

# Francis




## Quality Report

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

### Ratings

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

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

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

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

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

# Summary of findings

## Overall summary

**Following this inspection, we have removed this provider from special measures.**

**Our rating of this service improved. We rated it as good because:**

- The services had undergone significant improvement since our last inspection in September 2018.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients cared for in a residential detoxification and substance misuse service. Treatment was clearly aligned with national best practice guidance and staff used clinical audit to evaluate the quality of care they provided.
- Clients had access to the full range of specialists required to meet their needs. Staff worked well together as a multi-disciplinary team and with those outside the service who would have a role in providing aftercare. The provider had improved the mandatory training programme it offered to staff to support them to provide good quality and safe care. Managers ensured that staff received training, supervision and appraisal.
- Staff completed detailed and meaningful risk assessments and risk management plans with clients following their initial assessment. The provider had reviewed and minimised the use of restrictive practices. They managed medicines safely and followed good practice with respect to safeguarding. The treatment and accommodation environments were safe and clean.
- Staff treated clients with compassion and kindness, respected their privacy and dignity and understood the individual needs of clients. The provider had reviewed records and leaflets to ensure use of appropriate language.

- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed other than for a clinical reason. The service offered free aftercare, allowing clients to access groups and support at the centre following discharge, and used a clear protocol for managing clients unplanned exits from treatment.
- Staff understood and discharged their roles and responsibilities under the Mental Capacity Act 2005. The provider had updated its policies, processes and training requirements to promote compliance with the requirements of the Mental Capacity Act 2005.
- All staff worked to nationally recognised best practice for substance misuse treatment. Leaders had the skills, knowledge and experience to perform their roles, were visible in the service and approachable for clients and staff. Leaders had undertaken additional training and development, and new comprehensive governance processes had been implemented which ensured that service procedures ran smoothly.

However:

- The service did not deliver a smoking cessation programme. One client told us they would have liked to have accessed smoking cessation support.
- The service did not have a specific programme for engaging families and carers and did not actively seek feedback from them.
- The service had no specific arrangements in place for accessing translation or foreign language support should clients need it.
- Clients could not lock their bedroom doors.

# Summary of findings

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# Francis

Good 

Services we looked at: Residential Substance Misuse

# Summary of this inspection

## Background to Francis

Addiction Recovery Centre Portsmouth (ARC) is a residential drug and alcohol rehabilitation service, which also provides alcohol and drug detoxification treatment. There is a treatment centre, which all clients attend Monday to Saturday, for individual and group sessions.

Accommodation for clients is provided in one of their four houses. One house is for female clients and the other three houses, for males. Clients are transported by minibus between the locations at set times. Local authorities refer into the service. Clients can also refer themselves.

The accommodation is registered with the Care Quality Commission to provide the regulated activity of accommodation for persons who require treatment for substance misuse and the treatment centre is registered to provide treatment of disease, disorder or injury. There is a Registered Manager in place.

Treatment provided is abstinence based and the programme consists of an induction procedure, group treatment, key working and counselling. There is also community-based engagement in the form of self-help groups and meetings, weekend activities, aftercare packages and drug and alcohol testing.

The service has undergone an extensive review since September 2018 when the Care Quality Commission raised concerns about the safety of clients using the service following an inspection. After the September 2018 inspection we issued warning notices to the provider and required them to make significant improvements to the overall safety of the service. At that time, we placed the provider into special measures. We told the provider they must improve staff training, employment checks, the management of complaints and incidents, risk assessment, the standard of initial assessments, systems used to monitor the effectiveness and safety of the service, medicines management, record keeping, and processes they used when detoxifying new clients.

In November 2018, and January 2019 we completed two further unannounced focused inspections. At these inspections we found that the provider had made enough improvement to meet the requirements of the warning notices served.

At this inspection we found that the provider had implemented substantial changes that have resulted in significant improvement to the quality and safety of care.

## Our inspection team

The team that inspected the service comprised of a CQC inspector, an inspection manager, and a specialist advisor with experience of working as a nurse in substance misuse services.

## Why we carried out this inspection

We undertook this inspection part of our comprehensive programme of inspections to see if providers met the

required standards of care as set out in the Health and Social Care Act. We also looked at whether the provider had made improvements that we required it to make in our previous inspections.

# 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 the centre and associated housing, looked at the quality of the environment and observed how staff were caring for clients

- spoke with five clients about their experience of using the service
- spoke with the registered manager
- spoke with five staff members, including the admissions manager, operations manager, and support workers
- attended three therapeutic groups
- looked at five human resources files
- looked at all six current clients' records
- looked at client, family, and carer feedback
- looked at records of incidents which had occurred in the 12 months prior to the inspection
- looked at records of complaints which had occurred in the last 12 months prior to the inspection
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with five clients who used the service and viewed records of complaints, compliments, and client surveys. We also viewed a small sample of letters sent by family and friends of clients. These letters were complimentary and expressed gratitude for the care provided by staff.

All the clients we spoke to were happy with the service.

Staff were described as kind and friendly. Clients told us they were encouraged to take responsibility for their own recovery, but support was available when needed. Clients told us staff were knowledgeable and helped them to achieve their goals. Clients told us they were involved in decisions about their care.

# 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?

**Our rating of safe improved. We rated it as good because:**

- The environments were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received basic training to keep people safe from avoidable harm.
- Staff monitoring clients' detoxifications were trained and used structured tools to assess clients' withdrawal from opiates and alcohol. A registered nurse worked with a GP to oversee clients initial detoxification regime.
- Staff assessed and managed risks to clients and themselves well and achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate clients' recovery.
- Staff understood how to protect clients from abuse and/or exploitation and the service worked well with other agencies to do so. Staff now had training on how to recognise and report abuse and/or exploitation and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.
- Staff followed best practice when storing, dispensing, and recording the use of medicines. Staff regularly reviewed the effects of medications on each client's physical health.
- The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Good



### Are services effective?

**Our rating of effective improved. We rated it as good because:**

- Staff assessed the physical and mental health of all clients on admission. The doctor always met with clients face-to-face before prescribing any medicines. Staff developed individual care plans which were reviewed regularly and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the client group, which were consistent with

Good



# Summary of this inspection

national guidance on best practice. This included access to psychological therapies, medication, to support for self-care and the development of everyday living skills, and to meaningful occupation. Staff ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

- Staff used recognised rating scales to assess and record severity and outcomes. Staff participated in clinical audit, benchmarking and quality improvement initiatives
- The team included or had access to the full range of specialists required to meet the needs of clients. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision, reflective practice sessions and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with staff from services that would provide aftercare following the client's discharge and engaged with them early on in the client's admission to plan discharge.
- Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for clients who might have impaired mental capacity.

However:

- The service did not deliver a smoking cessation programme. One client told us they would have liked to have accessed smoking cessation support.

## Are services caring?

**Our rating of Caring improved. We rated it as good because:**

- Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition. The provider had improved its service user guide to remove inappropriate content.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. Service users' views were incorporated, even when they differed

**Good**





# Summary of this inspection

from the clinical team's. Staff ensured that clients had easy access to independent advocates. Client records showed staff now consistently used sensitive, professional and respectful language in records.

- Staff involved families and carers in individuals care when needed.

However:

- The service did not engage families and carers in the broader treatment programme and did not actively seek feedback from families and carers.

## Are services responsive?

**Our rating of Responsive improved. We rated it as good because:**

- The provider had a robust preadmission screening process which staff followed. Staff actively sought information from the clients GP and gathered detailed histories, so they were able to judge whether clients met admission criteria.
- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, clients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason. The service offered free aftercare, allowing clients to access groups and support at the centre following discharge.
- The service used a clear protocol for managing unplanned exits from treatment. When clients made unplanned exits from treatment staff ensured that the clients had access to transport home or alternative accommodation.
- The design, layout, and furnishings of the ward/service supported clients' treatment, privacy and dignity. Each client had their own bedroom and a lockable cupboard where they could keep their personal belongings safe. There were quiet areas for privacy.
- The facilities met the needs of most people who use the service – including those with a protected characteristic. Staff helped clients with communication, advocacy and cultural and spiritual support.
- The service had made improvements to the way it managed complaints. Staff treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

However:

Good



# Summary of this inspection

- The service had no specific arrangements in place for accessing translation or foreign language support should any clients need this.
- Clients could not lock their bedroom doors.

## Are services well-led?

**Our rating of Well led improved. We rated it as good because:**

- Leaders had a good understanding of the service they managed. The service adhered to a recognised model of detoxification and rehabilitation care and could demonstrate how best practice guidance was implemented locally. Leaders had the skills, knowledge and experience to perform their roles, were visible in the service and approachable for clients and staff. Leaders developed their skills and knowledge to support the effective running of the service.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Governance processes had been significantly developed and improved. These operated effectively, and performance and risks were well managed.
- Staff had access to the information they needed to provide safe and effective care and used that information to good effect.
- The provider had a clear focus on improving the safety and quality of the service and was engaged in quality improvement activities. The provider could evidence learning and reflective practice.
- The provider monitored client outcomes and planned to use this information to develop and improve care for clients.
- The provider had a framework for reviewing and updating policies and procedures. The service maintained records of when staff had read and understood its key policies and procedures.

**Good**








# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

Managers ensured Mental Capacity Act training was provided to staff. Staff were competent in applying the principles of the Mental Capacity Act and understood how substance misuse can affect mental capacity and the ability to consent to treatment.

# Residential substance misuse services

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

## Are residential substance misuse services safe?

Good 

### Safe and clean environment

The premises, including the treatment centre and client accommodation, were visibly clean and had comfortable furnishings. Cleaning rotas were in place and cleanliness checks were completed.

Facilities appeared well managed and maintained. Staff and clients could easily raise maintenance issues and when needed repairs were completed promptly. Management completed health and safety checks of the building and its contents.

Staff adhered to infection control practices such as hand washing and disposal of clinical waste in designated bins. Hand washing posters were visible above basins.

The provider ensured safety inspections and certificates were in date. For example, fire safety, electrical safety, and gas safety.

When we inspected in September 2018 the provider had not completed a legionella risk assessment or carried out any checks for the presence of legionella. At this inspection we found a specialist assessment had been completed and staff undertook regular water temperature readings to monitor for risk of legionella bacteria.

When we inspected in September 2018 environmental risk assessments were not all accurate and up-to-date. At this inspection we found managers maintained up-to-date environmental risk assessments. These clearly identified

potential hazards and their impact, existing control measures, and any further actions required to manage those risks. Risk assessments covered the main treatment centre, housing, transport and external activities organised for clients at weekends.

Staff showed an awareness of ligature points (a ligature point is anything which could be used to attach a cord, rope or other material for hanging or strangulation). Staff assessed individual client's suicide and self-harm risk and made management plans when needed.

Fire safety checks including fire evacuation drills took place regularly. Fire safety equipment was available and was well maintained.

The accommodation offered was single sex. When clients undergoing detoxification required overnight observation, female staff were used to support female clients.

Staff had access to emergency alarms when working in the main treatment centre. These alarms were checked once per week to ensure they worked.

The service had a fully equipped clinic room with all the equipment necessary to undertake physical healthcare observations. The clinic room was visibly clean and tidy. Staff recorded checks that equipment was fit for purpose.

### Safe staffing

The service had established safe staffing levels and ensured these were implemented. The service had a total of ten substantive staff. This included a director, registered manager, operations manager, admissions manager, key workers, support workers, and a driver. The service used a rota to allocate staff duties.

# Residential substance misuse services

The service also contracted other professionals who regularly worked within the service. For example, an external counsellor provided ad-hoc counselling sessions to staff and clients.

When we inspected in December 2018, the provider was in the processes of employing

a registered nurse to provide increased clinical oversight of clients' detoxification. During this inspection we found a registered mental health nurse ran a weekly clinic to support clients improve their physical health and to help manage detoxification when relevant.

When we inspected in December 2018 the provider had developed its working practices with the prescribing GP with whom the provider holds a service level agreement. During this inspection we found the provider had embedded and further developed their practice. A GP with relevant training and experience in addictions, prescribed and medically supervised client detoxifications. The GP reviewed and advised on the medical suitability of clients referred to the service. This GP also engaged in clinical reflection with the service and supported the review of policies and procedures when needed. Medical cover was arranged when this GP was unavailable.

The main treatment centre was staffed Monday-Friday 09:00-17:00. Staff were not always present in the accommodation. However, staff provided support to clients over the weekend and overnight when required, for example when clients required supervision during detoxification. An on-call rota allowed staff and clients to access management support out-of-hours. Posters displayed emergency contact numbers for clients. Clients told us they had been able to access support out-of-hours when needed.

The service had enough staff to ensure clients received suitable care and was able to cover unplanned absences without disruption to the therapeutic programme, for example staff sickness. There was no bank or agency usage within the service. One staff member had recently left the service. The service was actively seeking to recruit new staff when we inspected.

The service had systems in place at the point of recruitment to ensure that all staff underwent Disclosure and Barring Service (DBS) checks. When we inspected the service in December 2018 staff who had positive criminal disclosures on their DBS certificates had risk assessments;

although these needed to be more detailed. During this inspection we found staff who had historical convictions were interviewed, risk assessed, and comprehensive management plans put in place. All new staff were required to have two reference checks.

The provider required staff to understand and maintain professional boundaries. Staff signed to say they had read and understood the providers professional boundaries policy, when staff breached requirements managers acted promptly to address concerns.

## Assessing and managing risk to patients and staff

We looked at the care and treatment records of six clients. Staff completed and updated risk assessments for each client and used these to understand and manage risks individually. Staff regularly reviewed risk assessments and management plans with clients. Staff supported clients to develop personalised crisis plans.

Staff worked with other services to assess and manage risk. The service required GP summaries before clients' admission, to ensure medical risks were identified. When clients required alcohol detoxification the service worked with clients GPs to obtain blood test results. The service liaised with community mental health teams when needed. Staff arranged for clients to see the GP when their physical or mental health deteriorated. Staff called emergency services if a client experienced a serious deterioration in their health.

Staff had the skills and knowledge to recognise the side effects of alcohol and/or opiate withdrawal and knew how to support people. Staff regularly monitored clients physical and mental health. Staff used structured tools to assess clients, for example the clinical institute withdrawal assessment for Alcohol (CIWA), and clinical opiate withdrawal scale (COWS). The service had policies and protocols based on best practice guidance to support clinical decision making for staff supervising client's detoxification.

The service had emergency procedures and staff were aware of these. The provider ensured staff had up to date training in basic life support or first aid. The service had basic emergency cardiopulmonary resuscitation equipment available for staff use, such as a defibrillator and face shield. Staff checked and recorded the condition of emergency equipment.

# Residential substance misuse services

The service had a protocol for clients who wished to exit treatment before they had completed the programme. Staff created personal plans for clients at the start of treatment which agreed what actions would be taken should they exit treatment early. Staff supported clients to access emergency accommodation or transport when they had made unplanned exits from treatment. Staff notified third parties, such as GPs or care managers when a client made an unplanned exit from treatment. In accordance with national best practice guidance (Drug misuse and dependence: guidelines on clinical management, Department of Health [DH], 2007) staff ensured opiate users left the service with Naloxone, a medicine that can reverse the effects of an opiate overdose.

Staff had received training in the use of Naloxone, a medicine that can reverse the effects of an opiate overdose. Staff could easily access Naloxone in an emergency. Naloxone pens were given to staff and were kept in office spaces, records of pen locations and expiry dates were maintained.

The service had a clear process that identified clients whose needs could not be safely met by the service and should not be offered a service. The service did not accept clients who for medical reasons would be unsafe to detoxify in the service due to them requiring higher levels of medical supervision, such as those who were pregnant, or who had advanced liver failure, malnourishment or were taking anti-coagulants. The service risk assessed behaviour and past offending, those with significant histories of violence or sexual offending were not accepted due to the vulnerability of other clients using the service. The service kept a log of all clients who were declined.

Smoking was not permitted inside the premises. An outside smoking area was accessible to clients to the rear of the building. At the time of our inspection no smoking cessation advice and support was available to clients.

## Use of restrictive interventions

The service had “house rules” in place to ensure the safety and well-being of clients. This included restrictions on clients visiting home in the first 12 weeks of treatment, and restrictions to clients receiving visits in the first six weeks of treatment. Clients were asked not to go out alone in the first few weeks of treatment. However, staff recognised the importance of maintaining relationships, particularly with younger children, and exceptions were made on an

individual basis. Clients were permitted to have their mobile phones to maintain relationships with friends and family. Clients were expected to take random drug and alcohol tests and were not permitted to enter licensed premises.

Clients were provided with information on restrictions as part of their pre-admission pack. Staff explained restrictions and sanctions on admission, and clients signed to say they understood and accepted them. Clients told us rules and restrictions were clearly set out and were agreed to.

Staff were consistent and proportionate in their actions when people breached restrictions. Staff considered the necessity and proportionality of restrictions.

## Safeguarding

Staff knew how to protect clients from abuse and the service worked well with other agencies to do so. Staff were trained on how to recognise and report abuse and could apply it. The service’s manager acted as a safeguarding lead, staff received safeguarding training, and could access the services safeguarding policy.

When we inspected in January 2019 we told the provider they must ensure that external bodies where necessary are appropriately contacted, including the submission of safeguarding alerts. During this inspection, management had established links with the local authorities safeguarding team and reported concerns as required. The service demonstrated recent examples of discussion with the local authority, and notification of safeguarding alerts.

The provider had clear procedures for children visiting the premises. Children’s visits were always planned. Children were always supervised by a visiting parent or guardian. Children were not permitted to visit the main treatment centre. Staff encouraged clients to meet with family away from the treatment centre. The service had produced a leaflet for clients sharing details of local family friendly activities.

## Staff access to essential information

Staff kept information securely across both paper and electronic records. Information was locked away securely in accordance with the providers policies.

# Residential substance misuse services

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. The provider gathered information from partner agencies as part of its initial assessment.

## Medicines management

Staff followed best practice for medicines management when storing, administering and recording administration. Clients received the right medication at the right dose at the right time. Medicines were stored securely in a locked cupboard in the clinic room. Staff completed daily monitoring of storage temperatures. Staff completed regular audits of the medicines stored on the premises. The service had a clear protocol which ensure unused medicine was disposed of safely.

Staff received regular training on administering medicines. Staff were trained and deemed competent before administering medicines.

Scheduled medicines controlled under the Misuse of Drugs legislation (and subsequent amendments) were managed in line with best practice guidance.

Staff encouraged clients to self-administer medicines. Staff risk assessed, monitored, and supported clients who managed their own medicines. Clients had secure medicines storage cupboards in their bedrooms. Staff always administered medicines used to manage client's detoxification.

## Track record on safety

Addiction Recovery Centre reported three significant incidents in the 12 months leading up to the inspection. One incident involved theft of a staff members property by a client. Another involved a client who was self-administering over the counter pain relief and took too much resulting in the need for medical treatment. The final incident involved an unplanned discharge during which a client did not receive a Naloxone pen as per their individual care plan, following investigation, an unplanned discharge checklist was then created to ensure this did not happen again. All incidents had been investigated and discussed. Recent incidents showed staff took appropriate actions to address risk when required.

## Reporting incidents and learning from when things go wrong

The provider had an accident and incidents policy in place. This covered responding to and reporting incidents. The policy was clear, what to do in the event of an emergency, incident or accident. The reporting process was clearly defined and it stated how incidents should be logged and who was responsible for notifications to RIDDOR, if required. The policy covered staff responsibilities, the reporting procedure and where to record an incident. The policy covered other forms of notifications to external bodies (e.g. CQC) and relatives if required

The service managed client safety incidents well. Staff recognised incidents and reported them using a form. 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 residential substance misuse services effective?

(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

We looked at the care and treatment records of six clients. All the care plans we looked at were holistic, recognising the full range of a client's needs. All the care plans we looked at were recovery orientated and personalised, reflecting the views of the client and recognising their strengths and goals.

Staff regularly reviewed care plans with clients. All the care plans we looked at were signed by staff and the client. Clients reported feeling happy with their care plan. Clients were offered copies of their care plan.

Staff completed a comprehensive admission assessment. This included a mental and physical healthcare assessment and assessment of the clients current and historic substance misuse. Staff acquired a GP medical history and medication list for all clients.

Staff reviewed the results of all new assessments in team meetings to ensure the service could meet their needs. Staff developed care plans that met the needs identified during the initial assessment.



# Residential substance misuse services

Clients were registered with a local GP and clients undergoing detoxification received a physical examination within 24 hours of admission.

Staff regularly monitored the physical health of clients. Staff checked and recorded the pulse, blood pressure, and respirations of detoxing clients and knew what to do if they had concerns.

Staff used structured tools to assess clients, such as the Clinical Institute Withdrawal Assessment for Alcohol (CIWA), and Clinical Opiate Withdrawal Scale (COWS). Staff shared findings with the services GP. Clients could access a GP appointment if needed and a registered nurse ran a weekly clinic onsite.

The recovery plans identified the client's key worker. Clients had weekly meetings with their key worker during treatment. If a client was distressed, additional key worker sessions were offered.

Staff developed a risk management plan for those people identified as being at risk. Staff had a clear protocol for managing requests from clients to exit treatment early.

The service offered clients recovery orientated group work and one-to-one sessions. The service had broken down the therapeutic programme into modules, that aimed to educate and empower clients to manage their addiction.

## Best practice in treatment and care

We looked at six client medication records and talked to staff who managed medicines. The doctor followed detoxification medicines regimes recommended by the National Institute for Clinical Excellence (NICE). Rapid or accelerated detoxification regimes were not provided.

Consent was clearly and consistently documented in client's notes.

Staff supported clients in line with "Drug misuse and dependence: UK guidelines on clinical management (2017)" and guidance from the National Institute for Health and Care Excellence. The service provided treatment for clients which included, medication and psychological therapies, rehabilitation activities, occupational activities, training and work opportunities intended to help clients acquire living skills. For example, clients accessed individual counselling, group therapy, voluntary work, creative activities such as painting, and physical activities at a local sports centre.

The service offered clients the choice to participate in weekly facilitated yoga and meditation sessions. Clients were also offered a choice of Sunday group activities, for example bowling, archery, indoor rock climbing, assault course visits, laser questing, windsurfing, kayaking, and meals out.

The service supported clients to develop life skills relevant to their individual needs. For example, staff supported clients to access higher education or to develop their money management skills. The service offered clients support with accessing housing and benefits.

Staff supported clients to live healthier lives. For example, through encouraging clients to exercise and via supporting clients to address issues related to substance misuse. However, at the time of our inspection there was not a specific smoking cessation or healthy eating programme. One client told us they would have liked to have accessed smoking cessation support. The registered manager reported that the service would seek to develop these programmes soon.

Staff supported clients to access blood borne virus testing via a GP. Staff supported clients to attend external support groups and treatment for blood borne virus when needed.

Staff did not administer Pabrinex on site to clients undergoing an alcohol detoxification. Pabrinex is an injectable medication that replaces essential vitamins that are lost through alcohol dependence. Clients requiring Pabrinex would be supported to access this via a local GP. Oral vitamins were prescribed when required. In line with best practice guidance staff encouraged clients being prepared for alcohol detoxification to begin oral vitamin supplements in advance of their stay.

Staff used technology to support clients, for example using group or individual text messaging to remind clients of appointments, or to share information. The service had purchased an electronic whiteboard which it planned to use to allow staff to quickly access information, such as care plans, protocols and policies.

## Monitoring and comparing treatment outcomes

When we inspected in January 2019 we told the provider they should continue to monitor client outcomes. During this inspection we found the provider monitored client outcomes. This included information on average length of stay, unexpected discharges and move on accommodation



# Residential substance misuse services

status. Staff also contacted clients who consented to follow up at one week, one month, two months, three months and up to a year following discharge to review if they had successfully remained abstinent. Clients were offered feedback questionnaires when they completed treatment. The service planned to collate and use client feedback to adapt the programme to reduce client relapse rates. Client outcome information was discussed within team and management meetings.

The provider kept “client progress reports” which were completed at regular intervals during treatment. These included the client’s response to medications and the prescribed detoxification regime, the clients progress within groups and on to one sessions, their engagement and participation in treatment, in addition to drug and alcohol screening results. The reports also considered clients current and longer-term needs, such as housing, social support, employment, education and training goals. These progress reports were comprehensive, holistic and detailed.

The service participated in Public Health England’s national drug treatment monitoring system (NDTMS) which gathers information about the effectiveness of treatments and seeks to help improve care.

## **Skilled staff to deliver care**

The service provided comprehensive inductions to all staff. Managers signed off when new staff had completed aspects of their induction.

When we inspected in January 2019 we told the provider they should ensure staff receive the

required mandatory training for the service. During this inspection we found the service provided mandatory training to all staff and ensured they completed it. Managers monitored staff compliance with training using a dashboard. The majority of staff in this service had undertaken the various elements of training that the provider had set as mandatory. The remaining staff were registered for or were still completing outstanding training.

Staff received a range of training to support them to provide safe care. For example, safeguarding adults and children, infection control, first aid, health and safety, safe handling of medicines, Naloxone administration, basic life support, fire safety, data protection, Mental Capacity Act 2005 and manual handling.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. This was mostly facilitated by supporting staff to access internal training and opportunities. However, some staff had additional training on suicide and self-harm, working with clients affected by sexual violence, safer recruitment and regulation compliance.

All staff received monthly supervision and yearly appraisal. All staff who were due an appraisal had received one. Managers observed staff facilitating groups and provided feedback.

Poor staff performance was addressed promptly and effectively. We looked at five staff records and interviewed the registered manager, concerns about staff performance were promptly addressed where required. The service sought specialist advice when required to ensure appropriate and proportionate actions were taken.

## **Multi-disciplinary and inter-agency team work**

The service collaborated with partner agencies to assess and deliver care, and to facilitate discharge. For example, Addiction Recovery Centre worked with the criminal justice service, social services, housing providers, clinical commissioning groups, community mental health teams, fellowships and substance misuse services.

The service submitted regular reports on clients’ progress to care managers and coordinators.

The service held weekly team meetings, monthly management meetings, and quarterly medical meetings to review policies and procedures. Managers arranged ad-hoc team meetings to review safeguarding concerns and debrief following incidents.

Staff were able to access and discuss changes in people’s needs with a doctor.

## **Good practice in applying the MCA**

The service had a policy on the Mental Capacity Act which staff were aware of and could refer to.

All clinical staff had completed training in the use of the Mental Capacity Act. Staff showed a good understanding of how substance misuse could impact on a client’s capacity and ability to consent to treatment. Staff routinely assessed and reviewed client’s capacity in relation to specific decisions. Clients told us staff explained treatment options clearly and sought their consent before acting.

# Residential substance misuse services

## Are residential substance misuse services caring?

Good 

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

We observed staff displaying positive attitudes and behaviours when interacting with clients. We observed a client's graduation ceremony which was well facilitated. We observed two group therapy sessions, staff listened, were respectful, supportive, and promoted client recovery.

When we inspected in September 2018 we found the service user guide contained derogatory remarks and inappropriate content. This had caused offence to clients. We also found the terminology used in one of the records was derogatory. During this inspection we found the provider had improved its service user guide to remove inappropriate content. We reviewed six patient records which showed staff now consistently used sensitive, professional and respectful language in records.

We spoke with five clients who spoke highly of staff. Clients described staff as approachable and helpful. Clients told us staff were encouraging and helped them in their recovery.

Staff provided transport and supported clients to attend appointments as required, for example hospital appointments.

Staff directed clients to other services when appropriate and, if required, supported them to access those services. For example, staff supported clients to link with Alcoholics Anonymous, Cocaine Anonymous, and Narcotics Anonymous during treatment and before discharge.

The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about clients.

The service had a record that confidentiality policies had been explained and understood by people who use the service. Staff provided clients with information about confidentiality and general data protection. Staff sought clients consent to share information with other agencies, such as GPs, pharmacies, housing, legal representatives, and social services.

### Involvement in care

We found that clients were oriented to the service and were given information on what help they would receive. Clients told us they were made to feel welcome by staff when they arrived.

Clients told us they were actively involved in developing their care plans and understood their care and treatment. Clients told us they felt able to approach staff to ask questions and raise concerns. The service had sought audio recordings of therapy materials for clients in the past when needed.

Clients were encouraged to provide feedback on the care and treatment they received. We found that staff took on board feedback and acted upon it. For example, clients had reported the dining area in one of the houses was too small, staff arranged for a ground floor bedroom to be converted into a new dining area for clients.

All clients had a recovery and risk management plan in place which reflected the individual's preferences, recovery capital and goals (Recovery capital refers to the internal and external things a person needs to achieve and maintain recovery from substance misuse as well as to make behavioural changes).

The service supported clients to access appropriate advocacy services. Staff helped clients to access cultural and spiritual support when they wanted to. However, the service did not have any specific spiritual or religious leaflets but planned to develop a guide for clients on what was available locally in the near future.

### Involvement of families and carers

The service did not engage families and carers in the broader treatment programme and did not actively seek feedback from families and carers. However, staff involved families and carers in individuals care when needed and were aware of organisations such as AL-ANON who could provide additional support to families and carers.

# Residential substance misuse services

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

Good 

## Access and discharge

The service accepted referrals from local and national commissioners including social services and NHS providers. The service also accepted privately funded clients. The majority of current clients were privately funded. The services rehabilitation programme lasted on average between 12-24 weeks.

The service had no waiting list at the time of our inspection. The service regularly contacted clients who were due to be admitted for treatment.

The service sought to complete the assessment process for new clients quickly, but this depended upon external partners supplying information, such as GP summaries and blood test results. If required, the service could respond to urgent referrals quickly.

The service had developed and embedded a clear system for screening and assessing referrals. This ensured the client met the providers criteria for clients they could safely treat. Referrals were reviewed by the doctor and wider multidisciplinary team. When referrals were refused staff recorded the details for this decision.

Staff worked closely with care managers and other community agencies to ensure clients' needs were met on discharge. Staff worked with community substance misuse services and fellowships to ensure clients received support following discharge. The service also offered free aftercare, allowing clients to access groups and support at the centre following discharge. Staff worked closely with housing providers, benefits agencies, health and social care providers to meet clients' needs on discharge. Where appropriate, staff involved families and carers in discharge planning.

Staff completed discharge planning with clients, including early exit plans. Staff worked with clients to develop individualised discharge plans. When clients made unplanned exits from treatment staff ensured that the

clients had access to transport home or alternative accommodation. For example, staff had arranged for train tickets for a client, and had paid for a hotel for another client.

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

Accommodation offered to clients is single sex. The service had four separate houses where clients stayed during treatment. Three houses were for male clients and one was used for female clients. All clients had their own bedrooms. Clients shared cooking and washing facilities.

Clients bedrooms were furnished with a bed, wardrobe, chest of draws, bedside lamp, mirror, and waste paper bin. The service provided each client with two new sets of bed linen, used linen was donated to a local homeless charity. Wi-Fi was available for clients to use. Clients had a lockable cupboard within their room to store medicines and valuables. However, clients were not able to lock their bedroom doors.

Clients managed their own grocery shopping and cooking. Staff would support individual clients where they did not have the confidence or experience to do this. Client accommodation was well stocked with cooking equipment and other household items. Clients were responsible for keeping their rooms and communal areas clean and tidy.

Clients graduating from the service had a catered ceremony. Clients were able to choose food options for their graduation ceremony, including making special requests.

Clients could personalise their bedrooms. During the inspection we found that clients had personalised their bedrooms with small personal items.

Staff and clients had access to the full range of rooms and equipment to support treatment and care, including a clinic room, group rooms and therapy rooms.

There were quiet areas within the building and spaces where clients could meet visitors. Clients had access to outside space.

## Patients' engagement with the wider community

Staff encouraged clients to access the local community. Staff supported clients to access volunteering, training and education opportunities within the local community. Clients undergoing treatment at Addiction Recovery Centre

# Residential substance misuse services

were encouraged to attend sessions at a local gym three times per week. Clients were required to engage with local fellowships based in the community as part of their treatment. The service arranged for weekend trips out for clients to attend a variety of community-based activities. For example, bowling and cinema. The service had linked with a local outreach library project, a leaflet shared the available content, groups, classes, courses, and volunteering opportunities open to clients. The service also worked with the local Citizens Advice Bureau, a local charity which encouraged physical activity and exercise, and a third sector group who provided peer led advocacy, training courses, one-to-one peer support/mentoring and a range of recovery focused groups.

Staff encouraged clients to develop and maintain relationships with the people that mattered to them. Clients had access to their personal mobile phones. The service provided internet access for clients and encouraged them to bring a laptop or PC to use.

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

Staff demonstrated knowledge and understanding of clients' protected characteristics and vulnerability, such as those dealing with issues related to sexuality, homelessness and domestic abuse.

The service adapted the treatment programme to meet the needs of the client. Staff provided support with reading and the provision of audio materials when required. However, the service had no specific arrangements in place for accessing translation or foreign language support.

The service accepted people of all faiths and those who did not have religious beliefs.

Due to the layout of the building, the service was unable to support clients with physical disabilities that affected their mobility as there was no disabled access. The provider told us that they would signpost the referrer to another local service if they needed specific facilities to manage their mobility.

## Listening to and learning from concerns and complaints

The service had a complaints policy in place. The service had received two complaints in the last 12 months. One was an issue relating to a staff member (this was looked at during follow up inspection in January). The second

complaint was about an external company service and the attitude of a driver. This was not a complaint against ARC, however, ARC had taken the complaint forward with the taxi company on behalf of the client.

The service investigated and fed back the outcomes of complaints openly and acknowledged when mistakes had been made and where the service needed to improve. The provider had a complaints tracker which detailed the complaint, the action taken or to be taken, when a response was due, and the staff member investigating. Outcomes from complaints were discussed in team meetings and team and management meetings to share learning.

Clients knew how to make a complaint and staff knew their responsibilities in relation to dealing with complaints. There was a structure in place to bring the complaints process to the attention of clients or people acting on their behalf. This included posters in the service and accommodation with information about the complaints system. Clients were provided with information on how to complain in the information folder they were given when admitted. The service had a clear complaints policy which staff could follow.

## Are residential substance misuse services well-led?

Good 

## Leadership

Senior managers provided leadership for staff. Managers had the skills, knowledge and experience to perform their roles. Leaders had undertaken additional training, or were enrolled on leadership and management courses, that supported delivery of safe, good quality residential detoxification services, which met the requirements of the CQC.

Staff told us the managers were accessible and approachable. Staff said they felt supported by management.

Senior staff could demonstrate knowledge of the depth and breadth of the service provided. Senior staff could explain how the service worked towards providing high quality care.

# Residential substance misuse services

## Vision and strategy

Staff at all levels of the organisation shared a vision and set of values for the service. The service sought to provide industry leading care for clients with addictions. The service values were to treat clients with positive regard, encouragement, respect, understanding and tolerance at all times. The services vision and values were reflected within client information packs and on their website.

Staff worked consistently to provide recovery orientated and non-judgemental care that met the needs of the client group, in line with the providers vision and values.

The registered manager could demonstrate examples of where the services commitment to continuous improvement had been applied in practice. The registered manager shared improvements which were being planned and assessed for implementation. For example, ARC was planning to participate in a NHS England initiative to eliminate hepatitis C in England by 2025. Management sought to balance budgetary constraints with service improvement.

Staff held weekly team meetings, monthly management meetings, and quarterly medical meetings, to discuss strategy, policy and review changes to the service.

## Culture

Staff we spoke to felt supported and respected. Staff felt positive but described recent months as stressful. Staff told us this stress related to a period of significant change and service development which followed our previous inspections. Staff retention was good and there were low levels of sickness. Staff we spoke to reported feeling proud to work in the service. For example, one staff member described the team as a rewarding and fulfilling place to work and said that the team were proud of recent service improvements.

Annual staff appraisals included a discussion regarding learning needs and opportunities for career progression. Staff told us the new training package gave them increased confidence at that they felt safer in practice.

The management team recognised the contribution of staff at all levels in the organisation and wanted staff to feel valued. However, at the time of our inspection the provider did not complete regular staff surveys.

The team told us they worked together well. Staff told us they felt communication between staff was good. Staff we spoke with said they could raise concerns without fear of reprisal.

Staff told us they were proud of the diversity of the staff group and that they felt every staff member had something unique to offer.

Where there were difficulties in the team the manager dealt with them promptly. Managers and staff told us there had been no recent cases of bullying or harassment.

## Governance

The provider had made significant improvements to governance processes, and now had clear frameworks which supported oversight of the service.

The manager undertook regular audits of the environment, medicines, staff training, key worker sessions, care plans and risk assessments. The results were fed back through team and management meetings and any issues addressed in a timely way. The audits were sufficient to provide assurance and managers acted on the results when needed.

We found during the inspection most of the services policies had recently been reviewed. The management team planned to review all policies and procedures on a rolling basis annually.

Managers provided training and information to staff when changes to policy were made. Staff signed the back of key policies and procedures to indicate they had read and understood the content. For example, seizure & delirium tremens management, overdose management and use of Naloxone protocols were signed by all staff.

Accidents and injuries were recorded and would be discussed at the weekly team meetings. However, there had been no such events since new governance processes had been implemented.

The management team undertook inspection of the facilities to review security, maintenance and safety. The results would be discussed in the team and management meetings and any issues addressed in a timely way.

Records showed management provided staff with regular supervision. All staff except the director had records showing they received monthly supervision. The director



# Residential substance misuse services

received external supervision from an academic with experience of psychological therapies and addictions. Staff who facilitated groups were observed in practice by a senior colleague as part of their supervision.

## Management of risk, issues and performance

The services' electronic systems gave managers oversight of all accidents, incidents and key performance data. The providers operational manager produced quarterly reports for discussion in management meetings.

Senior managers acted to improve services when needed. The service had undergone and continued to undergo significant changes to its policy and practice with the aim of improving the safety and quality of the service.

The service had an operational risk register in place. The risk register was updated and added to by the manager of the service when risks were identified. When we inspected the risk register had recently been developed. Due to this the register had not yet been discussed with the whole team but was on the agenda for the next team meeting for discussion with staff.

The service had effective and comprehensive measures in place to identify, monitor and adapt to future risks. The service identified, discussed and planned for potential risks which might impact on continued operation of the service.

When we inspected in January 2019 we told the provider they must ensure that robust systems were in place to deal with staff performance including access to professional HR advice where needed. During in this inspection we found the manager dealt with issues with staff performance promptly. Managers sought specialist human resources advice when needed. Management also sought to recognise positive performance

Staff recorded and reported incidents to appropriate authorities, for example police, local authority safeguarding teams, CQC, and the reporting of injuries, diseases, and dangerous occurrences regulations (RIDDOR).

Staff reported required data to the national drug treatment monitoring system (NDTMS). National statistics around drug and alcohol use are produced through this system.

## Information management

The service had systems in place to manage confidentiality of client records. The provider had a procedure for managing breaches of confidentiality. The service had no reported breaches of confidentiality in the last 12 months.

Information was stored in paper and electronic records. Information was recorded in a timely fashion and was accurate. Information was stored securely in line with the providers policies. Staff were clear about the importance of confidentiality and this topic was covered in their induction to the service.

Staff could access information they needed without delay. Staff had access to the equipment and information technology they needed to do their work. The service used systems to collect data that were not over-burdensome for frontline staff.

Staff got clients consent before sharing information. Clients were provided with basic information about the services data protection policy.

The manager had access to information they needed to monitor the quality and effectiveness of the service

## Engagement

Staff encouraged clients to provide feedback on the service they received via discussion, meetings, feedback sheets, and quality questionnaires. Staff completed feedback questionnaires with all clients when they completed treatment. The service completed quarterly client feedback questionnaires. These collected client perspectives on the facilities, staff, treatment, and offered clients the opportunity to share other comments or observations.

The service did not have a formal process for gathering feedback from family and carers. However, during our inspection some evidence was seen that showed staff gathered feedback from client's families and carers informally.

The management team collated, analysed and discussed all feedback received in the monthly management meetings and made changes to the service where required. For example, leaders changed the structure of the therapeutic programme in response to client feedback.

Staff told us managers were approachable. Clients told us all staff at the service were approachable.

## Learning, continuous improvement and innovation

## Residential substance misuse services

Managers reviewed and shared learning from incidents with the team via meetings and reflective practice.

The service had recently undertaken a significant service improvement project which included reviewing current practice, protocols, and policies against best practice guidance from Drug misuse and dependence: guidelines

on clinical management, Department of Health [DH], 2007 and the National institute for Health and Care Excellence. The provider had also reviewed its business model and intended on becoming more ecologically friendly and sustainable.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider should ensure that they offer clients a range of opportunities for health promotion, such as smoking cessation programmes.
- The provider should seek to improve their approach for engaging and seeking feedback from families and carers.
- The provider should consider putting in place specific arrangements for accessing translation or foreign language support.
- The provider should consider offering clients the ability to lock their bedroom doors for the purposes of privacy and security.