# Chelmsford

## Quality Report

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

## Ratings

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

### 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 Chelmsford as good because:

- The service was clean and tidy and furnishings were of good quality. The clinic room was clean and well organized. Emergency equipment was in date, regularly tested and ready for use. There were enough rooms for clients to use for groups and therapy.
- The service had developed protocols for opiate and alcohol detoxification. The doctor and registered nurse completed medical assessments for all clients on the day of admission, including physical health checks, to ensure they were suitable for the detoxification programme. Clients who were not suitable for the detoxification programme were signposted to other services. Staff had completed mandatory training including how to support clients undergoing detoxification.
- The doctor saw all clients on admission and staff could contact the doctor for advice and to visit the service if required, seven days a week and out of hours. Access to the service was quick and easy and there was no waiting list.
- Staff completed risk assessments and reviewed them regularly. Staff completed assessments which were holistic and focused on discharging clients back to living in the community. Client records contained contingency plans in the event of patients unexpectedly discharging themselves from treatment.
- The service followed good practice in prescribing medication in line with current guidance and best practice. Staff used recognised treatment outcome measures. There were safe processes in place for the management and administration of medication. Staff were trained in medicines management and administered medicines safely.
- Clients had access to psychological therapies and individual counselling sessions with an identified counsellor. Staff developed care plans with clients and reviewed and updated these regularly.
- Staff received management supervision in line with the provider's policy. Therapy staff also received monthly clinical supervision with an external counsellor. Most staff reported that morale was good and they felt respected and supported.
- Staff treated clients with kindness, compassion and respect, showed an understanding of their needs and offered appropriate emotional support. Staff helped clients understand their condition and treatment and access specialist services where appropriate. Clients told us staff were caring and kind and genuinely interested in their wellbeing. Clients were involved in their care, reviewed their plans with staff weekly.
- Clients told us that staff listened when they raised concerns and took action to resolve them. Staff discussed client requests at the daily handover meetings and agreed what actions they would take. Staff supported clients to maintain contact with their families and with outside agencies such as fellowship meetings, housing, education and employment.

However:

- The ligature risk audit classified all ligature risks as low, including in areas where clients had unsupervised access, and identified no additional control measures. There was no sink or facilities to dispose of waste water in the clinic room. Staff used urine testing equipment in the toilet area.
- Numbers of therapy staff at the centre had decreased since the last inspection. The provider had introduced a rota to provide additional staff to the detoxification house but had not recruited additional therapy staff to facilitate this.
- Staff did not document that clients received copies of their care plan and three of the six care plans we looked at did not record client views or involvement.
- Managers had not ensured that learning took place consistently in relation to all incidents and complaints. Documentation was inconsistent, lacked detail and was sometimes contradictory. Managers had not ensured that staff had reported medication administration errors as incidents and shared learning about this across the service.
- Mental Capacity Act training was brief. Two staff told us they had not received any training in the Mental Capacity Act. Some staff were not aware of policies in relation to lone working and the management of seizures.

# Summary of findings

- The service did not admit people with mobility issues to the detoxification programme. Although the centre could accommodate people with mobility difficulties, all bedrooms at the detoxification house were upstairs and there were no lifts.
- Managers did not have easy access to information to monitor the quality of the service and did not have performance indicators to highlight strengths and risks.

# Summary of findings

## Contents

Good

# Chelmsford

**Services we looked at**

Substance misuse/detoxification

# Summary of this inspection

## Background to Chelmsford

PCP Chelmsford is an independent substance misuse service for clients with an alcohol or substance addiction, providing treatment for up to 18 adults under the age of 65. The location was registered with the CQC in July 2011. The service has a registered manager and a nominated individual. PCP (Luton) Limited is the registered provider and the service is registered for:

- treatment of disease, disorder or injury and
- accommodation for persons who require treatment for substance misuse

Treatments offered at PCP Chelmsford include assisted withdrawal and detoxification programmes for clients addicted to alcohol or substances. The location offers one to one counselling and a range of therapy groups, including medication, the 12-step programme, art therapy, meditation, euphoric recall, relapse assessment and prevention, and harm minimisation. Accommodation for the detoxification programme is not provided on site, but at a nearby house.

PCP Chelmsford consists of a day treatment centre, where all clients go daily to receive treatment and therapy, and four treatment houses where clients live and spend their evenings during treatment. One of these houses is used for clients requiring detoxification and is staffed 24 hours, seven days a week.

At the time of our inspection, 18 people were accessing the service for treatment. The service provides care and treatment for male and female clients. Most clients are self-funded, but the service also takes admissions from local authority drug and alcohol teams.

The Care Quality Commission carried out a comprehensive inspection of PCP Chelmsford in October 2017. Breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified for regulation 12, safe care and treatment and regulation 19, fit and proper persons employed. The provider was required to take the following actions:

- The provider must ensure all clients are screened for blood borne viruses.
- The provider must ensure that all clients have a full physical assessment on admission and that this is documented in clients' records.
- The provider must have processes in place to ensure that people who do not speak English have easy access to information about the service.
- The provider must have processes in place to monitor the effectiveness of the service.
- The provider must ensure that the ligature risk audit is fully completed and that individual risk assessments are completed for those clients at most risk.
- The provider must have processes for the identification, investigation and recording of all serious incidents.
- The provider must have clear guidance for the requirements of compliance with mandatory training for all staff; which detail how often staff should repeat training.

The provider sent the CQC their action plans to address these. The provider has addressed some of the actions required by the last report.

## Our inspection team

Team leader: Andy Bigger

The team that inspected the service comprised of three CQC inspectors and a specialist advisor who was a mental health nurse who had experience of working in substance misuse services.

# Summary of this inspection

## Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the environment and observed how staff were caring for clients;
- spoke with five clients who were using the service;
- spoke with the registering manager and three managers;
- spoke with six other staff members; including doctors, nurses, counsellors, keyworkers and support workers;
- attended and observed a daily hand-over meeting;
- looked at six care and treatment records of clients;
- looked at five staff files;
- carried out a specific check of medicines management and documentation; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with five clients using the service. All were positive about their experience at the centre and said that staff genuinely cared about their wellbeing and treated them with respect. All said they had been involved in planning their care, given information about their treatment and what to expect during their stay. All clients we spoke with were positive about the support and treatment they had received both individually and in groups.

We spoke with three family members of clients who had used the service. All were positive about the counselling support that their relative had received. Two carers said that they had been appropriately involved in the admissions process and that the service had communicated well with them. However, one carer said that they service had agreed to keep them informed after seeking their relative's consent, but that the service had not contacted them about their relative's progress. Carers also gave feedback that a client had not received proper support when attending hospital due to short staffing.

# 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?

Good

We rated safe as good because:

- The service was clean and tidy and furnishings were of good quality. The clinic room was clean and well organized. Emergency equipment was in date, regularly tested and ready for use. This included naloxone, used to reverse the effects of opioids, and a defibrillator.
- There were safe processes in place for the management and administration of medication. Staff were trained in medicines management and administered medicines safely.
- The service had developed protocols for opiate and alcohol detoxification. Staff had completed mandatory training including how to support clients undergoing detoxification.
- The doctor saw all clients on admission. Staff could contact the doctor for advice and to visit the service if required, seven days a week and out of hours.
- Staff completed risk assessments and reviewed them regularly. Client records contained contingency plans in the event of patients unexpectedly discharging themselves from treatment.

However:

- Numbers of therapy staff at the centre had decreased since the last inspection. The provider had introduced a rota to provide additional staff to the detoxification house but had not recruited additional therapy staff to facilitate this.
- Staff not attending team meetings did not get access to learning from incidents and complaints. Documentation was poor and sometimes contradictory.
- Some staff were not aware of policies in relation to lone working and the management of seizures.
- There was no sink or facilities to dispose of waste water in the clinic room. Where staff needed to use urine testing equipment, they did this in the toilet area. Staff washed their hands in the sink in the adjacent toilet or used hand gels when preparing medicines. Staff wore disposable gloves and washed their hands immediately prior to dispensing medication.
- Staff had not reported medication administration errors as incidents; we did not see evidence that staff had addressed these and that learning had taken place across the service.

# Summary of this inspection

## Are services effective?

Good

We rated effective as good because:

- The doctor and registered nurse completed medical assessments for all clients on the day of admission, including physical health checks, to ensure they were suitable for the detoxification programme. Assessments were holistic and focused on discharging clients back to living in the community. The registered nurse oversaw clients on the detoxification programme.
- The service followed good practice in prescribing medication in line with current guidance and best practice. The doctor managed and reviewed medicines following British National Formulary recommendations. Staff used recognised treatment outcome measures to monitor change and progress for people treated within the service.
- Clients had access to psychological therapies and individual counselling sessions with an identified counsellor.
- Staff developed care plans with clients and reviewed and updated these regularly.
- Staff received management supervision in line with the provider's policy. Therapy staff also received monthly clinical supervision with an external counsellor in line with policy.

However:

- Mental Capacity Act training was brief. Two staff told us they had not received any training in the Mental Capacity Act.

## Are services caring?

Good

We rated caring as good because:

- Staff treated clients with kindness, compassion and respect.
- Clients told us staff were caring, kind and genuinely interested in their wellbeing.
- Clients were involved in their care and reviewed their plans with staff weekly.
- Staff showed an understanding of clients' needs and how to respond to feelings of isolation and offered appropriate emotional support.
- Staff helped clients understand their condition and treatment and access specialist services where appropriate.
- Clients fed back about the service and made requests through regular community meetings.

# Summary of this inspection

However:

- Three of the six care plans we looked at did not record client views or involvement.
- Staff did not document that clients received copies of their care plan.

## Are services responsive?

Good

We rated responsive as good because:

- Access to the service was quick and easy. There was no waiting list at the service. Doctors admitted clients with the registered nurse on Tuesdays and Thursdays and outside those hours when needed. The service did not take emergency admissions and did not admit clients during the night. Clients who were not suitable for the detoxification programme were signposted to other services.
- The service had a range of rooms available for individual therapy sessions, larger groups and quiet rooms where clients could go when needed. Clients could make hot or cold drinks throughout the day at the centre and there was a large communal relaxation area, where clients could eat and drink.
- Clients had access to a locked area where their possessions could be stored securely.
- Staff supported clients to maintain contact with their families and with outside agencies such as fellowship meetings, housing, education and employment.
- Clients told us that staff listened when they raised concerns and took action to resolve them. Staff discussed client requests at the daily handover meetings and agreed what actions they would take.

However:

- The service had no dedicated outside space. The entrance to the centre was on a busy road and there was no outside space at the back of the building.
- The service did not admit people with mobility issues to the detoxification programme. Although the centre had disabled access and could accommodate people with mobility difficulties, all bedrooms at the detoxification house were upstairs and there were no lifts.

# Summary of this inspection

## Are services well-led?

Requires improvement 

We rated well led as requires improvement because:

- The provider had not ensured it had systems and processes in place to monitor the effectiveness of the service. Managers did not have easy access to information and did not have performance indicators to highlight strengths and risks.
- Managers had not ensured that staff had reported medication administration errors as incidents; we did not see evidence that staff had addressed these and that learning had taken place across the service.
- The ligature risk audit classified all ligature risks as low, including in areas where clients had unsupervised access such as the toilets. The ligature risk audit identified no additional control measures.
- Managers had not ensured that the registered nurse received monthly clinical supervision, in line with the providers policy.
- Managers had not ensured that learning took place consistently in relation to all incidents and complaints. Documentation was inconsistent, lacked detail and was sometimes contradictory. This meant the provider could not ensure learning for staff who could not attend the staff meeting.

However:

- Most staff reported that morale was good and they felt respected and supported. There had been no unauthorised absences in the previous 12 months.
- The provider had appointed a new experienced manager. Clients commented on how this had improved the quality of the environment at the service.
- The provider had appointed a compliance manager to oversee all the provider's services. The compliance manager had started to introduce performance indicators and was exploring a new electronic system to aid managers to monitor the performance and quality of the team.
- The provider had responded to clients' concerns about the support at the detoxification house and introduced a new staffing rota to ensure staff supported clients throughout the week, including weekends.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had been trained in the Mental Capacity Act. The provider did not provide data for this but managers told us that all staff had completed the e-learning course which contained a basic introduction to the Act. However, two staff told us they had not received adequate training in the Mental Capacity Act.
- The provider had a policy relating to the Mental Capacity Act. Staff were aware of it and had access to it.
- Staff had a basic understanding of the Mental Capacity Act. Staff assumed clients to have capacity and supported them to make decisions for themselves.
- Staff we spoke with told us that the doctor would not admit clients who lacked capacity on admission, in line with the provider's policy. We saw evidence of an admission that had been delayed due to a client lacking capacity. We spoke with one client who told us staff delayed their admission because they were intoxicated. However, another client told us that staff asked them to sign a contract they did not understand due to intoxication.
- Staff recorded clients' views on consent to treatment and to sharing information. However, staff did not complete formal mental capacity assessments where they considered clients lacked capacity. Staff waited for clients to regain capacity so they could make the decisions for themselves.

## Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| **Substance misuse/ detoxification** | Good | Good | Good | Good | Requires improvement | Good |
| **Overall** | Good | Good | Good | Good | Requires improvement | Good |

Good

# Substance misuse/detoxification

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

## Are substance misuse/detoxification services safe?

Good

### Safe and clean environment

- The service was clean, tidy and well maintained; the provider employed a cleaner who ensured that the premises were cleaned regularly and to a high standard. Furnishings were of good quality. Staff followed infection control protocols including handwashing and the provider displayed information above the sinks. Staff also used handwashing gels which were available throughout the centre.
- The provider had carried out a risk assessment of the physical environment, including the risks posed by ligatures. A ligature is the term used to describe a place or anchor point to which clients might tie something to harm themselves. Staff classified all ligature risks in the service as 'low' risk. The provider had removed some of the hazards as a result of this assessment. Staff mitigated risks by ensuring that in most parts of the service, clients were accompanied by staff and that they locked rooms when not in use. The provider had not documented any control measures in the communal group room or the toilets. However, staff managed these risks by individual risk assessments.
- The provider had not fitted alarms to therapy rooms. However, staff carried personal alarms with them to summon help if needed. Staff were on site at the centre to give assistance when required.
- The clinic room was clean and tidy. It contained medication, including a controlled drugs cabinet and a range of equipment used to carry out physical examinations with clients. Staff had regularly tested and calibrated the equipment. However, there was no sink and no facilities to dispose of waste water in the clinic room. Staff washed their hands in the sink in the toilet and used gel packs in the clinic room. Where staff needed to perform urine tests, they did this in the toilet. Staff wore disposable gloves and washed their hands immediately prior to dispensing medication.
- The provider had installed emergency equipment at the centre. This was in date, regularly tested and ready for use. This included naloxone, used to reverse the effects of opioids, and a defibrillator. This equipment was kept in the foyer so staff had easy access to this equipment for clients who required treatment outside the main entrance to the service.

### Safe staffing

- The service had estimated the number of staff it needed to offer a safe service and staffed the service to that level. This consisted of a service manager, one qualified nurse, 2.4 counsellors and four evening support workers who worked at the detoxification house. However, the staffing establishment had reduced since the last inspection and staff reported that this had had an impact on the service. Three staff members told us they had to cancel activities on occasions and two said they did not feel there were enough staff on shift during the day.
- The provider had recently introduced a new shift system to increase staffing available at the detoxification house. This enabled the service to provide counselling staff to

cover into the evening. However, some staff felt this had an impact on staffing at the centre during the day. One counsellor worked from 1pm to 9pm every day, which reduced the number of counsellors available during the mornings.

- The provider had appointed a new manager who had begun the registration process with the Care Quality Commission.
- The service also employed a doctor who visited twice a week. Staff could contact the doctor for advice and to visit the service if required, seven days a week and out of hours. Arrangements were in place with other GPs to cover for annual leave and other absences.
- The provider reported there had been no staff sickness in the previous 12 months. Turnover was high over the previous 12 months at 50%. However, the service had recruited to vacant posts.
- The service had thorough recruitment processes in place to recruit new staff. Disclosure and barring service certificates were present and in date.
- Staff received mandatory training in medication, fire safety, infection control, consent and confidentiality, mental capacity, safeguarding adults and children and a range of other topics. Training was a mixture of on-line learning and face to face sessions. The service did not provide figures for mandatory training and did not have a target rate. However, staff we spoke with stated that they had attended this training and staff files we looked at confirmed this.
- Counsellors carried small caseloads of around five clients. Managers monitored workloads through supervision. Staff we spoke with said that workloads had increased over the past 12 months. The service did not operate a waiting list and clients did not have to wait to be allocated a counsellor.

**Assessing and managing risk to clients and staff**

- We looked at six client records. Staff completed risk assessments and updated them in all cases we looked at. Risk management plans did not always identify actions staff could take to minimise risk and some lacked detail; for example, staff had completed breathalyser and urine tests but had not recorded the results. Staff completed risk assessments for clients at risk of self-harm, including the risks posed by ligatures.
- Staff identified what actions they would take if a client unexpectedly left treatment. These plans were detailed and included additional monitoring and support, for example, hourly observations overnight.

**Management of risk**

- Staff responded promptly to sudden deterioration in client's physical or mental health. Staff accompanied clients to hospital when necessary and offered counselling, support and practical assistance in relation to physical or mental health issues. Staff contacted the doctor or nurse within the service when needed and used the emergency services when necessary.
- The service had a protocol to help staff assist clients experiencing a seizure. However, some staff were unaware of it.
- The provider had a lone working policy to help workers to remain safe when working alone and to request assistance when needed. However, we spoke with one staff member who was not aware of this policy.

**Safeguarding**

- The service had designated a member of staff as safeguarding lead to assist staff. All staff were trained in safeguarding adults and safeguarding children and were aware of how to make a referral to the local authority. Staff reported they felt confident to report issues when appropriate and would approach the safeguarding lead for support. Staff discussed safeguarding concerns during handover meetings and escalated to the safeguarding lead or the manager when required.
- Staff were aware of how to identify potential abuse and worked with other agencies to address this. We saw examples of staff reporting safeguarding adults and safeguarding children concerns to the relevant local authorities.

**Staff access to essential information**

- Staff used a mixture of electronic and paper records. Staff typed into documents and electronic files, rather than using a specific, standalone client record package. Staff had easy access to risk assessments and care plans when they needed them. Staff kept client notes confidentially within the electronic system and kept paper copies in locked offices.

Good

# Substance misuse/detoxification

- Staff said they felt they always had access to the information and could add to electronic case notes when needed. However, some said that it was sometimes difficult due to their heavy workload.

**Medicines management**

- Staff administered medication at the centre during opening hours. There were safe processes in place for the management, storage, dispensing and administration of medication. The clinic room did not have air conditioning but staff checked temperatures daily to ensure that it remained within the therapeutic range. Medication practices were in line with National Institute for Health and Care Excellence guidance. Staff carried out medication audits to monitor that practices were safe.
- All staff had received medication training. Staff administered medication with the oversight of the registered nurse.

**Track record on safety**

- The provider reported no serious incidents in the past 12 months.
- Staff reported nine incidents to the Care Quality Commission in the 12 months prior to the inspection involving clients admitted to the local emergency department before discharge back to the centre.

**Reporting incidents and learning from when things go wrong**

- All staff reported incidents on an electronic system. They were aware of what to report and how to do it, including reporting to outside agencies, such as the police, safeguarding and the Care Quality Commission where appropriate. However, we found four errors in medication charts which had not been reported as incidents. These involved medication which had not been given or had not been documented.
- Senior managers discussed incidents at monthly clinical governance meetings. Staff met to discuss incidents at daily handover and monthly team meetings and told us that learning took place at these meetings, and in supervision where it concerned a particular member of staff.
- Meeting minutes did not document that specific learning had taken place. Records demonstrated that staff discussed incidents regularly. However, discussions lacked detail and learning was not specific, for example, that an incident was unavoidable or that staff should work better together. This meant that staff unable to attend meetings might not be aware of this and that learning was not communicated effectively across the service.
- We saw evidence that an incident at the detoxification house and concerns raised by staff had led to the provider making changes to staffing to increase support in that service. The provider recruited waking night staff and established a rota to ensure adequate cover.
- Staff were open and transparent when things went wrong. The provider had written to a client to apologise after an incident at the service.

## Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Good

**Assessment of needs and planning of care**

- We looked at six client records. All contained a full assessment of the client's history and where relevant previous treatment programmes. Case files contained pre-admission assessments and information from the GP.
- The doctor and registered nurse undertook risk assessments and physical health assessments for new clients on admission to ensure suitability for the detoxification programme. Where the doctor assessed that clients were unsuitable for this programme, they gave advice about where they could get further help. The doctor prescribed medication for the detoxification programme where appropriate.
- The registered nurse completed physical health checks such as breathalysers, urine tests and screening for blood borne viruses. Staff monitored clients' physical health throughout their treatment under the supervision of the nurse.
- Staff developed care plans with clients and reviewed and updated these regularly. Plans we looked at

addressed the full range of issues for each client. However, two of the six plans we looked at did not identify the clients' strengths and goals or focus on their recovery. Three of the plans we looked at had not recorded the views of the client. However, we spoke to two of these clients, who confirmed staff had supported and involved them in their treatment plan.

**Best practice in treatment and care**

- The doctor followed good practice in managing and reviewing medicines including following British National Formulary recommendations.
- Staff followed national guidance including the updated Drug misuse and dependence: UK guidelines on clinical management (2017) and the Department of Health's 2017 drug strategy.
- The provider had an alcohol and opioid detoxification protocol in place which was in line with national guidance. The doctor followed Department of Health guidance for drug misuse and dependence including the Severity of Alcohol Dependence Questionnaire and the Clinical Institute Withdrawal Assessment for Alcohol. The service used the questionnaire and the treatment outcomes profiles to evaluate the effectiveness of the programme for clients. The doctor prescribed medication in line with current guidance and best practice. The doctor also used the Clinical Opiate Withdrawal Scale for opioid detoxification.
- The service used the "12 step" programme used by Alcoholic Anonymous, Narcotics Anonymous and Cocaine Anonymous. The provider required clients to attend meetings run by these organisations and encouraged them to attend five meetings per week. Clients also had access to individual counselling sessions with an identified counsellor.
- The service offered a variety of activities and group work, including life-story work, euphoric recall, relapse assessment, triggers and relapse prevention, art therapy and groups around the "12 step" recovery programme. Staff also assisted clients with their housing and employment needs, including assistance and support to access supported housing.
- Staff completed physical health checks on admission and monitored ongoing physical health needs. We looked at six client care records which demonstrated this. The doctor was available for advice and support out of hours and would make additional visits to the service when requested. Staff registered clients with the local GP if they were accessing treatment for more than 28 days. Staff accompanied clients to the GP or local emergency department when needed. However, one carer said their relative had not received support at the local hospital when they needed it because the service was short staffed.
- The physical health nurse completed clinical audits for medication, including staff training, and emergency equipment. Staff also completed Health and Safety audits and an environmental audit, including an audit of ligature risks.
- Although the service did not routinely accept clients with severe mental health problems, they had successfully supported a client with a significant mental health problem to access the service and undergo a detoxification programme.

**Skilled staff to deliver care**

- The multidisciplinary team consisted of a registering manager, a registered physical health nurse, 2.4 counsellors and three volunteer counsellors. They also had access to a prescribing doctor who specialised in substance misuse. The doctor made regular visits twice a week but would come when needed and was available for telephone support.
- The provider also employed four support workers, including waking night staff, at the detoxification house.
- Staff received an induction prior to working at the centre. This included face to face and electronic learning courses in a variety of topics, including alcohol management, suicide prevention, management of drug misuse, dependence on medication, epilepsy and seizures. Staff also received training in the use of the defibrillator, ligature cutters and naloxone. The provider also recruited and provided the same training to volunteers. We saw evidence that staff had received training by looking at staff files. The provider did not provide compliance rates for mandatory training.
- Staff received management supervision quarterly in line with the provider's policy. The policy stated that staff should receive management supervision every three months and clinical supervision every month. The

provider did not submit data about supervision and appraisal compliance rates. Staff told us they received supervision quarterly and staff files confirmed this in the five cases we looked at. Staff also received an annual appraisal. Staff kept detailed records of supervisions and appraisals which dealt with a range of performance, training and professional issues. Counsellors also received external clinical supervision monthly, in line with policy. The physical health nurse received quarterly clinical supervision within their management supervision. They also participated in reflective team supervision.

- Staff had access to daily handover meetings and weekly team meetings which discussed a range of issues, including incidents and complaints.
- Managers discussed performance issues with staff in supervision. We saw evidence of this taking place effectively.

**Multidisciplinary and inter-agency team work**

- Staff attended monthly staff meetings and kept a written record which they kept in the staff office. However, documentation for these meetings was inconsistent, lacked detail and was sometimes contradictory about whether there was any lessons to be learnt from incidents.
- Staff attended daily handover meetings to discuss events from the previous evening, client issues, including risk, admissions and discharges, actions for the day, volunteers and a review of client requests. We attended a daily handover meeting during the inspection, which was effective and well organised.
- The team had good links to GPs, local pharmacies and police where needed. Staff made appropriate referrals and supported clients to outside agencies such as community mental health teams, drug and alcohol teams and safeguarding.

**Adherence to the Mental Health Act and the Mental Health Act Code of Practice**

- The Mental Health Act was not applicable at this service; clients using the service were not detained.

**Good practice in applying the Mental Capacity Act**

- Staff had been trained in the Mental Capacity Act. The provider did not provide data for this but managers told us that all staff had completed the e-learning course which contained a basic introduction to the Act. However, two staff told us they had not received adequate training in the Mental Capacity Act.
- The provider had a policy relating to the Mental Capacity Act. Staff were aware of it and had access to it.
- Staff had a basic understanding of the Mental Capacity Act. Staff assumed clients to have capacity and supported them to make decisions for themselves.
- Staff we spoke with told us that the doctor would not admit clients who lacked capacity on admission, in line with the provider's policy. We saw evidence that staff delayed an admission due to a client lacking capacity. We spoke with one client who told us staff delayed their admission because they were intoxicated. However, another client told us that staff asked them to sign a contract they did not understand due to intoxication.
- Staff recorded clients' views on consent to treatment and to sharing information. However, staff did not complete formal mental capacity assessments where they considered clients lacked capacity. Staff waited for clients to regain capacity so they could make the decisions for themselves.

## Are substance misuse/detoxification services caring?

Good

**Kindness, dignity, respect and support**

- We saw staff speaking to clients in compassionate and kind manner. Clients told us staff were caring and treated them with respect and gave them support when they needed it.
- Staff worked closely with clients, including regular individual sessions and helped them to understand their condition and treatment. Staff showed an understanding of clients' needs and how to respond to feelings of isolation and offered appropriate emotional support.
- Staff supported clients to access specialist services, such as specialist counselling or the community mental health or crisis teams.

Good

# Substance misuse/detoxification

- Staff told us they felt able to raise issues related to disrespectful, discriminatory or abusive behaviour or attitudes towards clients and were confident this would be listened to and acted upon.
- Staff maintained client confidentiality.

**The involvement of people in the care they receive**

- Clients received a welcome pack on admission. This contained their treatment contract and information about the service and other local services which clients' might need during their stay.
- Clients told us staff had involved them in planning their care and reviewed this with them weekly. Clients told us that staff helped them understand their treatment and that they could approach staff to ask questions when they needed to. However, three of the six care plans we looked at did not record the views of the client.
- Clients could feed back about the service and make requests through regular community meetings.
- Staff informed clients about new members of staff but did not involve them in recruitment.
- Staff did not document that clients received copies of their care plan.

**Involvement of families and carers**

- Staff supported carers and family members and involved them appropriately. Two carers said that staff communicated well with them and kept them informed about their relative's progress. However, one carer said she received little from the service about her relative.

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

Good

**Access and waiting times**

- Access to the service was quick and easy. The doctor usually admitted clients on Tuesdays and Thursdays but arranged admissions outside of those times when it was detrimental for the client to wait till the next admission day. Staff admitted less urgent referrals on the next available day. The service did not accept urgent referrals or admit clients out of the working hours of the centre. Clients and carers told us that they had not had to wait to be admitted.
- The service accepted referrals from privately funded individuals and from drug and alcohol teams. Clients completed a pre-assessment questionnaire. The doctor assessed clients to check they were suitable for the detoxification programme. Clients assessed as unsuitable for the programme, for example, clients with a history of seizures or severe mental health problems, were signposted to other services.
- Staff formulated treatment and discharge goals with clients and reviewed these weekly. Staff had contingency plans in place for clients should they discharge themselves unexpectedly from treatment.
- The service discharged clients if they broke the primary treatment contract. Behaviour which could lead to clients being discharged included drug and alcohol consumption, refusing random urine or breath tests, violent or threatening behaviour and refusing to take part in the agreed "12 step" programme.
- The service offered additional support to discharged clients and ran a support group for carers including those who had been discharged.
- Staff did not systematically follow up clients who discharged early from the service to monitor their progress. Staff liaised with GPs when clients discharged themselves early.

**Facilities that promote comfort, dignity and privacy**

- The service had sufficient treatment rooms available at the centre to enable the service to facilitate individual therapy sessions and larger groups. The large group room could be divided into two. Rooms used for confidential client discussions protected client confidentiality. The service offered a full range of treatment groups and activities during the day between Mondays and Fridays. At weekends, staff provided morning sessions.
- There was a large communal relaxation area and quiet rooms where clients could go when needed. Staff used the clinic room to examine clients. Clients who were waiting to be admitted sat in the foyer outside the main centre as the service did not have a waiting room.

Good

# Substance misuse/detoxification

- The service had no dedicated outside space. The entrance to the centre was on a busy road and there was no outside space at the back of the building. Clients used the pavement if they needed to go outside to smoke or get some fresh air.
- Clients had access to a locked area where their possessions could be stored securely.
- Clients could make hot or cold drinks throughout the day at the centre. Clients brought their own food with them to the centre or ordered food from a local café which staff collected. Clients self-catered for breakfast and evening meals.

**Clients' engagement with the wider community**

- Staff supported clients to access education and work opportunities where appropriate. The service offered aftercare advice in relation to employment and housing issues to assist and enable clients to move on after treatment.
- Staff supported clients to keep in touch with their families and positive support networks. Staff assisted clients to break negative support networks where appropriate.
- Participation in external fellowship meetings, such as Alcoholics Anonymous and Narcotics Anonymous, was a compulsory part of the treatment contract. Staff encouraged and supported clients to engage fully with this.

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

- Staff did not display information in different languages at the centre but could provide leaflets when needed. Staff could access interpreters when required at no cost to the client. Staff worked with clients to help them access the support they needed outside the centre.
- The service did not admit people who required disabled access to the detoxification programme. The centre had disabled access and could accommodate people with mobility difficulties. However, the detoxification house did not have disabled access which prevented them from being accepted onto the programme. All bedrooms at the detoxification house were upstairs and there were no lifts. Clients who were not suitable were signposted to other services.
- Staff supported clients experiencing difficulties in other parts of their lives, such as domestic abuse and child visitation issues.

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

- The provider had a complaints policy and procedure. Clients were aware of how to raise concerns and make formal complaints. Staff displayed information at the service and information about how to complain was part of the welcome pack that each client received on admission. Staff knew how to handle complaints and support clients to raise concerns.
- Clients we spoke with told us that staff listened when they raised concerns. Clients raised issues in the weekly community team meetings. These concerns were mainly about practical issues in the detoxification house and staffing and support issues. Staff discussed client requests at the daily handover meetings and agreed what actions they would take. Three of the five clients we spoke with said they had raised concerns and that staff listed to them, that staff dealt with the complaint quickly and staff fed back to them.
- Staff investigated complaints in line with their policy. The provider reported that they had received six complaints and 80 compliments in the last 12 months. None of these had been referred to the ombudsman. We saw large numbers of cards from clients who had completed treatment thanking staff for their time at the service.
- Staff we spoke with told us that they learned from complaints at team meetings, the daily handover meetings and clinical governance meetings. However, staff meetings did not have a set agenda which included discussing complaints and any lessons which could be learnt from them.

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

Requires improvement

**Leadership**

- The provider had recently appointed a new manager who had started work and was in the process of

registering with the Care Quality Commission. The new manager had managements skills and experience to fulfil their role and was being supported by other leaders in the organisation. They were developing a good knowledge of the services they managed and were passionate about provide high quality care to clients.

- Senior leaders were visible in the service on a regular basis. Staff were aware who senior managers were and told us they visited the service to meet with staff and clients.
- Managers supported staff to develop leadership skills where this was part of their role.

**Vision and strategy**

- The provider did not have a documented vision and values statement, either centrally or at a service level.
- Managers and staff we spoke with told us they wanted to provide person centred care, to help clients become clean and stay clean of the substances they were addicted to.

**Culture**

- Three of the four staff we spoke with said they felt respected, valued and well supported. They told us they felt listened to, could ask for advice when they needed it and could raise issues without any fear of a negative response or retribution.
- We saw evidence that managers had dealt with performance issues through supervision. We saw examples where there had been differences between members of staff. The process had been supportive and focused on developing workers to improve their practice and that of the service.
- Three of the four staff we spoke with said morale was good and that staff worked well together. Staff absence rates were extremely low. Staff could seek support for their physical and emotional needs from colleagues and managers when required.
- The service had recently appointed a new manager. Some staff had found this a difficult transition but managers had handled this openly and discussed issues with staff in a transparent manner.
- Managers gave appraisals to staff in line with their policy. Appraisals discussed work related issues and professional development. Discussions focused on the worker's role within the service and could include requests for training to support the need to acquire new skills. Appraisals we looked at did not include discussion about career development.

**Governance**

- The provider maintained good recruitment practices. We looked at five staff files which contained appropriate disclosure and barring service checks, references, photographic identification and contracts. Risk assessments were in place when staff had criminal records.
- The provider had not ensured it had systems and processes in place to monitor the effectiveness of the service. Managers did not have easy access to and did not have performance indicators to highlight strengths and risks. Managers told us all staff were up to date with mandatory training. However, this was not based on centralised data collected by the provider. Managers accessed information about appraisals, supervision and mandatory staff training by looking in individual staff files. Managers did not have access to centralised information to ensure, staff were in receipt of mandatory training, had received refresher training when required, or were in receipt of supervision.
- The provider did not have compliance targets. However, the provider had recently appointed a new compliance manager, who had introduced a spreadsheet to give basic information about compliance information for managers to fill in monthly. Managers had not started to operate this system for this service at the time of the inspection.
- Managers ensured staff received three-monthly management supervision in line with policy. The provider's policy stated that staff should receive management supervision every three months and clinical supervision every month. Managers ensured therapy staff received monthly clinical supervision. The registered nurse received clinical supervision three-monthly as part of management supervision.
- The physical health nurse completed regular audits for medicines management and administration. However, we found four medication administration errors in client

prescription charts. Staff had not reported these as incidents and we did not see evidence that staff had addressed these and that learning had taken place across the service.

- Managers had completed a health and safety audit which included an audit of ligature risks. However, the ligature audit classified all ligature risks as low, including in areas where clients had unsupervised access such as the toilets. Ligature risk assessments identified no additional control measures. Staff completed ligature risk assessments for clients deemed to present a higher risk of suicide or self-harm.
- Managers had not ensured that learning took place and was recorded in relation to all incidents and complaints. Staff discussed incidents in monthly team meetings. However, documentation was inconsistent, lacked detail and was sometimes contradictory. For example, minutes stated that one incident could not have been avoided but then said it could have been avoided if staff had worked better together. The lack of detail about lessons learned meant the provider could not ensure learning for staff who could not attend the staff meeting.
- Managers had acted to address concerns that there were insufficient staff to support clients at the detoxification house, particularly at weekends. Managers had introduced a rota to ensure there were two staff on duty at any time and included sleeping and waking night staff.
- The service had no administrative support. Staff, including the manager, performed administrative tasks as part of their role.

**Management of risk, issues and performance**

- The provider maintained a risk register. Staff could raise issues with the manager and escalate concerns when necessary. Staff discussed risk issues at clinical governance meetings.
- Staff concerns did not always match those on the risk register. Some staff raised with us that the new rota had implications for staff cover at the centre during the day and for lone working arrangements. Staff had not included these in the current risk register.
- There were no formal cost improvement plans.

**Information management**

- The provider did not have systems in place at the time of the inspection to collect information about the quality of the service. The provider had started to introduce a new system which was not over-burdensome for managers or staff.
- The provider had introduced a new telephone system which connected staff to calls without the need for administrative support.
- The provider had systems in place to ensure staff had access to the information they needed in relation to client risk. Staff had access to record incidents and notify outside agencies where necessary. The provider had systems which protected client confidentiality.

**Engagement**

- Staff maintained up to date information about the service through monthly meetings and daily handover meetings. Two staff told us they could give feedback about the service. Clients attended community meetings where they could submit client requests and receive feedback. All five clients we spoke with said they could give feedback about the service and were listened to.
- Managers discussed client feedback and made improvements to the service as a result. For example, property repairs and the introduction of a new rota at the detoxification house.
- Clients did not have a formal system to engage with senior managers.

**Learning, continuous improvement and innovation**

- The provider had recently started to introduce performance indicators but this was not operational at the time of the inspection. Senior managers stated they were currently investigating a new IT system to assist managers to monitor the quality of the service.
- The provider had recently introduced a new rota to increase staffing support to clients in the detoxification house.
- The service did not participate in any national accreditation schemes.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider MUST take to improve

- The provider must ensure it has systems and processes in place to monitor the effectiveness of the service.

### Action the provider SHOULD take to improve

- The provider should ensure that staff document client involvement in care planning and record when they have given copies of care plans to clients.
- The provider should ensure incidents and complaints are fully discussed and documented to ensure learning for all staff.
- The provider should ensure medication errors are reported as incidents and properly investigated.
- The provider should ensure the ligature risk assessment is completed fully, including consideration of control measures for areas accessed by clients in private.
- The provider should review the numbers of therapy staff after the introduction of a new staffing rota to ensure there are enough staff to look after clients safely and effectively.
- The provider should review its mental capacity training to ensure staff are fully aware of how to implement the Act when needed.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require treatment for substance misuse<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>• The provider had not ensured it had systems and processes in place to monitor the effectiveness of the service.<br><br>This is a breach of Regulation 17 |