

# Cornerways

## Quality Report

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Date of inspection visit: 23 February 2016  
Date of publication: 27/05/2016

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 found the following areas of good practice:

- We saw a robust admission and discharge procedure at Cornerways. Care records were complete, up-to-date; person centred, and contained evidence of client involvement in planning their own care and treatment. Care plans met the national standards and staff used the care-planning tool consistently. There was a range of treatments available including therapies and medicines. Staff identified risks for clients undergoing alcohol and opiate detoxification. Risk management plans demonstrated how staff managed or reduced the risks.
- We saw feedback and learning following incidents, this included implementing appropriate processes and procedures for the effective management of medicines. The providers demonstrated 'duty of candour' when communicating with relatives following incidents. Staff understood the importance of being open and transparent.
- Staff treated clients with kindness, dignity and respect. The staff we met were conscientious, professional and committed to doing the best they could for the people in their care. Morale was good among the staff team.

# Summary of findings

Staff told us they were unaware of any issues with bullying and that managers and peers were supportive. All staff we spoke to said they enjoyed their jobs.

- Staff knew how to use the organisation's safeguarding and whistle-blowing processes and felt able to raise concerns without fear of victimisation. Staff received statutory and mandatory training; there was good knowledge of safeguarding procedures. The manager implemented lone working protocols.
- The leadership team were approachable, they supported staff to carry out their roles effectively, and provide the treatment and help clients needed. We saw positive interaction between with operational staff and the senior management, in particular the chief administration officer.

- There were robust auditing procedures in place to check and monitor the quality of the service provided and also to identify, assess and manage risks to the health, safety and welfare of clients using the service. There was a community group meeting for clients to make changes and suggestions for the service.

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

- The service did not have an automated external defibrillator (AED), a portable electronic device that automatically diagnoses life-threatening cardiac issues, available for use in a medical emergency.

# Summary of findings

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Cornerways

**Services we looked at**

Substance misuse/ detoxification.

# Summary of this inspection

## Background to Cornerways

Cornerways is part of Streetscene Addiction Recovery Service. Cornerways is one of three substance misuse residential rehabilitation and detoxification services. Cornerways has been registered with the Care Quality Commission since November 2006. The service is registered to provide accommodation for persons over 18 years of age who require treatment for substance misuse. There is a CQC registered manager in place.

Cornerways has 20 beds and offers a 24-hour service for males and females. Clients receive an assessment and

individual structured therapeutic plan of resettlement and reintegration, medical detox supervision through the general practitioner, residential treatment, aftercare and support.

There were 13 clients receiving treatment at the time of the inspection. The majority of the funding arrangements are through statutory organisations. However the service does accept self-funders.

We previously inspected Cornerways on 22 October 2013 and found the service to be compliant with the requirements of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010.

## Our inspection team

The team that inspected the service comprised CQC lead inspector Sharon Dyke and two other CQC inspectors. One inspector had experience of working in substance misuse services.

## Why we carried out this inspection

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

## How we carried out this inspection

To fully understand the experience of clients 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, asked other organisations for information, and gathered feedback from people who used the service at a focus group meeting.

During the inspection visit, the inspection team:

- Visited this location, looked at the quality of the physical environment, and observed how staff were caring for clients who used the service
- Spoke with two former clients
- Spoke with two managers

# Summary of this inspection

- Spoke with four staff members; including staff team leaders and support workers
- Looked at six care and treatment records of clients,
- Looked at thirteen prescription charts
- Looked at thirteen multidisciplinary handover records
- Looked at six multidisciplinary meeting records
- Looked at a range of policies and procedures relating to the running of the service

## What people who use the service say

Clients told us the staff kept them safe and met their different care needs. They told us they staff treated them with kindness, dignity and respect. One person told us that staff were polite and compassionate, and that they cared about them. They told us how staff respected their privacy. People told us staff were always willing to help them, were respectful and polite, and were caring and that they looked after them. Some clients told us staff

always made them feel welcome and that they delivered a very high standard of care, other clients said, the way staff had looked after them had been brilliant, one person stated that they had gone the extra mile and that they didn't have a bad word to say about them. Clients said it was like being part of a family. Clients told us they thought there were enough qualified, skilled and experienced staff on duty at all times.

# 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:

- Staff had identified ligature risks; these are environmental features that could support a noose or other method of strangulation. Staff managed these areas appropriately
- staff reported safeguarding and incidents in a timely way according to the organisation's policy. Following safeguarding incidents, staff updated clients' notes with details of the incident and appropriately amended any risk assessments and care plans
- senior management had taken sufficient steps to ensure that learning from incidents was incorporated into practice
- cleaning records were up to date to ensure that they were able to maintain a clean and safe environment for clients. Staff followed infection control principles
- staff ensured that the clinic room was fully equipped and well maintained. Staff managed medicines safely
- staff completed client risk assessments promptly upon admission and ensured that they updated them where appropriate
- clients said they were safe and were well cared for. Routine checks were undertaken to ensure the service was safe
- the service had taken steps to comply with single sex accommodation; all bedrooms were singles with the exception of four double rooms.
- However, we also found areas that the provider could improve, including that:
- There was no automated external defibrillator (AED).

### Are services effective?

We do not currently rate standalone substance misuse services

We found the following areas of good practice:

- Staff were skilled, experienced and appropriately qualified to carry out their roles effectively and in line with best practice
- staff planned and delivered clients' care and treatment in line with current evidence-based guidance, standards, best practice and legislation

# Summary of this inspection

- staff regularly reviewed clinical audits to ensure that they responded to issues identified in the audits
- staff worked collaboratively to provide effective care and treatment. Care demonstrated a clear focus on recovery
- team working was evident with different professionals providing advice and guidance to colleagues in order to ensure best practice
- managers were aware of the training that their staff team had undertaken so they could be assured that staff were effectively deployed, according to their skills, throughout the service
- the service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This included policies and procedures and guidance in people's care plans
- staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being
- staff received an annual appraisal of their work performance and regular supervision. There was focus on staff members' professional development and specific agenda items to discuss.

## Are services caring?

We do not currently rate standalone substance misuse services

We found the following areas of good practice:

- Staff treated clients with dignity and respect. Clients felt supported and cared for
- staff encouraged clients to be involved in their care, treatment and rehabilitation by asking for and responding to their views. Clients felt listened to and involved in the planning of their care
- clients were able to put their ideas and concerns directly to the management via a daily request book which was reviewed and responded to in a timely manner
- staff gave full support to an independent advocacy service to ensure that it could help give a voice to clients at every opportunity
- staff displayed a caring and supportive attitude
- clients dignity and privacy was respected and they were supported to be as independent as possible
- staff were aware of clients individual needs, backgrounds and personalities. This helped staff provide personalised care.



# Summary of this inspection

## Are services responsive?

We do not currently rate standalone substance misuse services

We found the following areas of good practice:

- There were robust access and discharge procedures that included taking unfunded clients in a crisis
- staff informed clients how to make a complaint and they supported clients during the process
- staff responded to complaints promptly and effectively, listening to the concerns of clients and taking appropriate steps where investigations identified this was necessary
- a wide range of facilities and activities were available for clients that promoted wellbeing and recovery. This included supporting clients to undertake placements at a local college
- staff encouraged clients to plan their own activities in order to support their recovery. Care plans were person centred and client's abilities and preferences were recorded
- the service met the needs of clients by providing appropriate information on services and clients rights
- clients were satisfied with the care and support provided. Clients attended activities independently, and those arranged in-house
- there were arrangements in place that ensured clients were provided with a choice of suitable and nutritious food to meet their needs. Staff promoted good nutrition and involved clients in menu planning.

## Are services well-led?

We do not currently rate standalone substance misuse services

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had basic understanding of the Mental Capacity Act (2005) and its principles. Staff told us how to check if someone had the capacity to consent to treatment.
- Clinical and medication records showed that staff had sought consent to treatment as well as consent to share information.
- handover book twice each day and prioritised anything relevant to a client, including issues to be resolved. Staff dealt with any problems quickly and efficiently.
- We observed a staff meeting. Information discussed was clear and detailed, covering physical and mental health. Staff demonstrated an in-depth thorough knowledge of needs and risks, and spoke with warmth, understanding and kindness. We viewed handover records. Information discussed was clear and detailed, covering physical and mental health.

# Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse/detoxification services safe?

### Safe and clean environment

- Cornerways was a large property with three floors, several corridors and staircases. There were 20 bedrooms in total. Bedrooms were on all floors, those on the ground floor could be used for clients with more limited mobility or minor disabilities.
- Staff could not observe the whole environment at all times. However, each client was monitored closely dependent on his or her individual risk. Staff demonstrated a high level of skill in observation and good knowledge of the specific individual risks of the client.
- Within the building there were a number of ligature points; these environmental features could support a noose or other method of strangulation. However, the provider had identified these and placed them on their environmental risk register for monitoring purposes. They also assessed clients prior to admission to ensure the person was safe for admission and could increase numbers of staff to keep clients safe if required.
- All bedrooms were singles with the exception of four double rooms for new clients. This was when their vulnerability would be at its highest. Staff gained consent to share a room at the assessment stage and clients had the option of requesting a single room if preferred. A peer who was further on in their treatment would provide this valuable support. Clients told us sharing rooms and communal areas was a necessary part of the program.
- The treatment room that was clean and well maintained. The medicines cupboard was tidy, clean

and appropriately fixed to the wall. There was a locked section within the cupboard for the storage of controlled drugs. There were no controlled drugs in stock at the time of inspection

- There was no specialist resuscitation equipment or emergency medicine(s) available to staff. Staff only received training to deliver basic life support as part of first aid training so were not trained to use specialist equipment. Staff did not receive training on how to administer emergency medicine(s). There was a clear protocol that in a medical emergency staff were to ring for an ambulance.
- There was no automated external defibrillator (AED) a portable electronic device that automatically diagnoses life-threatening cardiac issues in a client
- The environment and furnishings were extremely clean, comfortable and welcoming. Clients were responsible for the cleaning and presentation, including cooking and some maintenance, on a rota basis. This was part of the rehabilitation program to support independence for the end of the rehabilitation programme. They kept this at a very high standard.
- The clients on a rota basis also used the laundry room with a tumble dryer washing machine and ironing facilities. These were in clean and ordered condition.
- Staff adhered to infection prevention and control measures. Infection control was part of statutory mandatory training. There were signs up in the building and staff were able to demonstrate clearly the principles
- There were clear fire alarm and evacuation procedures and staff were confident in explaining these. Emergency exits were clearly marked and staff had completed fire checks.
- Staff had carried out detailed environmental risk assessments with action plans. Managers reviewed and updated these regularly.
- **Safe staffing**

# Substance misuse/detoxification

- There were 13 substantive staff members at Cornerways. These consisted of a registered manager, home manager, clinical team leader, therapeutic team of qualified addiction therapists, project team day and night. The service also provided university placements. All staff employed were highly professional, skilled and experienced.
- There were no qualified nurses or nursing assistants employed by the service. The local general practitioner did all prescribing. Medically assisted detoxification could take place at Cornerways. Staff received training in medicines management in order to administer and monitor medicine(s) during the stabilisation period.
- Dedicated volunteers and recovery champions formed part of the team. All staff demonstrated a very high level of knowledge and skill in safety around the management of alcohol and substance misuse.
- Recruitment procedures were robust. All staff had Disclosure and barring service checks (DBS) and reference checks. In the past 12 months there were two substantive staff leavers, this was a turnover of 22%. However, staff had recruited to both posts. Staff sickness was low at 2%. Cornerways did not use any agency staff. Regular bank staff were available to cover shifts as part of the rota. Staff rotas were considered based on risk and skill set to ensure the safety of the clients.
- Statutory and mandatory training and completion rates were higher than the organisations target in the majority of subjects,
- Those staff who had not completed mandatory training had dates and actions around this to make sure this was completed.
- Staff had excellent knowledge of safeguarding policies and procedures. Safeguarding information and procedures were clearly displayed on notice boards. Clients told us they felt safe within the house and could disclose safeguarding issues if they arose. All staff were aware of how to make a formal safeguarding referral.
- There were two safeguarding concerns raised in the last 12 months. Both were investigated appropriately.
- Cornerways had a formal out-of-hours procedure for advice and guidance on the day to day operational management of the service. This was an on call rota that was shared between the management team.
- **Assessing and managing risk to people who use the service and staff**
- Staff told us they worked closely with local general practitioner (GP) during the day that managed physical health needs and prescribed detoxification medicine(s). Staff completed robust risk assessments prior to admission; staff did not admit clients if they were at high risk of seizure. However, there were protocols in place for staff to call an ambulance if a client unexpectedly had a seizure during their detox.”
- We looked at the care records of six clients in treatment. All clients had holistic and comprehensive risk, which staff reviewed and updated regularly. These were thorough and detailed. Staff documented identified risks clearly in the records and transferred to care plans.
- All staff we spoke with clearly demonstrated excellent knowledge of the individual risks and management of each clients in their care, both physically and mentally.
- Cornerways offered a blood borne virus (BBV) service (testing for viruses such as human immunodeficiency virus (HIV) or hepatitis). Staff screened all relevant clients on admission for BBV and the general practitioner carried out testing.
- On initial assessment, the client’s medicine(s) is identified along with their general practitioner surgery. Clients are asked to bring a minimum of 21 days medicine(s) with them in clearly labelled packaging to make sure there are no potential delays in prescribing. This is to ensure a safe transition into the service.
- Cornerways received medicines management support from the local pharmacy. This was to ensure compliance with requirements of the Medicines Act 1968 and the Misuse of drugs Act 1971 and their associated regulations
- Staff stored substance misuse medicine(s) securely. This included controlled drugs. Medicine(s) was prescribed by the general practitioner and dispensed by five different pharmacies in Bournemouth. There were clear procedures for the administration of medicine. Due to previous incidents, the organisation changed their staff shift system to ensure two members of staff were available to dispense at all times. Medication was not prepared prior to administration time and staff did not physically touch the medication during administration
- All medicine(s) was kept in a locked cabinet. Controlled medicine(s) was stored in a double-locked cupboard in the cabinet. Monthly audits had been carried out to ensure clear monitoring of the system. A monitored dose system (MDS) was used which meant the medicine(s) was not mixed and made it easy to identify

# Substance misuse/detoxification

when administering. The system incorporated the 'six rights' of medicine(s) administration, right person, right medicine(s), right time, right dose, right route, and right to refuse.

- All staff involved in medicine(s) received specific training. There were clear policies and procedures in place around the administration, storage, prescriptions and returns. Staff checked medicine(s) weekly through their audit. Staff knew what to do in case of an error and demonstrated good knowledge around self-medicating. Systems were in place to check adherence and risk around self-medicine(s).
- We looked at 13 medicine(s) administration record (MAR) sheets. All were completed correctly. All the MAR sheets had a photograph of the clients to reduce the risk of error. Re-ordering of medicine(s) was planned using a regular 28 day cycle.
- Cornerways documented all adverse events, adverse drug reactions, incidents, errors and near misses. Staff contacted the NHS helpline, out-of-hours doctor or the clients own general practitioner for guidance in the case of this. All errors were investigated fully and the client informed.
- Clients we spoke with told us they felt extremely safe in Cornerways, and they had confidence that risk was managed quickly, professionally and discreetly.
- There were robust policies in place to manage risk that included environmental risk, medicine(s), legionella, strategic risk, ligature and fire.
- **Track record on safety**
- The provider reported three serious incidents, which required further investigation between 28 January 2015 and 16 September 2015. These included injury of a broken ankle, and two allegations of abuse from a client to a client. The majority of serious incidents reported were safeguarding (66%). The most recent notification was raised on 22 September 2015; it related to 'Abuse or Allegation' and had been responded to appropriately.
- Clients we spoke with told us they felt extremely safe in Cornerways, and they had confidence that the staff managed risk quickly, professionally and discreetly.
- **Reporting incidents and learning from when things go wrong**
- Cornerways had a clear policy and procedure for reporting incidents. It clearly highlighted what events should be reported. An incident report would be completed for any significant incident and this was

emailed to the manager. Details included time and date, who was involved, description, any injury, any property damage and any witnesses. The manager had the responsibility for the investigation and any outcomes following this, including informing the directors and their team and for maintaining the incident file securely.

- Staff were open and transparent around duty of Candour. Staff we spoke with could confidently explain the incident reporting procedures. We were given good examples of where learning had taken place from incidents. For example, staff improved practice following a medicine(s) error by implementing a policy that ensured two members of staff dispensed medicine(s). There were no whistleblowing concerns raised with the Care Quality Commission for Cornerways at the time of our inspection.

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

## Assessment of needs and planning of care

- There were 13 clients receiving care at Cornerways at the time of our inspection. We looked at six care records and all contained thorough, clear, comprehensive holistic assessments. Each client had several individual care plans which were regularly reviewed and updated.
- The relevant care manager, a person who makes the referral to the service, provides a community care assessment prior to admission.
- Assessments included personal details, professionals involved, health and mental health issues, medicine(s), history of substance misuse, legal issues, social/cultural needs, financial situation and full risk screening. Cornerways admission process was robust, staff recorded detailed information pre-admission, this enabled staff to make a decision whether to admit the client. If information was not robust or admission details were unsafe, admission would not take place.
- Physical health was assessed thoroughly and monitored closely. The general practitioner completed the initial assessment for physical health. All assessments were carried out within 24 hours of admission. Clients were

# Substance misuse/detoxification

not prescribed detoxification medicine(s) until an assessment had taken place. Staff reported physical health concerns immediately to the general practitioner or in the case of emergency 999.

- Care plans clearly reflected the client's individual needs, risks and preferences where appropriate. All involved the clients. Clients receive a copy at the time of assessment. All care records were in paper form at the time of our inspection, held securely in locked cabinets, and safely managed.

## Best practice in treatment and care

- Staff were skilled in identifying all risks around detoxification. They could identify actions to take in the case of a physical deterioration in the patient. The provider had clear procedures in place for over a 24-hour period, which ensured should a client deteriorate at any time they could access medical support quickly and safely.
- Clients told us on admission there was always friendly and helpful staff to greet them. A buddy would be also assigned to help them settle in and support them. This quickly reduced their anxiety on entering into treatment.
- The service provided psychological therapies in line with guidance on the treatment for substance misuse. Clients attended groups based on a recognised model of treatment and were supported to attend Alcoholics Anonymous and/or Narcotics Anonymous/Cocaine Anonymous meetings. The addiction therapists provided a range of these treatments on a one to one or group approach. Therapies delivered were in line with the National Institute for Health and Care Excellence (NICE) and Public Health England guidelines. Further treatments offered included skills for parents in recovery, introduction into work and education, harm minimisation and opportunities for social days out. Clients we spoke with were enthusiastic about the programme. All said they had benefitted from the treatment.

## Skilled staff to deliver care

- All staff we spoke with demonstrated a very high level of skill, knowledge and dedication in substance misuse management. Staff had the skills to recognise a deteriorating client and arrangements with GP were in place to support them as needed.
- All staff had received a robust induction and training in addition to their statutory requirements. The service demonstrated commitment to the staff by supporting and encouraging personal and professional development that included advanced diplomas in therapeutic counselling and health and social care, foundation degrees in addictions counselling, mindfulness based relapse prevention and alcohol detoxification. From June 2015, all new staff had been inducted onto the care certificate training with Bournemouth council. Counsellors registered with Federation of Drug and Alcohol Professionals (FDAP) and British Association for Counsellors and Psychotherapy (BACP). The provider also committed to a yearly training plan. This included training in medicine(s), controlled drugs, mental health, Twelve step facilitation, relapse prevention, motivational interviewing, mental capacity, health and social care level 5, nutrition and group therapy.
- Cornerways aimed to employ staff with lived experience and currently had two students who were studying the degree course. In addition to this, Cornerways had employed support workers who had completed treatment and were abstinent from substances, clients told us this helped them build rapport.
- There was a completed induction checklist where staff learnt the basic policies and procedures of the organisation. Counselling staff had access to external supervision. In addition, supervision was provided for other staff employed at the service. Staff told us that supervision was supportive and helpful to their development. Staff told us that senior members of the team were approachable and supportive.
- One hundred percent of permanent non-medical staff had received an appraisal within the last 12 months. 100% of permanent non-medical staff had a named person that provided regular supervision within the last 12 months. Staff and management were clear on the value and importance of providing and receiving supervision in this service.



# Substance misuse/detoxification

## Multidisciplinary and inter-agency team work

- The team maintained close contact with relevant agencies and an emergency plan put in place in case of crisis. The team then held regular review meetings with relevant stakeholders to make sure clients' achieved their recovery goals. Staff regularly requested feedback from the client, their care managers and family to support service development.
- The general practitioner held weekly telephone clinics with the staff team at Cornerways to discuss issues related to health and maintain communication. There was good co-ordination prior to discharge between the service and relevant agencies.
- The team held a 'surgery' with the local community mental health team (CMHT) on a monthly basis. This was to support clients with secondary mental health problems. These links gave access to the crisis team in case of deterioration of mental state or risk behaviour. The organisation was continually striving to improve links further with these agencies.
- Staff held three house meetings per day in the morning, lunchtime and afternoon. This was to monitor the day's progress and to respond to issues as they arose. Staff completed the
- handover book twice each day and prioritised anything relevant to a client, including issues to be resolved. Staff dealt with any problems quickly and efficiently.
- We observed a staff meeting. Information discussed was clear and detailed, covering physical and mental health. Staff demonstrated an in-depth thorough knowledge of needs and risks, and spoke with warmth, understanding and kindness. We viewed handover records. Information discussed was clear and detailed, covering physical and mental health.

## Adherence to the MHA

- Cornerways did not admit clients detained under the Mental Health Act 1983. A person's capacity to consent to treatment was a vital part of the admission criteria.

## Good practice in applying the MCA

- Staff had basic understanding of the Mental Capacity Act (2005) and its principles. Staff told us how to check if someone had the capacity to consent to treatment.

- Clinical and medication records showed that staff had sought consent to treatment as well as consent to share information.
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- handover book twice each day and prioritised anything relevant to a client, including issues to be resolved. Staff dealt with any problems quickly and efficiently.
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## Good practice in applying the MCA

- Staff had basic understanding of the Mental Capacity Act (2005) and its principles. Staff told us how to check if someone had the capacity to consent to treatment.
- Clinical and medication records showed that staff had sought consent to treatment as well as consent to share information.
- The team were planning to increase their level of Mental Capacity Act training in the next year. Staff could identify where policies relating to mental capacity were located.

## Are substance misuse/detoxification services caring?

## Kindness, dignity, respect and support

- Clients reported to us that the care and support that they received from the staff at Cornerways was exemplary. We saw clients individually and as a group, one person said "staff were always there for them", another said "we are like a family".

# Substance misuse/detoxification

- Clients said staff taught them life skills to help them return safely back into the community. They also said that they experienced positive interactions that had taught them to respect others and develop other social skills.
- We observed the team and clients; staff were warm, respectful, kind, supportive and professional.
- Clients told us that they felt staff respected them and did not judge them. All staff were dignity champions. They had made a commitment through the national dignity council to uphold clients' dignity in all situations. The manager planned to ensure all new staff were trained in dignity and respect.
- Staff told us if a placement broke down they would fund a bed and breakfast for the night while they worked with the care manager to find alternative treatment.
- Staff had a clear understanding of their client's needs. It was clear during the inspection that the staff were warm and empathic in their approach to their clients.
- Without exception, the staff we met were conscientious, professional and committed to doing the best they could for the people in their care.
- We attended handover meetings. During these meetings we observed that clients were discussed in a respectful manner and that each client was given due attention from a range of people supporting them.
- **The involvement of people in the care they receive**
- Clients told us on admission to the service they were allocated a "buddy" from within the existing peer group. This person supports them to settle into the house, and shows them how things work.
- Clients told us they were involved in the planning of their own care and treatment and that the care they received was in line with their wishes.
- Clients had access to an independent advocate through Bournemouth alcohol and drug service user forum (BADSUF).
- Families and carers were involved in the client's treatment if they gave consent to this. However, they must respect the house rules. This includes not accessing mobile phones or
- going out unsupported within the first part of treatment. Staff gave the families support and information and interacted with them with kindness and respect.
- There were rooms available for clients to have visits from family members, including children as part of their treatment plan. These visits were subject to the clients signing an agreement that they will follow the house rules.
- Staff sought feedback clients through various feedback questionnaires including monthly service user review, quarterly satisfaction questionnaires and end of treatment questionnaires, clients were also able to complete a request book daily, this was reviewed at handovers, staff used this information to create action plans to change the care provided each day.

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

## Access and discharge

- Pre-admission assessments were extremely thorough, robust and clear. They outlined clearly the terms of accessing treatment. Clients were clear about strict boundaries within the detailed contract of treatment. Clients were clear on admission that they would face discharge if they used illicit substances or broke any other terms of the contract.
- The manager holds review meetings with all relevant stakeholders to ensure intended outcomes/ recovery goals are achieved. Care and risk assessments and aftercare plans are in place and follow protocol. There is continued contact for the initial period of discharge and an emergency plan is put in place should the service user have a crisis.
- The provider confirmed that 49 organisations buy services from them. Cornerways provides a number of treatment options dependent on the needs of the client. The minimum stay is 28 days; however it can be up to six months.
- Treatment provided is a combination of group work and individual therapy sessions. Cornerways have access to a housing project where clients can transfer following completion of their treatment. The housing project offers an opportunity to learn new skills, look for work and attend college. This can be for a further six months.



# Substance misuse/detoxification

During this time, the clients return to Cornerways for support and to attend groups. They are also encouraged to find groups within the local community so that they can create a strong network away from the home.

- In the twelve months prior to November 2015 Cornerways discharged 87 clients. Forty Eight clients successfully completed their treatment, 14 clients transferred to another project, and 25 clients self-discharged. All received follow-up within seven days.
- Staff told us any previous client was able to make contact either by phone or in person if they felt a need for support. The staff welcomed these clients and the necessary support was given.

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

- The house had a homely atmosphere; the environment was very clean, comfortable and welcoming. Several rooms were available to talk in private and there was good soundproofing.
- Clients can have visits from friends and family after the fourth week of being in treatment. Clients understand this is part of the therapeutic program: however, the visit would be permitted earlier when young children are involved.
- Clients were able to make a private phone call once they had completed the first week of their treatment. During the first week, the clients' agreed that they would have no contact with family. This was to ensure that they were able to focus on their recovery.
- Clients had access to their own mobile phones and signed a contract not to use them during the first stage of therapy. However, there was Wi-Fi was available throughout the building.
- There was a large comfortable outside space area for clients to access. This included a dedicated smoking area. The outside area was mainly grassed and had a relaxed welcoming feel.
- Clients we spoke with told us the food was very good. Cornerways had been given a food hygiene rating of five out of five.
- Clients could have their own belongings; we saw examples of guitars and music systems.

- Hot and cold drinks were available at all times. Snacks were available throughout the day outside of mealtimes.
- Activities included structured therapy groups, college courses, days out, shopping trips, mindfulness and recovery drama group. In the early stages of treatment, staff or peer volunteers would support clients to attend activities. Clients told us they felt that the treatment they received was balanced.

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

- All clients who received treatment at Cornerways were vulnerable with varying complex needs. Care plans took into account individual diversities and needs. Policies and procedures were compliant with the Equality Act 2010.
- The physical layout of the building meant there was only partial disabled access for people with minor disabilities..

## **Listening to and learning from concerns and complaints**

- Staff planned activities daily. This information was on display. Clients we spoke with were pleased with the activities programme and told us they felt staff worked with them to meet their needs.
- It was clear during our inspection that client's individual needs and wishes varied. Although there was a structured therapy program in place, the team had responded to feedback from clients and offered alternatives to the program, this met the diverse needs of individual clients.
- Activities offered included walks, shopping trips, gym, tai chi, shopping trips, access to places of worship, external self-help groups, fellowship meetings, voluntary work opportunities and various activities in the local community. Clients told us they found these activities a positive addition to the program. There was a good outside space. Clients told us they maintained the garden and found it therapeutic.
- Staff make clients aware of the complaints procedure on arrival. They are handed a welcome pack and staff go through the contents with them to ensure they understand what is expected of them and what they can expect of the service.

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- Clients have weekly house meetings where they are able to raise concerns before they become complaints; these concerns are recorded in the house-meeting book. Staff discussed issues raised at team meetings and the replies are given to the clients before the end of the day. The complaints procedure is also displayed on the notice board. We saw information recorded on the complaint sheets with agreed actions.
- Staff told us they learn from complaints and feedback from satisfaction questionnaires and completion questionnaires. Examples of changes made from these included, moving the halal kitchen utensils to more secure storage to avoid cross contamination and allowing Muslim clients to access the kitchen early to cook their meat and eat separately if pork was being eaten.
- During 2015, the service had carried out various clinical audits. These covered medicine administration records, medical reviews, care plans, and risk assessments. Staff used an audit to analyse clients' care records. Staff regularly reviewed clinical audits in a variety of meetings to ensure that they responded to issues identified in the audits. A wide variety of staff were able to attend these meetings in order to provide input. These meetings included daily multidisciplinary team meetings and a monthly clinical governance meeting open to all members of the multidisciplinary team. Senior staff also discussed audits at board level.
- When incidents occurred investigations were prompt and thorough with lessons to be learned identified. There was evidence the provider had taken sufficient steps to ensure that changes in practice based on learning from incidents was embedded.
- The organisation provided a mandatory training program across a wide range of areas of practice and most staff were up to date with this training. Some training provided was role specific. Those staff who had not yet received the necessary training had a planned date.
- There were very good systems in place that ensured staff received mandatory training as well as more role specific training for professional development. This was a good example of the service promoting professional development and responding to demand on the service. Clients were receiving a physical health check prior to administration of medicine and there were systems in place to ensure that checks were being completed.
- The provider encouraged any previous client to make contact either by phone or in person if they felt a need for support. The staff welcomed these clients and the necessary support was given.
- Staff said that they knew how to use the whistle-blowing process. Staff said that they felt confident in raising concerns with senior management.

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

### Vision and values

- The values of the service are to empower, give choice, increase self-esteem, protect from harm and treat people with dignity and respect.
- Staff understood the overarching principles of the organisation and the main objectives of the business. They were proud of the service provided and of their team.
- Staff told us the principal objective of the staffing teams was the rehabilitation of clients. Staff we spoke with said that they agreed with this objective and it helped lead to positive outcomes.
- Staff and clients knew the senior managers; this included the chief executive officer. They regularly visited the service.

### Good governance

- Streetscene had a clear strategic business plan with objectives that supported the framework of their policies and procedures. Managers supported staff to follow these policies consistently. All three registered managers held a risk register and worked in partnership across each location to ensure consistency in their services.

### Leadership, morale and staff engagement

- Morale was high. Staff said that senior managers were supportive, particularly the chief operations officer and

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the chief executive officer and that working conditions were good. Staff said that they enjoyed working at Cornerways and that their main satisfaction was helping people to recover.

- There were opportunities for staff development and several staff members identified this as a positive feature of the organisation.
- Staff were open and transparent in feeding back to clients when things went wrong. An example of this was that staff always met with clients to discuss the outcome of an investigation into a complaint.
- Staff felt that they had opportunities through staff meetings and supervision to give feedback on the service and help with service development. Staff felt that they had opportunity to discuss observations with multidisciplinary teams and management.

## **Commitment to quality improvement and innovation**

- We saw plans to update the recruitment protocol 2016 to incorporate questions that encompass competency questions in line with the five key questions: safe, effective, caring, responsive and well led.
- Staff told us they were working with Bournemouth University on digital addiction, this involves working with a PHD student to design and implement a database specifically for Street Scene. Staff told us this will move them from a paper-based system to a computer-based system.

# Outstanding practice and areas for improvement

## Outstanding practice

- Staff told us any previous client was able to make contact either by phone or in person if they felt a need for support. The staff welcomed these clients and the necessary support was given, this support was not time limited.
- There was a real commitment and positive regard towards the clients admitted to Cornerways. The provider went above and beyond to ensure the safety, comfort and support of the clients and created a culture of learning and improvement from listening to the client's voice.
- The provider offers extensive learning opportunities outside of statutory training.
- All staff were 'dignity champions'. They had made a commitment through the national dignity council to uphold clients' dignity in all situations. The manager of the home was working to ensure that all new staff did the same.
- The service also enthusiastically carried out fundraising activities in order to raise the profile and offer admissions to those otherwise unable to access the service through the usual statutory pathways, and accepted emergency admissions for former clients.

## Areas for improvement

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

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

- The provider should ensure that an automated external defibrillator is available in a medical emergency and staff receive training to use it.