for female clients who wanted to separate themselves from male clients.

Meeting the needs of all clients

- The service had comfortable rooms available for one to one meetings and assessments, including interview rooms and group rooms. All rooms were adequately sound proofed, had good lighting and were well kept. However, the clinic room was not big enough to carry out any physical examinations.

- The physical layout of the building meant Westcliffe House Limited did not accommodate clients with limited mobility. There was no wheelchair access through the building, the front door did not have a ramp, and all bedrooms on the ground floor had a step up into them. None of the bathrooms/toilets had mind your head signs to warn of the low doorframe. There was no disabled access to bathrooms and toilets. The manager told us they did not take referrals for clients with a disability. However, the manager did not have a policy to explain the reasons for this and did not refer clients to an alternative service that could accommodate them.

Listening to and learning from concerns and complaints

- Westcliffe House Limited received 29 compliments from clients and professionals in the 12 months prior to inspection.
- Westcliffe House had a complaints procedure. Staff attempted to resolve issues before they escalated. Staff initially dealt with concerns raised by client's in-groups or at house meetings. The manager had overall responsibility for the complaints process and conducted all investigations into complaints received.
- Clients received a welcome pack that contained details of how to make a complaint. This information was also on display on the house notice board. Clients we spoke with told us they knew and understood the complaints procedure.
- Westcliffe House Limited received one complaint in the 12 months prior to inspection. The manager told us this was a professional difference about the treatment provided for a client with a commissioner and was resolved satisfactorily.

Are substance misuse services well-led?

Vision and values

- The manager told us the overarching principles of the service were the rehabilitation of clients. Staff we spoke with said they agreed with the principals and it helped lead to positive outcomes. Although these were not formally written down and displayed for clients and visitors to see.

Substance misuse services

- Staff and clients knew the senior manager. Staff said the manager played an active part of the team and was a key decision maker. However, in the event that the manager was not available staff told us they did not have a deputy they could go to for advice and support.

Good governance

- We found that whilst the manager described integrated governance systems this had failed to identify serious shortfalls in the safety and effectiveness of the care delivered. For example, we found multiple medication errors that staff had not identified or reported as an incident.
- The provider did not have a structure in place to monitor whether the service followed and adhered to best practice guidelines at all times. This meant that the manager was potentially not acting as effectively as possible or addressing potential risks to clients that occurred by not following these guidelines. For example, we did not see any records of monitor or audits of practice as part of a drive to improve quality.
- The registered manager received appropriate administrative support. They had sufficient authority to ensure effective management and support their staff.
- The service had local policies and guidelines in place. These had not been reviewed or updated and did not always clearly reflect practice at the service. For example the safeguarding policy given to us was from another provider and dated 2000. The provider did not have a formal process for reporting incidents. Staff dealt with concerns that clients raised at group meetings. There was no recognition from staff medicine errors were incidents and reportable to the manager
- Mandatory training included equality and diversity, health and safety, care planning and medicine management. Staff also completed a National Vocational Qualification. However, staff did not attend a recognised safeguarding training such as one delivered by the local authority and the provider did not check staff competence following completion of training.

- Staff did not have a good understanding of safeguarding or the Mental Capacity Act. Staff told us they referred most issues to the manager. There was no role specific training provided. Staff did not receive line management supervision or appraisals, which meant the manager, could not review if staff were effective in their roles.
- We found potential risks associated with the poor management of medicines. Governance systems had failed to identify these risks.
- The manager told us they carried out all monitoring of medicines management necessary. However, at the time of the inspection we did not see any monitoring of client records, including drug therapy records.

Leadership, morale and staff engagement

- Staff felt the leadership was supportive and motivating. The manager operated an open door policy to encourage free communication between them and the staff team. Staff we spoke with told us they found the manager supportive. Staff said they were confident the manager addressed all issues they brought up. Staff did not know the whistle blowing policy but said they would raise issues directly to the manager.
- The provider offered staff access to a National Vocational Qualification. Therapists told us they were completing an NVQ three and support workers told us they were completing a level two as part of their development. However, the provider did not record how they checked staff competence.

Commitment to quality improvement and innovation

- The service was not currently involved in any quality improvement programmes.
- Westcliffe House had developed a link with a local charity. Every Friday clients attend the local community gardens and support the charity to maintain them. Clients told us they enjoyed being able to give something back to the community.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must put in place robust governance structures to support the delivery of care by the team. This includes clear systems and processes and up to date policies to assess, monitor, and improve the quality and safety of the service.
- The provider must ensure there is a robust incident reporting procedure in place to promote learning.
- The provider must ensure there is a robust induction and training programme that prepares staff for their role and is updated on a regular basis to ensure they can meet the needs of the clients. Staff competence to do their job should also be assessed both during and following induction and periodically and the provider must ensure all staff are competent to carry out the roles required of them.
- The provider must maintain the client's privacy at all times including when they are asleep.
- The provider must support the confidentiality of people using the service and not contravene the Data Protection Act 1998

Action the provider **SHOULD** take to improve

- The provider should ensure they have appropriate facilities for handwashing to prevent the spread of infection.
- The provider should develop a system of formal managerial supervision and an annual appraisal to support the informal supervision currently taking place.
- The provider should have information available that includes needle exchanges, safeguarding, medication, treatment advice and harm minimisation.
- The provider should ensure their assessment, planning, and delivery of care and treatment includes a robust discharge plan and aftercare programme. Clients should have an individual crisis plan as part of their care support and treatment and staff should have access to the detox plans created by Addaction. The manager should ensure staff record consent to treatment on individual care plans
- The provider should have a clear policy that they won't take clients with limited mobility and have clear signposting arrangement in place to an alternative appropriate service in the near area if a client with limited mobility is referred to them.
- The provider should consider how it might access a psychologist to support client progress.
- The provider should consider all staff attending formal handovers and document the information staff communicate.
- The provider should consider providing clients with access to an independent advocacy service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2014</p> <p>Dignity and respect</p> <p>How the regulation was not being met:</p> <p>The provider did not have screens in shared rooms to ensure that privacy</p> <p>and dignity was maintained at all times including when clients took a shower or were asleep.</p> <p>Regulation 10 (2) (a)</p>

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014</p> <p>Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The manager did not ensure staff responsible for the management and administration of medication were suitably trained and competent and did not keep this under review.</p> <p>Regulation 12 (2) (g)</p>

Regulated activity	Regulation
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Requirement notices

Accommodation for persons who require treatment for substance misuse

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014

Good governance

How the regulation was not being met:

We found systems and processes were not operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

The provider did not have a robust incident reporting procedure in place to promote learning. Incidents include those that have potential for harm.

The provider did not have a robust induction and training programme that prepares staff for their role and is updated on a regular basis to ensure they can meet the needs of the clients. Staff competence to do their job was not assessed to ensure all staff are competent to carry out the roles required of them.

The provider did not maintain the client's privacy at all times including when they are asleep.

The provider did not support the confidentiality of people using the service at all times; staff did not ensure notes were kept securely.

Regulation 17 (1)

Regulation 17 (2) (a) (b)

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.