

Equilibrium Project

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?

Requires improvement 

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

We rated The Equilibrium Project as good because:

- There were enough staff to provide safe care and they carried out risk assessments to check the suitability of clients for a community detoxification programme. Medication was adjusted to make sure it met the client's needs. There were policies in place to report and learn from incidents.
- The clients' physical and mental health was assessed to make sure they were suitable for treatment. Staff followed National Institute for Health and Care Excellence (NICE) guidance when providing treatment. The registered managers had appropriate experience and received clinical supervision from an appropriate professional.
- The staff referred clients on to appropriate services, when needed, and gave clients information about local services. Clients, and when appropriate families, were involved in planning their care and recovery plans. The service actively asked for feedback from clients.

- The service had a clear inclusion and exclusion criteria and meet with clients within 48 hours. The team offered ongoing telephone support free of charge to clients following treatment. Information was provided in a way the clients would understand. Nurses used reflective practice to review care.
- The registered managers had leadership experience and were committed to improving the service. There were governance processes in place and these were being built into the electronic record system.

However:

- The independent prescriber did not contact the client's GP before starting treatment. Nurses dispensed medication into a compliance aid for clients on a daily basis when altering the dose of the detoxification medicines, this practice is known as secondary dispensing and increases the risk of a medicines error. There was no policy on reporting accidents.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Good 	

Summary of findings

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Good 

Location name here

Services we looked at

Community-based substance misuse services

Summary of this inspection

Background to Equilibrium Project

The service offers a community assisted alcohol detoxification service. Based on the Isle of Wight, the service provides treatment to clients who self-refer for treatment anywhere within England. The provider had treated eight clients at the time of the inspection. Most detoxification treatments take place within the client's own home. If the client does not have a suitable place for the detoxification the provider has a link with a bed and breakfast that enables the client to have the treatment on the Isle of Wight. The bed and breakfast facilities are not linked to the treatment. However, the service's website does advertise that clients can come to the Isle of Wight to the companies respite and retreat centre, which

suggests that they provide residential accommodation as part of the treatment. The provider offers counselling and life coaching services, these are offered separately to the alcohol detoxification.

At the time of the inspection the provider was registered to provide the registered activity of treatment of disease, disorder or injury. We are working with the provider to ensure they are correctly registered to provide the treatments and services they offer.

There were two registered managers at the time of the inspection who were the only employees of the provider.

Our inspection team

The team that inspected the service comprised of two CQC inspectors and a specialist, who was a nurse with experience in substance misuse.

Why we carried out this inspection

We undertook an unannounced, comprehensive inspection of this service as part of our routine programme of inspecting registered services.

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?

This is an example and not a paragraph to be cut and pasted, please refer to the manner of inspection to complete this section:

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from clients.

During the inspection visit, the inspection team:

- spoke with two clients who were using the service
- spoke with the registered managers who were also the nurses who carried out the treatment
- looked at eight care and treatment records of clients
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

Clients we spoke to told us staff were professional, compassionate and caring. We were told staff were flexible to meet their needs. Clients said staff reviewed and adjusted medication to address any symptoms they

had. Staff were available at any time during the treatment and explained what would happen during treatment. Clients said staff remained available after treatment for advice and support.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as requires improvement because:

- Staff had dispensed medicines in a compliance aid for clients on a daily basis, known as secondary dispensing, which increased the risk of a medicines error.
- Staff had not requested clients' medical information from GPs before commencing the detoxification programme.
- There was no procedure for reporting accidents or notifying the Care Quality Commission of notifiable incidents.

However:

- There was adequate staffing to provide safe care and the service had plans to increase staffing as needed.
- Staff completed a risk assessment to identify if a client was suitable for community detoxification. There were appropriate risk management plans in place for the client during their treatment and if they chose to stop treatment.
- Staff kept client records safe and secure and could access them as needed.
- There was an independent prescriber present during the detoxification to review and adjust medication as needed.
- There were processes in place to report and learn from incidents relating to clients and staff knew them.

Requires improvement



Are services effective?

We rated effective as good because:

- Staff assessed clients' physical and mental health using recognised tools recommended by the National Institute for Health and Care Excellence (NICE).
- Staff prescribed medicines that followed the guidance recommended by NICE.
- The service was developing links with other care providers and offered advice about alternative options to the client.
- The registered managers were continually developing their skills and knowledge.
- The registered managers were experienced in substance misuse treatment and were receiving clinical supervision from other professionals.

Good



Are services caring?

We rated caring as good because:

Good



Summary of this inspection

- Staff referred clients to appropriate services if they did not meet the criteria for community detoxification.
- Staff gave information to clients about local services that could support them after detoxification.
- Nurses encouraged clients to be involved in planning their care and encouraged them to involve family members where appropriate.
- Staff developed personalised recovery plans with clients.
- The service encouraged clients to give feedback to help improve the service.

Are services responsive?

We rated responsive as good because:

- There was a clear criteria for inclusion and exclusion for treatment which meant they only offered a service to clients that were suitable for community detoxification.
- The service began assessing clients within 48 hours of referral to the service.
- The service offered telephone support to the client following their treatment.
- Staff could provide information in an appropriate format for the clients.
- Nurses had used reflective practice to review concerns.

Good



Are services well-led?

We rated well-led as good because:

- The service was well led, and the registered managers had the necessary experience for their roles.
- There was a commitment towards continual improvement and learning from incidents.
- The registered managers had a clear vision for the service.
- The service had been proactive in seeking the views of clients.
- The provider was building governance systems into its health record system.

However:

- There was no policy around staff accidents and learning from them.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff understood their responsibilities under the Mental Capacity Act and could explain what they would do if they were concerned about a client's capacity.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Community-based substance misuse services

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

Are community-based substance misuse services safe?

Requires improvement 

Safe and clean environment

The service offered community detoxification for alcohol and did not have premises used for seeing clients.

Safe staffing

The service only carried out one community detoxification at a time. The service employed two registered mental health nurses to carry out the detoxification plan.

The service was in the process of recruiting more staff so they would have the ability to provide cover for leave or sickness but had not completed the recruitment process for any additional staff at the time of our visit.

Both staff members were up to date with their mandatory training completed with another healthcare organisation. However, there was no agreed list of mandatory training for the provider.

Assessing and managing risk to clients and staff

Staff completed and updated risk assessments for each client and used these to understand and manage risks individually.

Staff completed a risk assessment for every client at the first contact and updated this throughout the period of treatment. The service used the risk assessments to identify if a client was suitable for a community detoxification programme.

Staff usually stayed at a hotel within 10 minutes from the where the client was receiving their detoxification. Clients had to have another adult with them during the treatment. The service provided carers with an information leaflet about what to expect during the process and any signs or symptoms that meant the carer should request support from either the member of staff or the emergency services. It was made clear to the carer when they should seek help from emergency services by calling 999, rather than contacting staff members. A member of staff was contactable 24 hours per day during the detoxification.

If clients decided to leave treatment early the staff gave them information about staying safe.

The staff would identify any existing health concerns that meant the client was not suitable for community detox during the initial screening process. The team reviewed the client's physical health daily and would advise the client to seek medical advice as needed. We reviewed all eight care records and saw that staff did this.

The client's carer was never given more than one days supply of medication at any one time.

There was always two members of staff involved when staff provided detoxification to clients.

Safeguarding

Staff understood how to protect clients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff understood their responsibilities in safeguarding adults and children. There was a clear organisational policy in place detailing what action to take if there had been an allegation of abuse. Both nurses had received training in safeguarding adults at risk and child protection at level 3.

Community-based substance misuse services

No safeguarding referrals had been made at the time of the inspection. Both registered nurses had experience in safeguarding adults. We reviewed all eight care records and did not find any evidence that suggested safeguarding referrals should have been made.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

The service used an electronic record system. Nurses stored the electronic records on an encrypted laptop and backed up information on a separate encrypted drive. Staff took the laptop with them when providing care to access records when needed.

Medicines management

We found that staff mainly followed best practice when storing, administering, and recording medication. Staff regularly reviewed the effects of medicines on each client's physical health.

The independent prescriber would only prescribe medication for the detoxification process. They followed prescribing guidance as set out by the National Institute for Care and Health Excellence (NICE). The independent prescriber would review all current medicines to ensure it was appropriate for the client to complete a community detoxification. The service would get permission from the client to approach their GP if needed. We reviewed all eight care records and saw that the service had never approached a GP for information about client's current medicine. The independent prescriber told us that this was because they were satisfied that it was safe to prescribe the medication without speaking to the GP. They would not commence a detoxification if they were not confident it was safe to do so and would speak to the client's GP if they had any concerns.

The independent prescriber issued a prescription and then a registered nurse filled a compliance aid (a device with separate compartments for days of the week and times of day such as morning, afternoon and evening to assist people to take them at the correct time). Another registered nurse then checked the medicine in the compliance aid and then the registered nurse explained to the client what was in the compliance aid and gave the client a day's supply; this is known as secondary dispensing. Secondary

dispensing is not considered good practice as by removing the medication from the original dispensed containers a vital safety-net has been removed, the ability to check the medicine's strength and dose with the label on the medicine at the same time the dose is administered. The provider told us that this was their current practice. The provider does not record the secondary dispensing in their records but did record the planned and taken dose of medication.

The nurses regularly reviewed the effects of medication on the client during the detoxification programme. During the first five days of detoxification the nurses would review the medication daily and the independent prescriber would make any adjustments needed to the dose of medicine. We reviewed all eight records and saw that staff had reviewed medicine in line with the provider's policy and had continued to review medicine after the five days. The nurses used the Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-AR) to inform the prescribing of medicine adjustments.

Track record on safety

At the time of this inspection there had been no incidents reported by this service. The provider had a policy and procedure in place to recognise, report and investigate incidents when they happened. However, the policy did not tell staff to report accidents or what incidents must be notified to the Care Quality Commission. Staff were not aware of the requirement to report statutory notifications but told us they would check what was notifiable and incorporate it into their policy.

Reporting incidents and learning from when things go wrong

The service had systems in place to manage client safety incidents well. Staff recognised what incidents they would need to report and there were systems in place for them to do so. The procedure outlined manager's responsibilities for investigating incidents and sharing any lessons learned with the whole team.

Staff understood the duty of candour and recognised the need to apologise to clients, give honest information and offer suitable support to clients.

Community-based substance misuse services

Are community-based substance misuse services effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

Staff assessed the physical and mental health of all clients during their assessment. They developed individual care plans and updated them when needed.

Staff developed care plans with clients that were individual to the client and were recovery focused and identified the goals and strengths of each client.

Staff used recognised tools to plan the client's care and address their needs. For example, Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-AR) and the Severity of Alcohol Dependence Questionnaire (SADQ). Care plans were reviewed and updated regularly during the client's detoxification. Risk management plans were developed for any identified risks.

Best practice in treatment and care

Staff supported clients during alcohol detoxification following the guidance from the National Institute for Health and Care Excellence (NICE). We reviewed all eight client records and saw that the independent prescriber followed the medicines regimes recommended by NICE.

Monitoring and comparing treatment outcomes

The service had started to develop links with other service providers. For example, they had referred clients who were not assessed as being suitable for community detoxification to an inpatient service. The registered managers attended national conferences and visiting other service providers to exchange knowledge and skills.

Skilled staff to deliver care

At the time of our inspection there were only two staff employed to provide community detoxification to clients; they were registered nurses. Both nurses were directors of the company and also the joint registered managers and developed the provider's policies and procedures.

Both registered nurses had worked in the substance misuse field for many years and had the right skills and knowledge to meet the needs of the client group and had received training in working with clients with alcohol issues.

An induction programme was available to all new starters. However, the existing staff team were directors of the organisation and there were no other employees, no one had yet been through the induction programme.

The two registered nurses used each other for peer support and reflection as well as identifying learning needs. The two registered nurses also had received external supervision through a local agreement with two doctors with suitable skills and knowledge in the field.

Multi-disciplinary and inter-agency team work

The service held a team meeting on a weekly basis. Both registered nurses worked together when providing care so did not have a formal documented handover. The service would write to the clients GP, with the client's permission, before and following the treatment period if they needed to discuss any issues. However, we reviewed all eight care records and saw that staff had not written to any of the clients' GP's prior to treatment but had contacted two GP's following treatment to explain the treatment and possible aftercare. The registered managers told us they had not needed to contact GP's before treatment because none of the clients had complex health needs that would have needed additional information from the GP before starting treatment. However, the registered manager told us they would now ask clients to obtain a baseline blood test and would request a copy of the clients GP report. The registered managers, with consent from the client, would tell the clients GP of the planned detoxification.

Staff had begun to make links with other organisations such as a rehabilitation clinic. Staff could refer clients to the clinic if the clients did not meet the criteria for treatment at the Equilibrium project.

Good practice in applying the MCA

Staff had training in and a good understanding of their responsibilities under the Mental Capacity Act. Staff gave us examples of when they might need to consider a client's capacity. For example, if a client was thought to be intoxicated at the time of signing consent forms or dealing with finances then the meeting would be postponed until

Community-based substance misuse services

the client was able to give informed consent. All clients consented to their treatment and staff recorded consent in the electronic record and we saw this in all the eight records we reviewed.

Are community-based substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

We spoke with two clients who had used the service and they felt staff treated them with compassion and supported them throughout their treatment.

Staff directed clients to other services if needed. For example, if a client was assessed as not meeting the criteria for community detoxification staff would refer them to residential services that could support them. Staff gave clients information on groups that could support them in their local area such as local addiction support groups.

The service had policies in place about protecting clients' privacy and keeping information confidential. Staff discussed confidentiality with the clients and recorded this in the care records.

Involvement in care

We saw in the eight care records we reviewed that staff gave clients information about what the service could offer and the process they would follow. Clients we spoke to told us that staff told them what to expect during their treatment.

We saw that staff involved clients in planning their care and were encouraged to provide feedback to the service. Staff sent clients a satisfaction survey when they had completed the detoxification programme.

All clients had a personalised recovery and risk management plan in place. Recovery plans reflected the client's personal goals.

Where agreed with the client, staff encouraged family members to be involved with the client's detoxification plan. Staff provided families and carers with information about the process and encouraged them to give feedback to the service.

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

Good 

Access and discharge

The service had a clear criteria that would exclude clients from their service. For example, as this was a community detoxification service, clients who had a history of seizures due to alcohol withdrawal or other significant health issues would not be accepted. However, the service would advise the clients of their need for a inpatient detoxification with another provider and discuss options with them.

Although the service had not set a target time for clients to be seen following a self-referral, clients would be seen within two days of the referral. The registered nurses discussed the treatment with the client over the telephone initially and then travelled to meet them face-to-face. Appointment times were agreed with the client and the team was able to work flexibly to see clients at the time they chose. The team had never cancelled any appointments and agreed with the client how long each appointment would last. At the time of our inspection there was no waiting list.

Clients could contact the staff team, without charge, following their detoxification as often as the client wanted for general verbal support. Clients we spoke to told us that the registered managers were always happy to speak to them.

The facilities promote recovery, comfort, dignity and confidentiality

The team only offered community detoxification services and therefore did not have any premises where clients were seen for treatment. However, the team told us that if the client did not have a suitable environment to undergo the detoxification treatment they could use a bed and breakfast booking in the home of a company director. This is not within the scope of the Care Quality Commission for registration purposes.

Meeting the needs of all people who use the service

Community-based substance misuse services

The service could access information in different languages and could access translators, including sign language, if needed but would need to be certain they could communicate with the client if they proceeded with treatment. The staff team would adjust information to meet the needs of the clients using the service. Since the service had recently opened, they had not needed to do this.

Staff provided clients with information about local services. The nurses discussed what support the client needed when they finished the detoxification treatment and helped them identify local services that could help them. The Equilibrium Project also offered counselling services but these were not connected to the regulated activity and were not within the scope of the Care Quality Commission's regulation and inspection programme.

Listening to and learning from concerns and complaints

At the time of our inspection the service had received no complaints. There was a complaints procedure in place and clients were given information about how to make a complaint. The complaints procedure included information about outside organisations that clients could escalate their concerns to if they were unhappy with the outcome of their complaint. The staff team understood the complaints procedure and their responsibilities, if a client complained.

The nurses had used reflective practice (reflecting on actions at work to identify possible learning) following detoxification treatments when the client had decided not to stop drinking to ensure they had assessed the client correctly. They had made changes to their criteria following this to help make sure they were not charging clients for a service that would not be successful for them.

Are community-based substance misuse services well-led?

Good 

Leadership

Both the registered managers had the right skills and experience for their roles. They had both held leadership roles previously and both continued to work in service development roles with a local health care provider.

The staff had designed all the service procedures and written the policies. All the policies we reviewed were robust and were clearly written to meet the needs of the Equilibrium Project. Both directors could clearly explain the systems and procedures in place.

Vision and strategy

The directors had a clear vision for the services and how they intended it to develop it over the next few years.

Culture

The service had only provided care for eight months and were just beginning to recruit additional staff. The registered managers were clear about needing to recruit people with the same passion towards this service as themselves. There were policies in place to offer staff supervision and appraisals.

The registered managers work to provide an inclusive and non-judgemental service that provides a confidential and personalised service giving clients complete anonymity.

Governance

There was a clear and robust governance policy and procedure in place. The registered managers met weekly to review the service. Given the limited number of clients that had received a service they had not been fully tested and no themes or patterns had been identified that could lead to service improvement.

The provider had built audits into the electronic record system that would tell them if they were completing all the required assessments.

The registered managers were developing links with other organisations to promote sharing of good practice.

Management of risk, issues and performance

At the time of our inspection the organisation only listed financial risks as a risk the service currently faced.

Information management

Community-based substance misuse services

The service was in the process of developing an electronic system that would enable them to gather information about the service and clients. At the time of the inspection the registered managers could easily get information from records manually.

Engagement

At the time of the inspection clients could get up-to-date information from the providers website. There was a client satisfaction survey in place that clients were asked to complete. So far the service had only received positive feedback.

Learning, continuous improvement and innovation

The service was not taking part in any accreditation schemes that aim to improve service quality. However, they had systems in place to identify learning and were regularly meeting to discuss the service and review how they could improve.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider **MUST** make sure staff do not secondary dispense medicines into a compliance aid.

Action the provider **SHOULD** take to improve

- The provider should ensure that they contact the clients' GPs for information about the client prior to treatment.

- The provider should ensure they complete all relevant pre-employment checks before employing new staff and agree the list of mandatory training required by staff.
- The provider should ensure that they advise the clients GP about the client's treatment.
- The provider should ensure the incident policy includes what accidents to record and how and when to notify the Care Quality Commission about notifiable incidents.

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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) 2014.</p> <p>The provider secondary dispensed medication into compliance aids.</p> <p>This was a breach of regulation 12 (1) (2) (g)</p>