

# Winstone House - Horizon

## 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

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

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

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

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

### Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Recovery plans and risk management plans were of poor quality. Recovery plans and risk management plans were vague and lacked specific detail. There was not enough information to clearly identify client needs and manage risks. This was a breach of a regulation. You can read more about it at the end of this report.

However, we also found the following areas of good practice:

- Assessments and risk assessments had been completed for all clients and were of a good standard. Assessments and risk assessments were up to date and contained detailed information needed to deliver safe care and treatment. The electronic record system had been improved. This meant client information was readily available to relevant staff.
- Systems and processes to manage incidents and risks were being appropriately implemented. The

# Summary of findings

risk register had been updated and all incidents were being reported. There was a process in place to escalate incidents and risks via a governance structure.

Staff were now receiving regular supervision in line with the providers policy. Staff had received specific training in the Mental Capacity Act and were aware of how to implement a mental capacity assessment and best interest's decision.

# Summary of findings

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Delphi Medical Consultants Limited

**Services we looked at:**

Substance misuse services

# Summary of this inspection

## Background to Winstone House - Horizon

Winstone House – Horizon provides community substance misuse services for the Blackpool area. The service is commissioned by the local authority as part of a wider service pathway. Winstone House – Horizon provides support for clients who have stabilised their substance misuse and require a psychosocial approach to their recovery, providing one to one keyworker sessions and access to group work. This includes support for clients with complex needs. The wider pathway includes two other services that provide:

- initial assessments and risk assessments of newly referred clients
- prescribing for detox and stabilisation
- support with abstinence
- volunteering opportunities
- employment and education options.

The wider parent organisation fed into the service and provided some group work. This included:

- dependency emotional attachment programme groups
- reduction and motivation programme groups
- pre-dependency emotional attachment programme groups.

The service was registered to provide the regulated activity of treatment for disease, disorder or injury. There was a registered manager in post.

The service had been registered since April 2017 and had a comprehensive inspection in October 2017. The service was issued requirement notices for the following regulation breaches that have now been met:

- Regulation 11 (1) Health and Social Care Act (RA) Regulations 2014 Need for consent
- Regulation 12 (2) (a) Health and Social Care Act (RA) Regulations 2014 Safe care and treatment
- Regulation 17 (2) (b) Health and Social Care Act (RA) Regulations 2014 Good governance
- Regulation 18 (2) (a) Health and Social Care Act (RA) Regulations 2014 Staffing

The service had made some progress in relation to the issue of risk management plans and recovery plans. However we found these were not always detailed or comprehensive. As a result we issued the following requirement notice:

- Regulation 9 (3) (b) Health and Social Care Act (RA) Regulations 2014 Person-centred care

## Our inspection team

The team that inspected the service comprised CQC inspector Clare Fell (inspection lead), and two CQC assistant inspectors.

## Why we carried out this inspection

We undertook this inspection to find out whether the service had made improvements since our last inspection in October 2017.

Following the last inspection, we told the provider that it must take the following actions to improve:

- The provider must ensure that all clients have comprehensive and up to date assessments, recovery

plans, and risk assessments. Assessments, recovery plans and risk assessments must be regularly reviewed and information must be used to inform each document. The provider must ensure that information is available to ensure risks to the health and safety of clients are managed appropriately.

- The provider must ensure that all incidents are reported as per policy.

# Summary of this inspection

- The provider must ensure that all staff receive regular clinical and managerial supervision and that it is documented.
- The provider must ensure that staff understand the Mental Capacity Act and code of practice and apply this in practice where appropriate.
- The provider must ensure identified risks are addressed and mitigated in a timely way.

At the last inspection, client records including assessments, risk assessments, and recovery plans were poorly documented. Information was missing and records were not updated regularly. The electronic record system was not effective in supporting staff to record or locate client information. Information was difficult and time consuming to find. This meant that vital information

to implement client care was not available. Client records had been transferred from the previous provider in April 2017. However, staff were unable to locate them within the electronic record. This meant that staff had to repeat assessments and plans unnecessarily. Staff were not able to complete this in a timely way. This had not been reported as an incident and therefore any future prevention was not clear. Staff managerial and clinical supervision figures were low and did not meet the provider's target of every six to eight weeks. This meant that staff were not appropriately supervised in their roles. Staff did not understand the Mental Capacity Act, code of practice and best interest decision process. Staff were unaware of how to assess capacity or how to act on the findings.

## How we carried out this inspection

This was a focused inspection to review whether the service had made improvements in response to the specific concerns we identified during our last inspection. We inspected elements of the following domains:

- Is it safe?
- Is it effective?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information.

During the inspection visit, the inspection team:

- visited the location, and spoke with the registered manager and clinical service manager and integrated service manager
- spoke with three staff members employed by the service provider, including nurses and key workers
- looked at seven care and treatment records for clients
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We did not speak to clients as part of this focused inspection.

# 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 issues that the service provider needs to improve:

- Risk management plans were of poor quality. Risk management plans lacked specific detail and did not address issues highlighted in the risk assessment. This meant there was no clear plan to manage the risks identified. This was a breach of a regulation. You can read more about it at the end of this report.

However, we also found the following areas of good practice:

- All risk assessments had now been completed and were of a good standard. Information was detailed, comprehensive and up to date. This meant that relevant staff had the appropriate information in relation to risks.
- Incidents were being reported and the correct protocols followed. Information was fed back to staff and escalated through the governance system where necessary.

### **Are services effective?**

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Recovery plans were of poor quality. Clients' needs were not clearly addressed. Information was not holistic or recovery orientated and did not include client's strengths and goals. There was little evidence of client input or clients being offered a copy of their recovery plan. This meant that staff and clients had no clear plan of how to meet the client's needs. This was a breach of a regulation. You can read more about it at the end of this report.

However, we also found the following areas of good practice:

- Assessments of clients' needs were completed and up to date. Information included in the assessment was holistic and detailed.

# Summary of this inspection

- The electronic record system had been improved and information was easier to locate. Documents had been streamlined and information was no longer repeated in numerous locations within the system. Previously unavailable client information had been completed by staff.
- Staff were now receiving supervision in line with the providers policy of every six to eight weeks. This meant that staff were now appropriately supported in their roles.

All staff were now aware of the Mental Capacity Act and how to implement it. Staff had received extra training and were aware of how to locate a mental capacity assessment document and policy. This meant that staff now knew how to respond should a client lack capacity.

## Are services caring?

We do not currently rate standalone substance misuse services.

At the last inspection in October 2017, we did not find any breaches in regulation in relation to the caring domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

## Are services responsive?

We do not currently rate standalone substance misuse services.

At the last inspection in October 2017, we did not find any breaches in regulation in relation to the responsive domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Incidents and risks were being addressed through the appropriate systems. A new risk register had been designed. Incidents were reported and information shared to staff and escalated via the governance system.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

All staff were up to date with training in the Mental Capacity Act. All staff were now aware of the Mental Capacity Act policy and knew how to refer to it. Staff could describe the actions and processes for clients who might have impaired capacity. There is now a mental

capacity common assessment record form for staff to use when assessing capacity. Managers confirmed that no mental capacity assessments had been completed in any of the client records as there were no concerns regarding current client capacity.

# Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

## Are substance misuse services safe?

### Assessing and managing risk to clients and staff

We examined seven client risk assessment documents. Risk assessments were detailed and comprehensive. Information was clearly noted and all risk assessments were up to date. We examined risk assessment audits and found improvements in the number of risk assessments completed. However, all seven risk management plans were poorly completed. Risk management plans were vague and generic. For example, one risk management plan stated only, “regular re-assessment of risk”. Others did not correspond to the risks identified in the risk assessment and were brief and lacked specific detail.

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

Incidents were being reported appropriately. We reviewed all incidents reported in April and May. Incidents were discussed during monthly managers meetings and addressed and escalated as necessary. Information relating to incidents was feedback to staff during team meetings where appropriate.

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

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

We examined seven assessments. All were complete and up to date. Five assessments contained concise detailed information and two were less comprehensive. Assessments included information such as drug and alcohol use, injecting history, blood borne virus assessments and physical health information. We

examined audits in relation to assessments and found that clients had completed assessments. There was a system in place for managers to raise with staff any issues with the quality of assessments.

We examined seven recovery plans. Five were complete and up to date. Two clients did not have recovery plans due to being newly referred or recently disengaging from the service. The five completed recovery plans were of poor quality.

Recovery plans were not personalised. There was little evidence of client views recorded. Recovery plans were not holistic. Despite many issues being recorded in other documents, not all issues were addressed in the recovery plan. There was no clear plan regarding how to approach each issue and information was vague and lacked specific detail. Recovery plans were not recovery orientated and did not include client’s strengths and goals. We saw no evidence of clients being offered a copy of their recovery plan. However, a new recovery plan template was in the process of being introduced. Staff and clients were consulted regarding the new template design. The new draft recovery plan template included sections for clients aims, long term goals, short term plans and whether the client received a copy of the recovery plan.

Client information was now more accessible to staff within the electronic record system. Documents had been streamlined and information was not stored in numerous locations. The previous issue of unavailable client information had been rectified. Staff were given protected time to complete client assessments, recovery plans and risk assessments. Staff had received extra training on record keeping and the electronic record system. Managers completed monthly audits of client records to ensure information was added to the electronic record system in a timely way.

### Skilled staff to deliver care

# Substance misuse services

Staff supervision over the last three months was now meeting the services target of every six to eight weeks. Twelve of the thirteen staff were now compliant with this target. Staff confirmed that both managerial and clinical supervision was regularly taking place. We sampled a number of supervision records and noted that detailed supervision included personal welfare, workload, what's going well/not well, team dynamics, safeguarding, health and safety and training needs. There was a plan to introduce a records audit as part of the supervision session. Staff confirmed they felt supported in their roles.

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

All staff were up to date with training in the Mental Capacity Act. Most staff had attended Mental Capacity Act theatre group training which is a form of MCA training. Staff now had a good understanding of the Mental Capacity Act, in particular the five statutory principles. All staff were now aware of the Mental Capacity Act policy and knew how to refer to it. Staff knew where to get advice regarding the Mental Capacity Act within the service. Staff could describe the actions and processes for clients who might have impaired capacity. There was a mental capacity common assessment record form for staff to use when assessing capacity. However, there had not been any instances where the assessment form was required. Managers confirmed that no mental capacity common assessment record forms had been completed in any of the client records as there were no concerns regarding current client capacity.

## Are substance misuse services caring?

At the last inspection in October 2017, we did not find any breaches in regulation in relation to the caring domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

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

At the last inspection in October 2017, we did not find any breaches in regulation in relation to the responsive domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

## Are substance misuse services well-led?

### Good governance

Incidents were being reported appropriately. We reviewed all incidents reported in April and May 2018. Incidents were discussed during monthly managers meetings and addressed and escalated through the governance system as necessary. Information relating to incidents was feedback to staff during team meetings where appropriate.

The risk register had been re-designed and was now overseen by the clinical lead. We reviewed the risk register and found all risks relating to Winstone House had been appropriately categorised with control measures in place to minimise the risk. Other items previously on the risk register were now addressed during senior management meetings.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure that all risk management plans and recovery plans meet the needs of clients.

Plans must be comprehensive and detailed. Each issue identified within the assessment and risk assessment must be addressed within the risk management plan and recovery plan.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The provider did not ensure that risk management plans and recovery plans were comprehensive and detailed. Information did not correspond to the detailed information within the risk assessment and assessment.</li></ul> <p>Regulation 9 (3) (b)</p>