Bosence Farm

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 areas of good practice:

- Risk had been assessed on admission for all nine of the clients whose records we looked at. All nine had thorough, up-to-date risk assessments and risk management plans in line with national treatment agency guidelines for good practice. Risk and risk management plans were discussed in multi-disciplinary team meetings and plans were made for observation of clients when needed. Clients who chose to leave before the end of their treatment were provided with overdose awareness advice before leaving the service.
- Staff demonstrated a good awareness of safeguarding, including the need to be aware of safeguarding issues for the children of clients. Staff were able to give us examples of safeguarding concerns that they had referred to the local authority. Electronic records showed that staff involved the local authority safeguarding team appropriately.

Summary of findings

- Medicines at Boswyns were stored securely in locked cupboards in the clinic room that was also locked when unattended. Staff managed stock levels well and carried out appropriate checks when administering medicines to make sure they were in date and safe to use.
- There was a robust assessment and monitoring system in place to ensure that clients at Bosence Farm rehabilitation could self-medicate safely. All clients at Bosence Farm rehabilitation had lockable storage boxes in their bedrooms.
- Care plans were up to date, personalised, holistic and recovery-oriented. The standard of assessment and care planning was very high. Ongoing monitoring of physical health took place and referrals were made to specialist healthcare if needed. Staff used a range of National Institute for health and Care Excellence approved tools to assess and monitor clients' symptoms. Every client had an "exit plan" which included details of contacts and the place that the client would go to when they left. Information about relapse prevention and overdose was provided to clients who wanted to leave early and could not be persuaded to stay.
- Staff were experienced and motivated and told us they enjoyed their work. Sickness, absence rates and us they enjoyed their work. Sickness, absence rates and use of bank and agency staff were low.
- Supervision and appraisals for staff at Bosence Farm rehabilitation occurred regularly and was of good quality.
- The Boswyns building, which was completed in 2010, was light, spacious and well designed.

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

- Mandatory training rates were low. Although the provider was aware of this and had plans to improve training rates, the provider had not ensured that all staff were booked on to relevant mandatory training sessions.
- Staff at Boswyns who administered, or witnessed the administration of medication had not had an assessment of their competency to do so.
- Fridge temperatures at Boswyns were monitored regularly but we found that appropriate action had not been taken when temperatures were outside those recommended for safe storage of medication. The provider kept a limited supply of emergency medicines on site but had not reviewed this to ensure that the limited holdings were adequate.
- Staff at Boswyns were not receiving regular supervision that was in line with the provider's policy.

Summary of findings

Contents

Summary of this inspection

Background to Bosence Farm Community Limited

Bosence Farm Community Limited is a provider of residential treatment for substance misuse. The service provides a residential detoxification service 'Boswyns' for up to 16 clients and a 'second stage' residential service 'Bosence Farm' for up to 15 clients. Both services are located on the same site, a short walk from each other along a private driveway. At the time of inspection, there were 12 clients at Boswyns and six at Bosence Farm. Both services accept male and female clients. The services are situated in a rural location between the towns of Camborne and Hayle in West Cornwall.

This service is registered by the CQC to provide the following services:

- Accommodation for persons who require treatment for substance misuse
- Substance misuse problems
- Treatment of disease, disorder or injury

There was a registered manager.

The provider has been inspected three times previously, in 2011, 2013 and 2014 and was found to be compliant.

Our inspection team

The team that inspected the service comprised CQC inspector Julia Winstanley (inspection lead), a CQC pharmacy inspector, a CQC assistant inspector, and a specialist advisor who was a nurse with experience of working in substance misuse services including detoxification.

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 understand the experience of people who use services, we ask the following five questions about every service:

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

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

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with eight clients
- spoke with a trustee who was also the chair of the board
- spoke with the chief executive officer

Summary of this inspection

- spoke with the registered manager and the clinical lead
- spoke with the team leaders
- spoke with six other staff members employed by the service provider, including keyworkers and support workers
- spoke with a consultant psychiatrist who worked in the service but was employed by a different service provider
- spoke with one peer support volunteer
- attended and observed a hand-over meeting, and five group sessions.
- collected feedback from 18 clients
- looked at nine care and treatment records, eight medicines records and checked the clinic room
- looked a medication management and observed medicines administration
- had lunch with clients at Boswyns
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We collected nine comments cards at Boswyns and spoke individually with five clients. Most comments were positive. Feedback was that staff were friendly, caring and respectful and that they felt safe. Rules and restrictions were explained to them before they were admitted. Clients told us that their rooms were comfortable and that they knew how to make complaints.

We collected nine comments cards at Bosence Farm and spoke individually with three clients. Comments were mixed, although mostly positive. Clients said that they liked the peaceful setting and felt safe. Clients said staff were patient, kind and caring and that they found the therapeutic approach helpful. However, one person felt that the adjustment from being at the service back to the community was a shock and that more could be done to ease the transition. Two clients felt that some of the rules were too strict and that the reasons for the rules were not always clearly explained or consistently applied. We were told that trips were sometimes cancelled or re-arranged due to lack of staff.

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:

- Staff who administered, or witnessed the administration of medication had not had an assessment of their competency to do so.
- Across the provider completion rates for some mandatory training were low. Mental Capacity Act training was mandatory but only 45% of staff had completed it.
- The temperature records of a refrigerator at Boswyns that was used to store medicines was checked regularly but appropriate action had not been taken when the temperature had exceeded the recommended range. The defibrillator was not listed on the weekly equipment checklist and this was corrected on the day of the inspection.
- Information had been omitted in some medicines administration records at Boswyns. For example, explanations of missed doses, allergy status and patient identifiable information were missing from some records. The range of emergency medicines was limited and there was no documented risk assessment or review to justify why some were not held on site.
- A downstairs toilet at Bosence Farm was leaking.

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

- Risk was assessed on admission and all clients had thorough, up-to-date risk assessments and risk management plans. The provider used risk templates that were based on national treatment agency guidelines for good practice.
- Ligature risks at Boswyns had been assessed and the risks were adequately mitigated. There was a clear policy for observation of clients who might be at risk.
- Boswyns medical policy clearly outlined the service's seizure management protocol and contained clear actions for staff to take in the event of a seizure.
- Clients at both services who chose to leave before the end of their treatment were provided with overdose awareness advice before leaving the service.
- Medicines at Boswyns that require extra controls because of their potential for abuse (controlled drugs) were stored, administered, recorded and disposed of in line with legislation.

Summary of this inspection

- There was a robust assessment and monitoring system in place to ensure that clients at Bosence Farm could self-medicate safely.
- Equipment was clean and well maintained.
- Shift patterns at Boswyns ensured there was always one qualified nurse on duty.
- The provider had not reported any serious incident in the previous 12 months and had not been involved in any serious case reviews.
- Staff demonstrated a good awareness of safeguarding, including the need to be aware of safeguarding issues for clients' children.
- Clients signed a treatment contract on admission which included agreeing to the rules and restrictions in place at Bosence Farm.
- Agency staff were only used as a last resort and this helped to ensure staff working in the service were familiar with how it operated. An induction pack was available for agency workers and the clinical lead provided on-call telephone contact in case it was needed.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The standard of assessment and care planning was very high.
- All newly admitted clients were seen by a doctor and nurse for an admission assessment and clients received ongoing monitoring of their physical health.
- The provider had a process for unplanned discharges. Every client had an "exit plan" which included details of contacts and the place that the client would go to when they left.
- There was a range of individual and group interventions. Evidence-based treatments were provided.
- Doctors prescribed medicines for detoxification in line with National Institute for Health and Care Excellence guidelines, supported by a comprehensive medicines and prescribing policy.
- Staff at Boswyns used a range of National Institute for Health and Care Excellence approved tools to assess and monitor clients' symptoms.
- Bosence Farm staff ensured that community drug and alcohol teams were aware when clients were due to be discharged, and informed them of any unplanned discharges.

Summary of this inspection

- Supervision and appraisal for staff at Bosence Farm occurred regularly and was of good quality. However, not all staff at Boswyns were receiving regular one-to-one supervision and three appraisals were very brief.

However, we also found the following issue that the service provider needs to improve:

- At Boswyns there was no review process in place to make sure that the prescribers always followed best practice and approved guidelines.
- At Bosence Farm, the high number of vacant beds meant that group work was sometimes less effective as there were fewer clients available to contribute to the group process.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff being respectful, patient and supportive to clients.
- Clients were actively involved in care planning.
- Staff understood the needs of clients, including their mental and physical wellbeing.
- Clients were given opportunities to comment on the service through morning meetings and feedback forms.

However, we also found the following issue that the service provider needs to improve:

- There was limited information about advocacy on display, and none of the clients we asked knew about advocacy services. The provider had built a separate space for use by children when they visited, in response to client feedback.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider had clear referral, assessment and admission processes with defined eligibility and exclusion criteria.
- The services aimed to provide admission within three weeks of referral, and had achieved this target for 98% of admissions for the preceding three months.
- There were procedures for the prioritisation of referral and admission for people who needed treatment more urgently.
- Length of stay was audited by the registered manager in order to monitor compliance with targets.

Summary of this inspection

- Clients took turns to cook and were helped to access ingredients to meet dietary needs if required.
- There was good access to outside space, including a large garden and outdoor seating areas. The extensive garden contributed to a peaceful atmosphere.
- Boswyns was a newly built single story facility, with good disabled access throughout.
- During the previous 12 months Bosence Farm had received 29 compliments.

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

- Bosence Farm had large numbers of vacant beds and referral rates were low. This raised concerns about the sustainability of the service if not addressed.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Senior managers were based within the Boswyns building and staff knew who they were.
- Incident reports were reviewed by the clinical lead, doctors and registered manager.
- The provider used performance data, including outcome monitoring, to identify service improvements.
- Staff were motivated and told us they enjoyed their work.
- Sickness and absence rates were low.

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

- Staff at Boswyns who administered medication had not completed any specific medicine training but the service was developing an assessment tool to assess the competency of the staff that administered medicines.
- The provider's target for mandatory training targets had not been met.
- Not all staff at Boswyns were receiving regular individual supervision and some appraisals lacked sufficient detail.
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- Not all staff were receiving regular individual supervision and some appraisals lacked sufficient detail.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All clients were assumed to have capacity. Most staff understood the main principles of the Mental Capacity Act and knew when they would need to assess a client's capacity.

Mental Capacity Act training was mandatory but only 45% of all Bosence Farm Community Limited staff had completed this.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Boswyns was a new building which opened in 2010. The building provided light, spacious accommodation and was well maintained with comfortable furnishings. Boswyns appeared clean, however cleaning records were unavailable for the four weeks prior to inspection. We raised this, and were told that the regular cleaner had been off work due to sickness, and that cleaning had been undertaken by a different member of staff. The manager assured us that this would be addressed.
- Bosence Farm was a large farmhouse. Work had recently been completed to replace the heating system and the registered manager told us that there was a plan to redecorate areas that had been damaged by this work. The games room smelt strongly of damp and a downstairs toilet was leaking. Clients were responsible for cleaning, and the building was tidy and had been cleaned. An annex had been refurbished recently.
- Ligature risks at Boswyns had been assessed and the risks were adequately mitigated. There was a clear policy for observation of clients who might be at risk. Clients at the beginning of their detoxification were given bedrooms nearer to the communal areas and nursing station so that they could be more easily observed. There was no ligature risk assessment at Bosence Farm and the nature of the building meant that there were numerous ligature points. However, clients were at low risk of self harm and people who were known to be at risk of suicide were not admitted.
- Boswyns medical policy clearly outlined the service's seizure management protocol. Staff we spoke to were able to explain the actions they would take in the event of a client seizure.
- At Bosence Farm, staff worked on their own at nights and weekends. They had 'walkie-talkies' (mobile radios) so that they could access help from Boswyns and there was a panic button in one room that was connected to the local authority. Staff told us they felt safe and that incidents of aggression or violence were rare.
- All equipment was clean and well maintained.

Safe staffing

- Boswyn's establishment staffing consisted of two part-time assessment workers (0.8 whole time equivalent in total) who oversaw all assessment and admissions, 5.3 whole time equivalent nurses, including a clinical lead, 4.5 whole time equivalent support workers, 2.4 whole time equivalent counsellors and a full time team leader. Support workers carried out day-to-day support including, assisting attendance at appointments and liaising with other agencies. Key workers undertook therapeutic work, including one-to-one sessions, facilitating groups and recovery planning. There was also a cook, a cleaner and an admin team. One part-time nurse was on maternity leave and one support worker post was vacant and being advertised. Shift patterns ensured there was always one qualified nurse on duty.
- Bosence Farm staffing consisted of a full-time team leader, three key workers and a peer worker. There was one vacancy for a key worker. At the time of inspection, three staff were on duty on weekdays, which would increase to four when the vacant post had been filled. A night-time worker worked four nights per week from 4.30pm to 10.30pm and then slept on site before working again from 7.30am to 9am. One weekend worker was on shift from Friday night until Monday morning including sleep-ins. The keyworker vacancy was being advertised.
- For the 12 month period up to 30 June 2016 over both the provider's services, Boswyns and Bosence Farm, there had been a 4% staff sickness rate. At Boswyns, nine staff members out of 34 had left and the vacancy

rate was 9%. Vacant posts were covered in a variety of ways, including offering additional hours to part-time staff and two shifts per week were filled by regular bank staff. Agency staff were only used as a last resort. Bank or agency staff had been used to cover 162 shifts at Boswyns in the three months up to 30 June 2016. All shifts were filled. An induction pack was available for agency workers and the clinical lead provided telephone contact in case it was needed. At Bosence Farm, sickness, annual leave and vacancies were mainly covered by the existing staff working increased hours, but the team were able to get additional cover from staff at the provider's detoxification service, Boswyns, if needed. Bank staff had been used to cover 17 shifts at Bosence Farm in the three months up to 30 June 2016. All shifts were filled.

- Mandatory training for all permanent staff included safeguarding children and adults, Mental Capacity Act, "disability confident" and level two training in health and safety in social care. Bank staff also undertook mandatory safeguarding children and adults training. Staff undertook additional mandatory training including mental health first aid, domestic abuse, stalking and harassment, and motivational interviewing. 100% of eligible staff had undertaken level three multi-agency child protection training. However, completion rates for some training were very low. Across both sites, Mental Capacity Act was completed by 45% of staff, safeguarding adults was completed by 47% of staff, safeguarding children training was completed by 55% of staff, disability confident and equality essentials training were both completed by 69% of staff. The provider was aware that these figures were too low and intended to improve completion rates. Emergency first aid was not mandatory, but had been undertaken by 19 members of staff in the previous 12 months.

Assessing and managing risk to clients and staff

- We looked at nine risk assessments and risk management plans. Risk had been assessed on admission for all nine, and all had thorough, up-to-date risk assessments and risk management plans. The provider used risk templates designed by the local drug and alcohol action team partnership that were based on national treatment agency guidelines for good practice. Risk and risk management plans were discussed in multi-disciplinary team meetings. A protocol was in place for general and more frequent observations and plans were made for observation of clients at risk of self-harm. Clients who chose to leave before the end of their treatment were provided with overdose awareness advice before leaving the service. This also applied to clients who were subject to automatic discharge for breaking Bosence Farm's rules which included the taking of drugs or alcohol.
- The provider had good policies and procedures for searching patients. Some items, such as mobile phones, computers and tablets were not permitted. Clients signed a treatment contract on admission which included agreeing to the rules and restrictions in place. Restrictions at Boswyns were explained to clients before admission and there was a clear rationale for restrictions. However, clients at Bosence Farm rehabilitation told us that restrictions were not always clearly explained.
- Staff demonstrated a good awareness of safeguarding, including the need to be aware of safeguarding issues for the children of clients. Children who visited had to remain with the adult bringing them. Staff were able to give us examples of safeguarding concerns that they had referred to the local authority and we saw evidence of appropriate referrals being made.
- Registered nurses were responsible for managing the medicines at Boswyns. Nurses administered medicines, witnessed by support workers. Staff had not completed any specific medicine training but the service was in the process of developing an assessment tool to assess the competency of the staff that administered medicines.
- Medicines at Boswyns were stored securely in locked cupboards in the clinic room which was locked when unattended. Staff managed stock levels well and carried out appropriate checks when administering medicines to make sure they were in date and safe to use. Medicines that require extra controls because of their potential for abuse (controlled drugs) were stored, administered, recorded and disposed of safely. Staff told us medicines were not always stored within their recommended temperature range due to high temperatures in the clinic room. Therefore, the service was planning to install air-conditioning. There was a refrigerator in place to store those medicines that required cold storage and temperatures were monitored regularly, however, appropriate action had not been taken when the temperature had exceeded the recommended range. We raised this with the registered

manager, who immediately put in place a plan ensure that fridge temperatures were monitored appropriately, and made arrangements to dispose of medication that may not have been stored correctly.

- The service had a contract with external companies to provide a pharmacy service, which included the supply of medicines. The pharmacist from the clinical commissioning group visited monthly to provide advice and witness the destruction of the controlled drugs. A local surgery provided primary healthcare, where clients were registered as temporary patients. The resident doctor would add any medicines prescribed to the prescription record.
- At Boswyns, the resident doctor was contracted to deliver four sessions per week. They prescribed appropriate medicines in accordance with standardised regimes for the clients. The prescription charts were written safely, and in line with legislation and national guidelines. The service used separate prescription cards for those medicines prescribed "when required" and for specific detoxification regimes. There was also a homely remedies policy for when clients required simple treatments that could normally be purchased without a prescription. The prescription charts were clear and supported staff to administer medicines safely. Generally, the staff completed the medicines administration records well, however information had been omitted in some medicines administration records . For example, explanations of missed doses, allergy status and patient identifiable information were missing from some records.
- In the event of a medical emergency, staff would call an ambulance and in the meantime administer first aid. The clinical lead was a naloxone trainer and had plans to roll out training for the rest of the staff. Naloxone is used to treat drug overdose in an emergency situation. A defibrillator was available in the Boswyns nursing office. A range of emergency medications were stocked and pabrinex (a medication containing vitamins B and C for rapid correction of severe depletion of thiamine which can lead to Wernicke's encephalopathy) was available to be administered.
- Emergency medicines held were in accordance with the service's emergency policy and were stored appropriately in the clinic room. Whilst their policy stated emergency medicines (including oxygen) were checked weekly, their records indicated this occurred fortnightly. Their defibrillator was not listed on their weekly checklist and this was corrected on the day of the inspection. The range of emergency medicines was limited and there was no documented risk assessment or review to justify some medicines not being held on site.
- At Bosence Farm, there was a robust assessment and monitoring system in place to ensure that clients could self-medicate safely. All clients had lockable storage boxes in their bedrooms.
- Each client signed a treatment agreement and consented to a property search on admission and randomly thereafter.

Track record on safety

- The provider had not reported any serious incidents in the previous 12 months and had not been involved in any serious case reviews.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents. The provider required staff to report all incidents including episodes of violence, drugs and alcohol use, medicine incidents and clients leaving treatment early. The region had a drug related death review panel set up by the drug and alcohol action team partnership which was attended by the registered manager. An incident reporting panel had recently been set up to review incidents. Incident reports were reviewed by the clinical lead, doctors and the registered manager to look for themes and learning. The review group had started grading incidents by severity and likelihood of reoccurrence. Lessons learned from incidents across both the provider's services were disseminated to staff by e-mail and in meetings. Analysis of incidents had enabled the provider to identify a lack of reporting of incidents at Bosence Farm, and as a result they were looking at ways to address this. We looked at minutes of meetings at Bosence Farm. These showed that when incidents were reported they were discussed, along with the learning that came from the incident. At Boswyns, learning from incidents had included the need for a second signature for medicine administration, and improving debriefs after incidents.

Duty of candour

- Staff that we spoke to understood the principles of duty of candour.

Substance misuse services

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

Assessment of needs and planning of care

- The provider used assessment and care planning templates designed by the local drug and alcohol action team partnership which were based on national treatment agency guidelines for good practice. They included domains for substance misuse comprehensive assessment, risk assessment, risk management plans and recovery care planning. All nine care plans we reviewed were up to date, personalised, holistic and recovery-oriented. The standard of assessment and care planning was excellent.
- At Boswyns, all newly admitted clients were seen by a doctor and nurse for an admission assessment. Care records showed that baseline observations were taken including blood pressure, temperature, pulse, peak flow, and weight as required. Requests for blood analysis and dose titration were included. Ongoing monitoring of physical health was provided and referrals were made to specialist healthcare if needed. Mental health needs were assessed and the provider worked with community mental health teams to meet the needs of those clients who needed it. Group sessions included health topics such as smoking cessation.
- If clients were being referred from the provider's detoxification service to Bosence Farm, staff would assess for suitability for rehabilitation and invited clients to spend a day at the service before admission. Referred clients who were not at the provider's detoxification service were discussed at weekly referral meetings and were invited to visit the service for assessment. All newly admitted clients were tested for substance use on arrival.
- Client information was stored on a secure electronic system which was used across the region and allowed staff to access the client records from other services. For example, the community substance misuse service that referred clients into the service could access electronic records for information about the client's progress whilst rehabilitation was underway. This demonstrated good partnership working with services across the region. Clients' notes showed that discussions about confidentiality took place and that clients' signed consent was obtained.
- The provider had a process for unplanned discharges. Every client had an "exit plan" which included details of contacts and the place that the client would go to when they left. Where possible, clients would be encouraged to stay, especially at weekend and evenings. Information about relapse prevention and overdose was provided to clients who could not be persuaded to stay. There was an out of hours service that staff could access if a client was planning to leave and unplanned discharges were recorded as incidents which were monitored and reviewed so that lessons could be learnt.

Best practice in treatment and care

- At Boswyns, doctors prescribed medicines in line with National Institute for Health and Care Excellence guidelines, supported by a comprehensive medicines and prescribing policy which detailed the regimes available to clients. The rationale for prescribing choices was clear in the clinical notes and doctors and nurses thoroughly assessed the medical risk of new clients, for example, assessing clients with alcohol dependence for the risk of developing Wernicke's encephalopathy, a neurological disorder caused by thiamine deficiency due to chronic alcohol misuse. However, there was no review process in place to make sure that the prescribers always followed best practice and approved guidelines.
- At both services a range of individual and group interventions were available. Boswyns offered evidence-based treatments were provided, including cognitive behavioural therapy, motivational interviewing and relapse prevention. A weekly timetable included group work around triggers, cravings, anxiety, motivation, and cycle of change. Clients were expected to attend all groups. Although some staff were accredited counsellors formal counselling was not offered whilst in detox.
- At Bosence Farm clients worked through the 12 steps programme model. Clients aimed to get to either step three or five by the end of a 12 week placement and continued working towards this after discharge. The weekly programme included relapse prevention, relaxation, yoga, acupuncture, and life skills such as paying rent, menu planning, shopping and cooking. Clients were expected to attend all groups and were required to attend either alcoholics anonymous or narcotics anonymous meetings five times per week. The high number of vacant beds meant that group work was

sometimes less effective as there were fewer clients available to contribute to the group process, Staff were aware of this and were adapting the way they ran the groups to maximise effectiveness
- At Bosence Farm staff had found that some clients, for example, clients with autistic spectrum disorders, had experienced difficulties completing the workbooks. Staff had altered the layout of the books as a result of this.
- Bosence Farm offered aftercare by phone contact for six months and clients who lived near enough could attend support sessions one morning per week. Clients who relapsed after discharge were offered aftercare groups once they had been abstinent for one month.
- The provider had good links with alcoholics anonymous, narcotics anonymous and clients were expected to attend meetings regularly as part of their treatment.
- Staff used a range of National Institute for Health and Care Excellence approved tools to assess and monitor clients' symptoms, including the clinical institute withdrawal assessment and clinical opiate withdrawal scales. The provider had introduced the use of outcome rating scales and session rating scales in May 2015 to monitor clients' progress. Bosence Farm had an outcomes inventory which included physical health, anxiety and cravings, which was undertaken week. Outcomes were monitored by the registered manager, and used to develop services. Data about outcomes was provided monthly to the national drug monitoring system.
- Local audits were undertaken quarterly. These included audits of planned and unplanned discharges, care plans, waiting times, completion of treatment and blood borne virus information. Audit results were reported to the commissioner and used to develop service improvement action plans. The clinical lead undertook audits of medication including controlled drugs.

Skilled staff to deliver care

- Boswyns staff consisted of qualified and unqualified workers who were experienced in working with clients with substance misuse problems. Shift patterns ensured a qualified nurse was on duty 24 hours a day. At Bosence Farm, staff consisted of support workers and keyworkers who were experienced in working with clients with substance misuse problems and counselling skills training. The team leader was undertaking a one year course in leadership management training.
- At Boswyns not all staff were receiving regular one-to-one supervision. Staff were supposed to have individual supervision every six to eight weeks, although the provider was aware that they were not meeting this target. Staff told us that they had frequent opportunities for informal supervision, for example, in handovers and team meetings. Of Boswyns permanent non-medical staff, 77% had received an annual appraisal in the previous 12 months up to 30 June 2016. We looked at four staff supervision and appraisal records. Supervision for Boswyns staff was inconsistent. One staff member had received supervision in June and September 2016, but no other supervision was record since April 2015. Another member of staff had no recorded individual supervision since May 2016. Although staff at Boswyns had up-to-date appraisals, three were very brief and had not been signed. The registered manager was monitoring supervision rates and was addressing the issue with the team leaders.
- At Bosence Farm, we looked at two staff supervision and appraisal records. Supervision and appraisal occurred regularly and was of good quality. All staff could access external supervision once a month.
- Key workers facilitated groups and one to one sessions and had training and experience to enable them to undertake their role. A range of training was made available by the provider that was appropriate for staff roles. This included veterans' awareness, level two training in principles of risk assessment, identifying high risk domestic abuse and the Solihull approach (a ten week parenting programme). The team leader at Bosence Farm had identified a need for staff to be trained in working with clients with eating disorders and had raised this with the senior management team.

Multidisciplinary and inter-agency team work

- There were regular and effective multi-disciplinary meetings and handovers. Meetings followed a standard agenda, including current issues, referrals, assessments and admissions, aftercare and training.
- Staff worked with a range of agencies, including GPs, social services, mental health services, housing, domestic violence services and specialist counselling services.

Substance misuse services

Adherence to the MHA

- Bosence Farm Community Limited was not registered to accept clients detained under the Mental Health Act either at Bosence Farm or Boswyns. If a client's mental health were to deteriorate, staff were aware of who to contact. Some of the nursing staff had been trained as registered mental health nurses which meant that they were aware of signs and symptoms of mental health problems.

Good practice in applying the MCA

- All clients were assumed to have capacity. Most staff understood the main principles of the Mental Capacity Act and knew when they would need to assess a client's capacity.
- Mental Capacity Act training was mandatory but only 45% of all Bosence Farm Community limited staff had completed this

Equality and human rights

- The provider had an equal opportunities policy and staff were expected to undertake mandatory equality training and across the provider 69% of staff had completed this at the time of our inspection. The provider was involved in a local annual needs assessment which assessed the local need for substance misuse services and the characteristics of the client populations. This process had been used to inform the development of services. In 2014/15 the needs assessment looked particularly at issues around accessing local services for protected characteristics.

Management of transition arrangements, referral and discharge

- Referrals were accepted from community drug and alcohol services. Direct self-referrals from clients were not accepted. The provider required referrals for detoxification to include a recovery plan, risk screen, information on blood borne viruses, and mental health issues including risk of suicide or self-harm. Referrals were discussed at weekly multi-disciplinary team meetings and were seen by the provider's assessment officer the following week.
- Clients were discharged back to the care of the community drug and alcohol service provider following their treatment. There was a service level agreement which ensured community follow up within 24 hours of discharge. Staff ensured that community drug and alcohol teams were aware when clients were due to be discharged, and informed them of any unplanned discharges.
- Information about risk of overdose was given to clients who chose to discharge themselves early.
- Bosence Farm offered aftercare by phone contact for six months and clients who lived near enough could attend support sessions one morning per week. Clients who relapsed after discharge were offered aftercare groups once they had been abstinent for one month.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed that staff were respectful, patient and supportive to clients. Staff were able to demonstrate a good understanding of their clients' needs.
- There were a number of thank you cards on display, which had been sent by clients after they had completed treatment. We collected eighteen comments cards and spoke individually with eight clients. Feedback from clients at Boswyns said that staff were friendly, caring and respectful and that clients felt safe. Most clients at Bosence Farm rehabilitation said staff were patient, kind and caring and that they found the therapeutic approach helpful, although some clients felt that the rules could be more clearly explained and consistently applied.
- Staff understood their role in maintaining confidentiality and understood the needs of their clients, including their mental and physical wellbeing.

The involvement of clients in the care they receive

- Clients were given a welcome pack on admission. Bosence Farm also "buddied" clients who were new to the service, to help them settle in.
- Clients were actively involved in their care planning.
- The provider had built a separate space for use by children when they visited, in response to client feedback. Clients told us that their families were able to be involved in their care if they wanted them to be.
- The provider used three different advocacy services. One provided advocacy for clients who had experienced domestic abuse, another provided housing advocacy,

and one had a volunteer scheme which provided advocacy. However, there was limited information about advocacy on display, and none of the clients we asked knew about advocacy services.
- Clients were given opportunities to feed back through morning meetings and feedback forms.
- The provider had included clients on interview panels for a new service for young clients and their families which was being built at the time of our inspection and for other key posts.

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

Access and discharge

- The provider had clear referral, assessment and admission processes with defined eligibility and exclusion criteria. The provider would not accept referrals for clients with severe physical illness or severe and acute mental illness that required hospital care, people detained under the Mental Health Act, people with a recent history of severe violence or people under the age of 17 years of age. The provider aimed to provide admission within three weeks of referral and across the provider had achieved this target for 98% of admissions during the preceding three months.
- There were procedures for the prioritisation of referral, admission and treatment for clients who needed treatment more urgently, for example, people experiencing domestic abuse and pregnant women.
- The provider aimed for an average length of stay of 12 weeks at Bosence Farm. Length of stay was audited by the registered manager in order to identify lack of compliance with the target. Referrers were required to complete a discharge aftercare plan as part of the referral process.
- There were a total of 284 substance misuse clients discharged across the two locations in the 12 months up to 22 June 2016. Of these, 235 clients had been discharged from Boswyns and 49 from Bosence Farm. Unplanned or early discharges from the service were reported as incidents. Learning from early leavers was shared across the team and the information was audited every three months to identify themes.
- Bosence Farm had large numbers of vacant beds and referral rates were low. This allowed the service to be responsive in accepting new referrals but raised concerns about the sustainability of the service if not addressed.

The facilities promote recovery, comfort, dignity and confidentiality

- Boswyns had a range of rooms available. All rooms were well furnished, bright and comfortable. A room was available for patients to meet visitors and was designed so that visitors could access from reception without going on to the ward. Children were able to visit and the service worked with local authority children's services when appropriate. Visits from children were always arranged in advance through the client's keyworker. A summer house had been built in the garden following feedback from clients who had said they did not like their children coming into the detox unit.
- At Bosence Farm new heating had recently been installed and had resulted in a need to redecorate many areas of the building. There was a plan in place to do this work. There was space for clients to meet quietly with visitors. There was a comfortable lounge area, however the dining area, which was also used for group activities throughout the day, was in particular need of redecorating.
- Children were able to visit and the service worked with local authority children's services when appropriate. Visits from children were always arranged in advance.
- Both units provided good access to outside space. Boswyns was built around a large enclosed courtyard-style garden. The extensive gardens and rural setting contributed to a peaceful atmosphere.
- Clients could make a phone call in private, using either the public phone or office phone. Mobile phones were banned, and this restriction was explained to clients before admission, although clients at Bosence Farm told us that there were some restrictions that were not clearly explained.
- Food at Boswyns was cooked fresh each weekday by a cook, and prepared for weekends to be heated by staff. Clients told us that the food was of good quality. There were facilities for clients to make drinks and snacks during the evenings and nights, although clients were encouraged to develop good sleep habits so were usually in bed at night-time. At Bosence Farm clients took turns to cook and were helped to access

ingredients to meet dietary needs if required. There were facilities for clients to make drinks and snacks during the evenings and nights, although clients were encouraged to develop good sleep habits so were usually in bed at night time.
- Clients were able to bring a small number of items to personalise their rooms, such as photos. All rooms could be locked and clients held their own room keys.
- There was a complaints policy and clients were given written information about complaints when they were admitted. Clients told us that they would raise concerns or complaints with staff if they needed to. Attempts were made to manage complaints informally, and formal complaints were handled by the registered manager.

Meeting the needs of all clients

- Boswyns was a newly built single story facility, with good disabled access throughout.
- A range of useful information was available in the reception area of Boswyns and on the ward. There were posters on the walls to tell clients at Boswyns about how to complain.
- Bosence Farm was a farmhouse which was difficult to adapt to make fully accessible for clients with disabilities due to having lots of steps and narrow corridors. However, there were portable ramps, a wheelchair and grab rails installed to try to ensure they were able to accommodate clients with a range of mobility needs and some bedrooms were situated on the ground floor.
- The cook at Boswyns was able to provide appropriate food for a range of dietary and cultural needs.
- Staff could access translators and get information in different languages from the internet. There was a small leaflet rack containing useful information in the games room.
- A room was available for prayer and prayer mats were provided. Staff were able to facilitate clients attending places of worship.

Listening to and learning from concerns and complaints

- During the previous 12 months Boswyns had received 11 formal complaints. Nine of these were upheld and none were referred to the ombudsman. Bosence Farm had received no formal complaints. When complaints were made they were managed by either the team leader or clinical lead. Serious or complex complaints were managed by the registered manager who undertook an audit of complaints every three months, and was included in information sent to the service commissioner.
- Clients and staff at Boswyns told us about one complaint regarding a number of clients being inappropriately dressed. This was raised in a house meeting and clients told us that a compromise had been agreed.
- During the same period 57 compliments had been received.

Are substance misuse services well-led?

Vision and values

- The provider's vision and values statement was displayed around the two units, and staff displayed adherence to the values in the behaviour we observed, and from what clients told us. Senior managers were based within the Boswyns building and staff knew who they were.

Good governance

- The service had an operational policy which clearly defined the purpose of the service, inclusion and exclusion criteria and referral, admission and discharge processes.
- The provider used performance data, including outcome monitoring, to identify service improvements. For example, in Boswyns the staffing levels at weekends had been increased following an analysis of data that showed that most unplanned discharges. Both services reported regularly to commissioners and was part of the Cornwall drug and alcohol action team. The registered manager attended meetings with commissioners that included service improvement planning, and attended meetings.
- Systems and process were not sufficiently robust to ensure staff's mandatory training, supervision and appraisals were fully completed and up to date. Across both services, mandatory training targets had not been met. Senior managers were aware that supervision and mandatory training needed to improve. All staff at Boswyns were appraised and had an appointed

supervisor, but some staff did not receive regular supervision and some appraisals lacked detail. However, all staff at Bosence Farm were having regular supervision and appraisals.

- At Boswyns, not all staff who administered medication, or witnessed administration of medicines, including controlled drugs, had completed specific medicines training. However, the service was in the process of developing an assessment tool to assess the competency of the staff that administered medicines. Until competency had been assessed, the provider was not able to ensure that all staff undertaking medication administration were competent to do so.
- Disclosure and barring service checks were undertaken for all staff.
- The provider had a robust system for reviewing and learning from incidents. Incident reports were reviewed by the clinical lead, doctors and registered manager to look for themes and learning. The review group had started grading incidents by severity and likelihood of reoccurrence. Reviewing incident reports enabled the services to spot trends and put in place measures to stop the same events recurring, and had identified that reporting of incidents was low for the rehabilitation service.
- Staffing levels across both services were sufficient to ensure there was a safe service. Shifts were covered by a sufficient number of staff and at Boswyns there was always a trained nurse on duty. Staff were experienced in working in substance misuse. Use of bank and agency staff was low and there was an in induction pack for bank and agency staff who worked at Boswyns and who were unfamiliar with the unit. Staff maximised time with clients and there was a varied range of therapeutic group work and one to one interventions. However, the small number of staff at Bosence Farm rehabilitation meant that any reduction in staffing, for example due to staff vacancies, could impact on some activities that were in addition to the core 12 step programme being cancelled or postponed.
- Staff were aware of safeguarding issues and were knowledgeable about the range of abuse that clients might have experienced. Children's safeguarding was managed appropriately.

Leadership, morale and staff engagement

- Each service had a team leader, who was responsible for the daily running of the service. The registered manager was based at the provider's detoxification service, which was on the same site, and visited regularly. Leadership was good. We saw that staff were motivated and told us they enjoyed their work. We observed supportive team working, and staff spoke positively about the leadership of the service. However, there were concerns about the low number of referrals received by Bosence Farm and this had the potential to impact on staff motivation if admission rates remained low.
- Sickness and absence rates were low, and we were not made aware of any bullying or harassment.
- Staff told us they felt able to report and discuss concerns and knew how to whistle blow.

Commitment to quality improvement and innovation

- Boswyns had recently undertaken an independent service evaluation of their treatment outcomes, following the introduction of specific feedback tools, to evaluate service effectiveness and identify service improvement.
- The registered manager worked closely with commissioners to analyse performance data, including outcome monitoring, and identify service improvements.
- An incident reporting panel had recently been set up to review incidents. Incident reports were reviewed by the clinical lead, doctors and registered manager to look for themes and learning.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that all staff who administer medication or witness administration of medications, including controlled drugs, have been trained and assessed as being competent to do so.

Action the provider SHOULD take to improve

- The provider should ensure that plans to improve mandatory training rates are implemented and that all staff complete relevant mandatory training.
- The provider should ensure that fridges used for storage of medication are kept within the recommended temperature ranges and that appropriate action is taken when temperatures are outside those recommended for safe storage of medicines.
- The provider should ensure that the range of emergency medicines kept at Boswyns is reviewed.
- The provider should ensure that all staff receive regular supervision, as per their policy.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Not all staff who administered medication or witnessed administration of medications, including controlled drugs, had been trained and assessed as being competent to do so. This was a breach of Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014 Safe care and treatment 12 (2) (c)