

# Abbeycare Newmarket

## Quality Report

Jeddah Way

Kennet

Newmarket

CB8 8 JY

Tel: 01638 811993

Website: [www.abbeycarenewmarket.co.uk](http://www.abbeycarenewmarket.co.uk)

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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

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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

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

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

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

# Summary of findings

## Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service employed enough staff to provide safe care and treatment, including staff staying overnight.
- Staff completed thorough risk assessments of each client and updated these throughout their stay at the service.
- The service had good medicines management procedures including safe storage and handling of medications, and weekly medication audits.
- Staff completed hourly observation checks on clients commencing detoxification to ensure there were no negative physical health effects.
- The service completed comprehensive assessments of all clients prior to and after admission. A consultant and recovery worker completed joint medical and psychosocial assessments after admission and this included a urine drug screen and breathalyser test.
- The consultants held a weekly clinic to monitor the physical health of clients and we saw examples where clients had ongoing blood pressure and liver function tests throughout their stay.
- The service offered a wide range of activities including mindfulness, 12 step groups, complementary therapies and access to mutual aid support groups. Staff encouraged clients to attend physical activity sessions including gym and swimming sessions.

- The service offered weekly aftercare groups for up to two years after completion of treatment.
- Client feedback was positive and clients told us that staff were caring, approachable and supportive.
- The service provided a welcome book in each bedroom that contained information about the service, treatments and how to complain. Clients we spoke with knew how to make a complaint.
- Clients completed a feedback questionnaire when they left the service. All questions scored over 80% satisfaction from 181 responses.
- Staff morale and job satisfaction was good. Staff told us that they worked well together and felt supported by their colleagues and managers.

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

- Staff had not all completed all mandatory training sessions and eight training sessions had less than 75% completion rates.
- The service had not completed a risk assessment of ligature risk points (something that people might tie something to in order to harm themselves).
- Clients did not feel fully involved in writing their care plan goals.
- Governance systems for monitoring mandatory training and supervision had not identified where there was low compliance.

# Summary of findings

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# Abbeycare Newmarket

**Services we looked at**

Substance misuse/detoxification

# Summary of this inspection

## Background to Abbeycare Newmarket

Abbeycare Newmarket is a residential service which provides a twenty-eight day programme for people addicted to drugs and alcohol. The programme is designed to support people with their addiction from detoxification through to aftercare support. The service accepts self-referrals and has a number of beds funded by the NHS. The service accepts male and female clients.

The location was registered with the CQC in January 2013. At the time of inspection, the service had a registered manager and a nominated individual.

The service is registered to provide Accommodation for persons who require treatment for substance misuse and Treatment of disease, disorder or injury.

At the time of inspection nine people were accessing the service for treatment.

Abbeycare Newmarket was last inspected in December 2015 and did not have any actions outstanding from previous inspections.

## Our inspection team

The team that inspected the service comprised one CQC inspector and one specialist advisor nurse.

## 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 the location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with two clients
- spoke with the registered manager
- spoke with five other staff members employed by the service provider, including a consultant psychiatrist, admissions co-ordinator and recovery workers
- attended and observed a meeting for clients
- looked at six client care and treatment records
- looked at nine client medicines records
- looked at policies, procedures and other documents relating to the running of the service.

# Summary of this inspection

## What people who use the service say

Clients told us that they felt safe and supported at the service. They told us that they had received excellent physical health care and that they could see how the service was helping them.

Clients told us the service was always clean, they had a good choice of food and that staff were always available if they needed to speak to someone.

# 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 areas of good practice:

- The service employed enough staff to provide safe care and treatment, including staff staying overnight.
- Staff completed thorough risk assessments of each client and updated these throughout their stay at the service.
- The service had good medicines management procedures including safe storage and handling of medications, and weekly medication audits.
- Staff had completed thorough environmental risk assessments.
- The service was very clean and well furnished.
- Staff completed hourly observation checks on clients commencing detoxification to ensure there were no negative physical health effects.
- Staff offered Naloxone to clients leaving the service. Naloxone is an opioid antagonist that provides short-term reversal of an opiate overdose. The Drug Misuse and Dependence: UK guidelines on clinical management (2017) recommend naloxone is offered to all clients leaving residential drug treatment as tolerance levels are reduced and the risk of overdose is increased.
- Staff discussed incidents, outcomes and any lessons learned in monthly team meetings.

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

- Staff had not all completed all mandatory training sessions and eight training sessions had less than 75% completion rates.
- The service had not completed a risk assessment of ligature risk points (something that people might tie something to in order to harm themselves).

### Are services effective?

We found the following areas of good practice:

- The service completed comprehensive assessments of all clients prior to and after admission. A consultant and recovery worker completed joint medical and psychosocial assessments after admission and this included a urine drug screen and breathalyser test.

# Summary of this inspection

- Staff completed a full physical health assessment, including blood tests.
- The consultants held a weekly clinic to monitor the physical health of clients and we saw examples where clients had ongoing blood pressure and liver function tests throughout their stay.
- The service used recognised withdrawal assessments for clients undergoing detoxification, including clinical institute withdrawal assessment of alcohol scale or the clinical opiate withdrawal scale.
- The service offered intra-muscular injections of Pabrinex for clients undergoing alcohol detoxification to reduce thiamine deficiency, in line with National Institute for Health and Care Excellence guidelines.
- The service offered a wide range of activities including mindfulness, 12 step groups, complementary therapies and access to mutual aid support groups. Staff encouraged clients to attend physical activity sessions including gym and swimming sessions.
- Staff would start discharge planning as part of the initial care plan and the service had a policy for unplanned exits.
- The service offered weekly aftercare groups for up to two years after completion of treatment.
- Staff were all qualified for their role and had access to specialist training.
- The service had policies in place for the Mental Capacity Act and Equality and Human Rights. Staff had a good understanding of the Mental Capacity Act and how it impacted on the client group.

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

- Two staff files had not received supervision in line with the provider policy.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Client feedback was positive and clients told us that staff were caring, approachable and supportive.
- Staff had a good understanding of clients' individual needs.



# Summary of this inspection

- Clients had a 'welcome pack' in their bedroom which gave them information about the service including the rules and expectations, and a weekly timetable of activities. On arrival, staff gave clients a tour of the service and allocated them to a 'buddy' to help them settle in.
- The service held weekly community meetings, and each week a client would be nominated as house leader to feedback on actions from the previous meeting.
- Families and friends of clients could visit on Saturday afternoons and the service ran a fortnightly family support group.

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

- Clients did not feel fully involved in writing their care plan goals.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had a range of rooms including a group room, a complementary therapy room and a clinic room. There was a communal dining and lounge space that clients could use at any time.
- Clients told us that the food was of good quality and any dietary requirements could be catered for on request. Staff and clients discussed food choice and feedback at the weekly community meetings.
- The service provided a welcome book in each bedroom that contained information about the service, treatments and how to complain. Clients we spoke with knew how to make a complaint.
- Clients completed a feedback questionnaire when they left the service. All questions scored over 80% satisfaction from 181 responses.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff morale and job satisfaction were good. Staff told us that they worked well together and felt supported by their colleagues and managers.
- The service had clear values that staff reflected in their work.
- Staff attended monthly team meetings and we saw that actions were taken as a result.

# Summary of this inspection

- The service had implemented a development agenda with action plans to be reviewed monthly.
- The service had a robust recruitment process in place.

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

- Governance systems for monitoring mandatory training and supervision had not identified where there was low compliance.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

- The service had a Mental Capacity Policy in place.
- Staff we spoke with had a good knowledge of the Mental Capacity Act and how it related to the client

group. Client's capacity was assessed as part of the admission process and any client who did not have capacity as a result of intoxication did not sign their contract until they were capable.

# Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse/detoxification services safe?

### Safe and clean environment

- The service was located in a building with numerous blind spots and ligature risk points (something that people might tie something to in order to harm themselves). The provider had completed a thorough environmental risk assessment, although this did not include a specific assessment of ligature points. The provider mitigated against these risks by completing an in-depth risk assessment of everyone using the service prior to admission and during their stay.
- The service offered individual and shared en-suite bedrooms and where people shared a room this was with someone of the same gender.
- The service had a clinic room that was clean and well equipped, with a couch for examinations. Staff monitored the temperature of the room and medication fridge, and kept any controlled drugs in a locked cupboard.
- The clinic room contained a sink for hand washing with infection control information clearly displayed.
- The service was visibly very clean throughout the building with regular cleaning recorded. The building was comfortably furnished with a homely feel.
- Each bedroom had a call panel for people using the service to request assistance from staff if required.
- **Safe staffing**
- The service employed two consultant psychiatrists who specialised in substance misuse treatment, and a number of recovery practitioners and therapists. Two staff members stayed at the service overnight.

- There were enough staff to provide daily monitoring for clients undergoing detoxification and weekly reviews of their progress.
- The service could plan for staff absence and had regular bank staff to cover any vacancies and absence.
- Staff were expected to complete 17 mandatory training courses, and nine of these had over 75% completion rates. These included medications training, first aid at work and substance misuse training. Only 11% of staff had completed challenging behaviour training and 22% had completed health and safety training.
- **Assessing and managing risk to clients and staff**
- We reviewed six care records and found that staff completed a thorough risk assessment of each client on admission and reviewed this during their stay.
- Staff completed hourly observation checks on clients commencing detoxification to ensure there were no negative physical health effects.
- Staff we spoke with were aware of when and how to make a safeguarding alert, with 78% of staff having completed safeguarding adults training and 89% having completed safeguarding of children training.
- Medications were ordered through a local pharmacy and two staff collected any controlled drugs from the pharmacy. The clinic room was locked at all times, and controlled drugs were locked in a suitable cabinet. The service had a controlled drugs accountable officer in post.
- Staff offered Naloxone to clients leaving the service. Naloxone is an opioid antagonist that provides short-term reversal of an opiate overdose. The Drug Misuse and Dependence: UK guidelines on clinical

# Substance misuse/detoxification

management (2017) recommend naloxone is offered to all clients leaving residential drug treatment as tolerance levels are reduced and the risk of overdose is increased.

- Staff recorded weekly medication records checks, including expiry dates of medications held on site and emergency equipment checks. The local pharmacy also conducted annual audits.
- The service had a policy for children visiting clients, and children could visit in the communal areas at pre-booked times when other clients were not on the premises.
- **Track record on safety**
- The service had reported four serious incidents in the past year. Three incidents involved clients in possession of illicit substances and the substances were disposed of correctly.
- **Reporting incidents and learning from when things go wrong**
- Staff we spoke with were aware of how to report an incident and what needed to be reported. Staff raised any incidents with the registered manager or most senior member of staff on site. The manager logged any incident on the electronic system.
- Staff discussed incidents in team meetings and we saw that lessons learnt were discussed and the service had offered additional training as the result of one incident.
- **Duty of candour**
- The service had duty of candour policy. There had not been any incidents that had required staff to explain when something went wrong, but staff were aware of the policy and the need to be open when something did go wrong.

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

**Assessment of needs and planning of care** (including assessment of physical and mental health needs and existence of referral pathways)

- We reviewed six care records and found that they all had a comprehensive assessment completed. The provider had a central admissions team who completed a telephone assessment prior to admission. Once clients arrived the consultant and a recovery worker completed a joint medical and psychosocial assessment. This included a urine drug screen and breathalyser test.
- Staff requested a physical health summary from the client's home GP prior to admission. The consultant then completed a full physical health assessment, including blood tests and liver function tests.
- The service provided thorough monitoring of physical health problems and we saw examples where clients had ongoing blood pressure and liver function tests completed regularly. The consultants held a weekly clinic to monitor all clients.

## Best practice in treatment and care

- The service followed good practice in managing and reviewing medicines including following British National Formulary recommendations.
- The consultants prescribed medication as described by Department of Health guidance, drug misuse and dependence: UK guidelines on clinical management (2007) for alcohol and opiate detox. The detoxification protocol in place followed national guidance.
- The service used recognised withdrawal assessments for clients undergoing detoxification, including clinical institute withdrawal assessment of alcohol scale or the clinical opiate withdrawal scale.
- The service offered intra-muscular injections of Pabrinex for clients undergoing alcohol detoxification to reduce thiamine deficiency, in line with National Institute for Health and Care Excellence guidelines.
- Activities at the service included therapy groups, 12-step groups, mindfulness and three physical activity sessions per week. A weekly complementary therapy session included options of massage, reiki and reflexology and clients could request additional sessions.
- The service offered access to mutual aid support groups, including two Alcoholics Anonymous and two Narcotics Anonymous meetings per week.
- Staff completed clinical audits of medication and equipment weekly.

# Substance misuse/detoxification

## Skilled staff to deliver care

- The two consultant psychiatrists covered visits to the service on a rota and could provide physical healthcare for minor ailments. Staff received first aid training, defibrillator training and had access to an emergency bag at the service. In case of an emergency, staff would call 999 for assistance.
- The service employed a range of staff to deliver treatment, including consultant psychiatrists, recovery workers, senior recovery workers and a complementary therapist.
- Staff received an induction to the service and all recovery workers were trained to level 3 vocational qualification.
- Staff received specialist training for their role that included the psychology of addiction, working with trauma, psychoactive substance and professional boundaries sessions.
- We reviewed four staff files and found that supervision was taking place in line with the providers policy in two cases. Two members of staff had not received supervision for five months.
- We saw that managers had addressed any performance issues and recorded these during supervision.
- Staff had all received annual appraisals where eligible.

## Multidisciplinary and inter-agency team work

- The service held monthly team meetings for all staff. This included discussions of client issues, any incidents and outcomes, training needs and staffing levels.
- The service had good working relationships with local agencies including GP and hospitals and with the local authority safeguarding team.
- The service had good relationships with referring agencies and provided them with regular progress reports on clients.

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

- The service had a Mental Capacity Policy in place.
- Staff we spoke with had a good knowledge of the Mental Capacity Act and how it related to the client group.

Client's capacity was assessed as part of the admission process and any client who did not have capacity as a result of intoxication did not sign their contract until they were capable.

## Equality and human rights

- The service had rooms on both floors of the house and so was available to clients with reduced mobility or requiring wheelchair access.
- The service did not have any blanket restrictions in place, including access to mobile phones and the internet.
- The service had an equality and human rights policy in place and had signed up to the 'Faces and Voices of Recovery UK' declaration of rights that aimed to support communities of recovery and end discrimination.

## Management of transition arrangements, referral and discharge

- The provider had a central admissions team who completed telephone assessments with clients wanting to attend the service.
- The service had clear criteria for accepting referrals and anyone presenting with a high level of substance misuse or complex needs they would be signposted on to a hospital based detoxification. Clients could visit the service prior to admission if requested.
- Admissions were arranged for when the consultant would be available to assess the client along with recovery workers. Newly admitted clients were allocated a 'buddy' to help them settle in to the service.
- The service had a policy for unplanned early exits from treatment. Staff would contact the consultant for advice if a client decided to leave treatment early, discuss plans with the client and give them information on harm reduction, overdose risk and where they could access support from community agencies. Staff would contact the clients next of kin where possible to arrange for them to collect the client, or staff would take the client to the train station.
- Staff would start discharge planning as part of the initial care plan. Staff would provide clients with information on support services local to them including mutual aid groups.

# Substance misuse/detoxification

- The service offered weekly aftercare groups for up to two years after completion of treatment for clients living locally.

## Are substance misuse/detoxification services caring?

### Kindness, dignity, respect and support

- We observed staff interactions with clients that were respectful, supportive and caring.
- We spoke with two clients who told us staff were very caring and supportive whilst maintaining professional boundaries. Clients told us staff were approachable and they felt comfortable to go to their keyworker with any concerns or issues.
- Staff all knew who clients were and had a good understanding of their individual needs.

### The involvement of clients in the care they receive

- Clients had a 'welcome pack' in their bedroom which gave them information about the service including the rules and expectations, and a weekly timetable of activities. On arrival, staff gave clients a tour of the service and allocated them to a 'buddy' to help them settle in.
- Clients told us that they did not feel involved in writing their care plans but that they had signed to agree to them. Clients did feel involved in writing their discharge plans however, and knew what was in their care plans.
- Staff demonstrated a recovery focussed approach when working with clients.
- The service held weekly community meetings, and each week a client would be nominated as house leader to feedback on actions from the previous meeting. Clients would allocate house tasks between themselves, such as clearing up after meals.
- Families and friends of clients could visit on Saturday afternoons and the service ran a fortnightly family support group.
- Clients could agree for information about their progress in treatment to be shared with family members as part of their confidentiality agreement.

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

### Access and discharge

- The service had nine clients in treatment at the time of inspection. The average length of stay was 28 days.
- The service had discharged 146 clients following successful completion of treatment over the past year.

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

- The service had a range of rooms including a group room, a complementary therapy room and a clinic room. There was a communal dining and lounge space that clients could use at any time.
- Clients had their own bedroom or shared with one other person where they could go for quiet space.
- The service had a garden that clients could access at all times for fresh air and a designated smoking area.
- Clients told us that the food was of good quality and any dietary requirements could be catered for on request. Staff and clients discussed food choice and feedback at the weekly community meetings.
- The service had a small kitchen area where clients could prepare snacks and drinks at any time.

### Meeting the needs of all clients

- The service provided a welcome book in each bedroom that contained information about the service, treatments and how to complain.
- The service catered for dietary requirements including religious and ethnic groups.
- Clients could access religious and spiritual support in the local community.

### Listening to and learning from concerns and complaints

- The service had received three complaints over the past year. These related to clients requesting a refund on charges paid, and two were upheld.

# Substance misuse/detoxification

- The service had a complaints policy and provided this to clients as part of their welcome pack. Clients we spoke with knew how to make a complaint.
- Clients completed a feedback questionnaire when they left the service. All questions scored over 80% satisfaction from 181 responses.

## Are substance misuse/detoxification services well-led?

### Vision and values

- The provider based the service on the values of dignity, privacy, choice, safety, realising potential, equality and diversity. We saw how staff embodied these values throughout their work.
- Senior managers were not based at the service but visited every few months. Staff told us that senior managers were accessible by telephone and felt supported.

### Good governance

- The service had a robust recruitment process in place. We reviewed four staff files and saw that they all had the relevant disclosure and barring checks in place and two references from previous employment.

- The service did not have an effective governance system for monitoring mandatory training and supervision and there were low levels of training and supervision compliance.
- Staff attended monthly team meetings and we saw that actions were taken as a result.
- The service had implemented a development agenda with action plans to be reviewed monthly.
- The service manager had sufficient authority and support for their role.

### Leadership, morale and staff engagement

- Five members of staff left the service in the past year and sickness levels were 1%.
- The service had not reported any bullying or harassment cases in the past year.
- Staff were aware of the whistleblowing policy and told us that they would feel comfortable to raise any concerns.
- Staff morale and job satisfaction was good. Staff told us that they worked well together and felt supported by their colleagues and managers.

### Commitment to quality improvement and innovation

- The provider was not involved in any national quality improvement schemes.



# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure that ligature risk points are identified.

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

- The provider should ensure that staff attend mandatory training and supervision in line with their policy and that effective systems are in place to monitor this.
- The provider should ensure that clients are involved in writing their care plan goals.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <b>The provider had not identified ligature points.</b> <b>This is a breach of Regulation 12.</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.