

Longreach

Quality Report

7 Hartley Road
Plymouth
Devon
PL3 5LW

Tel: 01752 566246

Website: www.broadreach-house.org.uk/longreach

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

Longreach has been inspected twice previously, in 2013 and 2016. The comprehensive inspection in September 2016 did not fully comply with CQC policy and guidelines for inspection activity; consequently the reports were not published.

We will undertake a further comprehensive inspection in the near future.

In July 2017 we carried out an unannounced, focussed inspection of this location to check on a number of issues that had come to our attention through the information we hold about the provider.

At this inspection we found the following areas of good practice:

- All medicines were stored safely and administered by staff apart from those required for immediate relief of symptoms such as asthma inhalers.
- The provider had good medicines management practices in place that included ensuring that missed doses of medicine were explained and when necessary followed up with the GP or specialist nurse for advice and guidance. However, it did need to ensure that when patients transferred from other services there was a clear record of the reasons why their medication was prescribed.

Summary of findings

- The provider had a system to ensure they reported incidents. Staff had clear guidelines on what constituted an incident and how to report. The registered manager knew which incidents to report to CQC.
- Mental Capacity Act training was in place and all staff were up to date with it.
- The provider had recently reviewed their policy on locking bedroom doors. Bedroom doors did not lock but this was for the safety and wellbeing of clients in case staff wanted to gain access in an emergency. We talked to clients about this policy and they were in agreement with it.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

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Longreach

Services we looked at

Substance misuse services.

Summary of this inspection

Background to Longreach

Longreach is a 22-bed rehabilitation service for women with a history of drug and alcohol misuse. Longreach has a mirror service in a different location, called Closereach, for male clients. Both locations admit clients who have completed detoxification, predominantly from another location from the same provider, Broadreach House. However, they also admit clients from other detoxification services.

The service provides a 12-24 week programme where clients learn strategies for maintaining their recovery and set goals. The length of programme is for a minimum of three months, with an option for a further three months.

Longreach has a large main house and adjacent cottage with gardens. The main house has 15 beds and the

cottage has seven beds. The cottage is self-contained accommodation for clients progressing to greater independence. The length of each treatment programme depends on individual assessment of care needs.

Community drug and alcohol services and local authorities fund the majority of the clients.

The service is registered to provide accommodation for persons who require treatment for substance misuse. Longreach has a registered manager.

This location has been inspected four times prior to our focussed inspection in July 2017.

The comprehensive inspection in September 2016 did not fully comply with CQC policy and guidelines for inspection activity, consequently the reports were not published.

Our inspection team

The team that inspected the service comprised CQC inspector Francesca Haydon (inspection lead), one other CQC inspector and one CQC inspection manager.

Why we carried out this inspection

In July 2017 we carried out an unannounced, focussed inspection of this location to check on a number of issues that had come to our attention through the information we held about the provider.

In addition to the inspection at Longreach, we inspected two other registered locations (Broadreach and Closereach) of this provider during the same week as the inspection of Longreach. Separate reports have been published for Broadreach and Closereach.

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?

However, as this was a focussed inspection we looked at specific areas of care in response to information we held about this provider.

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

Summary of this inspection

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with nine clients
- spoke with the registered manager
- spoke with three other staff members employed by the service provider
- attended a multidisciplinary meeting
- looked at five care and treatment records and six medicine charts
- observed three clients receive medicine
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients reported a good experience of the service. Clients said staff were caring, helpful, skilful, non-judgmental, thoughtful, busy, approachable and passionate. One client said staff made them feel at ease and able to open up. Another client said staff treated clients as equals.

Clients said they were involved in writing their own care plans. They said their care plans were personal to them, included their views and were goal focused. They said they regularly reviewed their care plans with their counsellor.

Clients said they went out on one day at the weekends unless they were escorting someone on leave as a buddy.

One client said they needed more things to do in the evenings. They felt meditation would help with their sleep. They said they would soon be starting yoga. Three clients wanted more structured physical exercise. Clients did tai chi and karate and they could go swimming if they requested to. Two clients explained that the treatment meant it was important to experience and tolerate their feelings without distracting themselves with activities. Clients told us they found the group therapy helpful and all the clients said they felt the service was helping their recovery.

Clients said they enjoyed the food.

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:

- Good medicines management systems were in place and the provider had trained staff in medicines management. Missed doses of medicine were followed up. The provider stopped giving medicines to clients to self-administer to ensure there were no errors. However, it did not always have a record when clients were admitted to the service of why they were prescribed specific medication.
- The provider had good processes for reporting and investigating incidents and had been completing notifications to CQC as required.
- Clients had access to support staff 24 hours per day.
- Staff completed risk assessments and risk management plans with each client and explored the risks.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Mental Capacity Act training was in place and all staff had completed it. Staff understood the principles of the Mental Capacity Act and how it applied to their work.
- Care records were good quality and clients were involved in developing their care plans. Staff monitored and recorded clients' physical health. Staff supported clients to access physical health appointments and provided them with information about physical health conditions.
- Staff said they had good access to training and were encouraged to develop.

Are services caring?

Since our last inspection we have received no information that would cause us to re-inspect this key question.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider had recently reviewed its dignity and privacy policy and had a clear rationale for not providing locks on

Summary of this inspection

clients' bedrooms doors. Staff had explained to clients that they may wish to gain access in an emergency and clients agreed with this. Staff had provided privacy screens to clients' who shared bedrooms.

- Clients said they enjoyed the food and that it met their cultural needs.
- The provider had made adjustments to the building to accommodate clients with disabilities requiring adjustments. The manager told us clients with disabilities had successfully lived in the service.

Are services well-led?

Since our last inspection we have received no information that would cause us to re-inspect this key question.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had completed training in the Mental Capacity Act and Deprivation of Liberties Safeguards. The training was mandatory and to be repeated every three years. All staff were up to date with their training.
- Staff understood the principles of the Mental Capacity Act and how it applied to their work.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The provider transferred clients at significant risk of self-harm to Broadreach where there was 24-hour care and where nurse observed rooms were available. Following a serious incident in November 2014 all the windows had metal restraining rods secured on the outside of the windows to prevent people being able to open windows wide enough to go through them. This was an additional measure to the window restrictors already in place. Some clients presented risks of self-harm.
- The environment was visually clean. There were three bathrooms in the main house for clients to share and these appeared clean. Clients completed cleaning duties as therapeutic duties and the provider employed a cleaner for three hours per day.

Safe staffing

- The service did not provide onsite medical cover. Clients who needed nursing or regular 24-hour support were admitted to Broadreach rather than Longreach.
- Staff were available at Longreach throughout the day and night. Two support workers were on duty at weekends and during the evenings. A support worker slept at Longreach and clients could knock on the door and ask for support during the night. A member of staff was also available on call if needed. The service could adjust staffing if required.
- All staff had completed mandatory training. Managers kept a training matrix that enabled them to see when individual staff training was due.

Assessing and managing risk to clients and staff

- We looked at five care records. Staff completed risk assessments for all clients on admission using a

standard form. Staff updated risk assessments regularly as required and at least every six weeks. Risk management plans were in place and included actions to take to reduce particular risks if they occurred.

- Staff had not been using the refrigerator in the clinic room in line with manufacturer's instructions for the six months prior to our inspection. This meant staff could not be certain that the temperature of the refrigerator was within the correct range for the safe storage of medicines. The registered manager rectified this during our inspection and issued instructions to staff to follow when monitoring refrigerator temperatures. All medicine not stored in the refrigerator was stored in a locked cupboard with the correct name of the client on the container and in the correct packaging.
- There were medicine folders for each individual client folders. There was a photograph of the client at the front of each file to enable staff to be certain they were giving the medicine to the correct client. There was a list of staff signatures on each file to allow an audit trail to identify who had administered medicine if required. In some records there were information sheets downloaded from NHS websites providing details of health conditions such as asthma but this was not consistent in all medicines records.
- When clients entered the service via the provider's own detoxification service (Broadreach), the reasons why medicine was prescribed for them was included in the information transferred to Longreach. However, there was no system in place to log the reasons for using medicines if the client had detoxified elsewhere. We discussed this with the health care co-ordinator who told us that they would change this immediately.
- We observed three clients receive medicines prescribed for administration as required. The staff member followed the medicines administration policy by asking the client why they needed the medicine and logged this in the client record.

Substance misuse services

- There was a system for medicines reconciliation for clients transferring from the provider's own detoxification facility (Broadreach). Staff at Broadreach logged medicines transported with the client. Staff locked medicines in the boot of the taxi transporting the client from the detoxification provider to Longreach. On arrival at Longreach, two staff checked the medicines were correct and signed a record.
- A colour-coded whiteboard enabled staff to keep track of clients who needed essential medicines such as anti-psychotic medicine to ensure the client took their medicines on time.
- Staff completed medicines management training and felt confident administering medicines. Longreach house did not allow clients to self-administer medicines other than inhalers for asthma and some topical creams. This was to prevent errors. When clients self-administered, staff documented this in the care records.
- When clients went off site, they took sufficient medicines with them. The client and a member of staff signed for the medicines and discussed safe storage and taking the medicines as prescribed.
- Staff supported clients to register temporarily with a local GP on admission. The service advised the GP of the prescribing and health needs of each client.

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

Assessment of needs and planning of care

- We looked at five care records to ensure these were of good quality. Staff completed care records for all clients and clients signed them. Care records were holistic and recovery oriented. Clients told us they were involved in their care planning. Care records included consideration of clients' substance misuse history, physical and mental health needs. When the team discussed a client's care in a team meeting, they recorded the outcome in the client's care record.
- Staff assessed clients in a timely manner. Staff monitored physical health needs as required and supported clients to access appointments. Staff reviewed clients' physical health needs during their assessment and discussed clients' physical health needs and medicines with their GPs as needed. The

application form documented the clients' physical health problems. Staff provided support and advice to clients to help them to look after their own physical health.

Skilled staff to deliver care

- Staff told us that they had access to training opportunities. They said they felt valued and respected in their role. One member of staff had commenced in the service as a volunteer and the provider was supporting them financially to complete counselling training.

Good practice in applying the MCA

- Staff were trained in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff repeated the training every three years. All staff were up to date with their training.
- Staff understood the principles of the Mental Capacity Act and they recognised that if the client was intoxicated then their ability to make safe decisions might be impaired.

Equality and human rights

- The service had some blanket restrictions. For example, clients had no access to television during the day and for two evenings per week until 9.00pm. We spoke to the manager about this and they told us clients had requested this restriction to enable them to spend time together, supporting each other. The provider and clients reviewed this in a recent house meeting.
- The manager told us the service successfully accommodated clients with disabilities requiring adjustments.

Are substance misuse services caring?

Since our last inspection we have received no information that would cause us to re-inspect this key question.

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

The facilities promote recovery, comfort, dignity and confidentiality

- Clients said they enjoyed the food and that it met their cultural needs.

Substance misuse services

- We reviewed the provider's dignity and privacy policy. The policy stated bedroom doors did not lock to ensure clients' safety in case staff needed to gain access in an emergency. Clients were happy with the level of privacy and understood why their bedroom doors did not lock. Clients had individual safes in their bedrooms to store personal items.
- The dignity and privacy policy said staff should always knock twice on bedroom doors and wait for a response before entering. The manager told us the clients had shared, in the morning meeting on the day of our inspection, that two members of staff did not always knock on their doors. We spoke to clients about their privacy and they confirmed one member of staff did not knock before entering their rooms. The manager reminded the staff members and asked them to review the protocol.
- Clients shared bedrooms and had privacy screens between each bed. There was one single room. Staff

were able to articulate the therapeutic ethos behind room sharing arrangements at Longreach and these included clients providing each other with support and learning from each other's life experiences.

- Clients told us about the activities on offer. The service had an activities timetable. There was a small gym and clients were encouraged to do activities such as swimming or yoga. They had recently been on a bodyboarding trip. The manager was going to buy tennis rackets so clients could use the tennis courts nearby.

Are substance misuse services well-led?

Since our last inspection we have received no information that would cause us to re-inspect this key question.

Outstanding practice and areas for improvement

Outstanding practice

- Longreach had collaborated with a nearby women's rehabilitation service and been awarded a lottery grant to fund a three year project to offer longer-term support to women through their journey through rehabilitation. The project aimed to work alongside existing services to support women's recovery, dissolving barriers to accessing treatment, helping with debt and practical issues and following rehabilitation helping them gain housing and employment.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure it records in the care records why clients are taking medicines to enable staff to provide safe, holistic care.
- The provider should ensure staff follow its dignity and privacy policy at all times including knocking on clients' bedroom doors before entering.