

Francis House





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	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
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

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Substance
misuse
services**

Requires improvement



Francis House provides substance misuse rehabilitation to people recovering from substance misuse and accommodation for people who require personal care

Summary of findings

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Summary of this inspection

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Requires improvement 

Francis House

Services we looked at

Substance misuse services

Summary of this inspection

Background to Francis House

Assisi Community Care Limited consists of one registered location (Francis House), that provides residential rehabilitation to men recovering from alcohol misuse. All clients are expected to be abstinent. The service includes an accommodation facility known as Clare House. There were 10 clients receiving services at the time of our inspection. The service has capacity for up to 20 clients. Most clients receive funding from the local authority for their treatment or stay. The service is registered by the CQC to provide the following services:

- Accommodation for persons who require nursing or personal care
- Accommodation for persons who require treatment for substance misuse

Some clients took part in a substance misuse recovery programme. Some clients were elderly long-term residents.

The service has a registered a manager and a nominated individual. Our last comprehensive inspection report was published on 16 March 2017.

At our previous inspection we found the lack of a clear model of care meant that client needs were not met and that care was not delivered in line with best practice. We found the care and treatment of clients was not appropriate to meet individual needs and did not reflect the increasing needs of the client group associated with the ageing process. We also found that the provider was not correctly carrying out safe administration of medication. We told the provider it must:

- ensure that there is a clear model of rehabilitation that ensures client rehabilitation needs are fully met and that care is delivered in line with best practice.
- ensure that the staffing levels are safe at all times, including at night.
- ensure that the physical environment is suitable to meet the risks of the client group, such as reduced mobility and memory and other factors associated with the ageing client group.
- ensure that that all medicines given to clients have the legally required prescribing and dispensing information, including dose instructions and patient name.

We served a number of requirement notices under the Health and Social Care Act 2008.

During this current inspection we found that some of the required improvements had been made to the environment such improving fire safety and the installation of a ramp to meet the needs of patients. Improvements had been made to ensure that clients had the legally required prescribing and dispensing information. The provider had a contract with a pharmacy service that provided an annual audit. Staff were appropriately trained to handle medicines and that the service was now fully staffed.

However, further improvement was still required to ensure a clear model of care and treatment was delivered in accordance with national guidelines. In addition, we found a number of other areas that require improvement and have served further requirement notices under the Health and Social Care Act (these are detailed in the report).

Our inspection team

The team that inspected the service comprised two CQC inspectors and a specialist nurse.

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.

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the environment and observed how staff were caring for clients
- spoke with four clients who were using the service
- spoke with the registered manager
- spoke with four staff members including support workers and the assistant manager
- observed a therapeutic group meeting
- looked at six care and treatment records of clients
- carried out a specific check of medicines management
- 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 to four clients currently residing at Francis House. All clients we spoke with said they felt safe. Clients described a quiet and calm environment. Clients told us that the service lacked a community spirit, and that everyone tended to keep to themselves. Some clients felt

Francis House was too quiet. They were bored and felt the service was isolated from the wider community. Clients also said that the service gave them freedom, and they had few restrictions imposed on them.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as requires improvement because:

- The provider had not ensured the environment was safe. The site was cluttered in places and there were obstacles to one fire exit and trip hazards that were not marked. Clients did not all know how to seek assistance from staff at night.
- Equipment used to measure alcohol consumption, weight and blood pressure was not calibrated.
- Risk assessments lacked screening, monitoring and planning for physical and mental health. There was a risk staff were not fully considering the role substances might play in relation to potential untreated mental health difficulties. Risk management plans did not include clear planning for, support and monitoring of clients' physical and mental health vulnerabilities. The provider did not ensure clients had relapse prevention plans, discharge plans or advance plans for if clients unexpectedly leave treatment.
- Staff did not carry a means of contacting each other efficiently in an emergency and they worked across two main buildings.
- The provider was not appropriately and regularly risk assessing the environment including assessments for control of substances hazardous to health (COSHH). Some hazardous cleaning products were not locked away.
- Some clients were unclear how to raise an alarm in an emergency, including at night if they needed assistance.

However:

- Staff completed mandatory training and were up to date.
- Since our last inspection the provider had introduced a new policy of not allowing visitors into bedrooms where clients smoked to protect people from passive smoking.
- Cleaning records were up to date and showed that all areas of the service were cleaned regularly.
- The service was fully staffed
- Staff were supervised and appraised and they attended team meetings and handovers.
- Staff screened clients prior to admission to ensure they could provide for their needs and to assess their suitability for the service.
- Staff knew how to identify abuse and understood the principles of safeguarding. Staff knew how to raise a safeguarding concern with the local authority.

Requires improvement



Summary of this inspection

- Since our previous inspection, the provider had improved the way staff administered clients' medicines to ensure medicines had the legally required prescribing and dispensing information, including dose instructions and the client name. Staff were appropriately trained to handle medicines. The provider had a contract with a pharmacy service that provided an annual audit.
- The provider had not had any serious incidents requiring investigation in the previous 12 months.
- Staff knew the kinds of incidents they should report. Incidents were appropriately audited and reviewed.

Are services effective?

We rated effective as requires improvement because:

- The provider did not follow or take into consideration the Department of Health Drug Misuse and Dependence UK Guidelines on Clinical Management (also known as the 'Orange Book') which is available online or guidance issued by the National Institute for Health and Care Excellence. The provider had not provided specialist training for staff to enable them to deliver therapeutic interventions in line with national best practice guidance.
- The provider had not provided specialist training for staff to enable them to effectively deliver therapeutic interventions.
- Although staff had an annual appraisal, appraisals did not help staff identify and plan for training, learning and development and staff did not have personal development plans.
- There was a lack of documented planning for clients who were taking part in the substance misuse programme to plan for their discharge and to prevent relapse. Some clients were not taking part in the substance misuse programme and had lived at the service for many years without recovery or discharge plans.
- Staff did not follow current national best practice guidelines in the delivery of their service. The provider did not complete clinical audits to ascertain the effectiveness of the treatment model.
- Staff did not use recognised rating scales to assess and record severity and outcomes. This meant they did not measure the effectiveness of the treatment they provided to individual clients.

However:

- Staff completed mandatory training and were up to date.
- Staff completed care plans with clients shortly after their admission and they were up to date and personalised.

Requires improvement



Summary of this inspection

- Staff gave clients useful information on admission including information about the effects of alcohol and how to complain about the service.
- Staff ran a daily therapeutic group which used aspects of cognitive behavioural therapy.
- Staff enabled clients to access physical healthcare including GPs, dentists, physiotherapists and hospital appointments.
- Staff attended weekly team meetings and regular supervision.
- Staff had been trained in and understood the Mental Capacity Act.

Are services caring?

We rated caring as good because:

- Staff attitudes and behaviours when interacting with clients was responsive, respectful, and showed an understanding of individual client needs. For example, during the therapeutic group, the facilitator ensured all clients had an opportunity to share their views. They used active listening to check they understood the client's comments and ensured all clients were involved in the group.
- Clients liked that the therapeutic groups contained theory as well as practical solutions to problems.
- Staff demonstrated an understanding of the individual needs of clients and they treated them with dignity and respect.
- Clients could choose to involve their families and carers in their care.
- Staff ran a monthly house meeting for clients to raise concerns and complaints informally.

However:

- The provider had introduced a monthly care plan review but they did not involve clients in the reviews to enable them to set appropriate goals and review their progress.

Good



Are services responsive?

We rated responsive as good because:

- There was no waiting time for the service and there were ten available beds.
- There were clear criteria for the service and staff screened and assessed clients before deciding if the service was suitable for them.
- The service had a range of facilities for clients including an art room, a library, a lounge, communal rooms which had a pool and snooker table, a chapel, extensive grounds, a tennis court, a gym and a lake.

Good



Summary of this inspection

- Clients had a choice of food and staff accommodated specific dietary requirements.
- The provider had made adjustments for people requiring disabled access including installing a ramp to the entrance of Francis House and Clare House.
- There were a range of activities for clients to take part in including computer classes, art, gardening, games, meditation, and shopping and swimming trips. The provider took clients to community based substance misuse support groups.
- Clients knew how to complain. Staff actively sought the opinions of clients.

However:

- There was no information on display to inform clients how to complain or access an advocate.

Are services well-led?

We rated well led as requires improvement because:

- The provider had not established sufficient systems and processes to monitor and improve the safety of the environment. This meant there were hazards in the environment that had not been addressed, such as hazardous cleaning products being left out, obstacles and trip hazards.
- The provider did not evaluate the service against national best practice guidance or monitor and improve the quality of the service. It did not ensure it was providing care in line with current best practice. It did not have systems or processes in place to evaluate the effectiveness of the service. It had not kept up to date with changes in practice and developed its treatment in response.
- The provider did not have effective systems and processes in place to ensure staff were equipped to deliver treatment. They did not sufficiently evaluate staff's training needs.

However:

- The provider had an aim for the service which was to provide treatment and support to people in their recovery from past or present alcohol dependency through the provision of non-institutionalised care in a confidential and holistic community.
- Systems to record, review and discuss complaints and incidents were in place and there was evidence of improvement in response to these.
- Staff told us morale amongst the staff team was very good and staff supported each other.

Requires improvement



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards






- All staff had completed training in the Mental Capacity Act.
- Staff understood the Act and they could give examples of how they applied it.
- The provider had a policy on the Mental Capacity Act including Deprivation of Liberty Safeguards that staff could refer to. Staff involved other care staff and professionals if they were concerned about a client's mental capacity.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

Substance misuse services

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

Are substance misuse services safe?

Requires improvement 

Safe and clean environment

- Francis House was a remote location with a residential building and separate offices.. Staff had walkie-talkies to contact each other but they did not carry them with them.
- The provider completed fire risk assessments and fire drills. They had assessed if clients were able to exit the building unassisted during a fire. Clients could smoke in their bedrooms and the risks of them doing so were assessed. Since our previous inspection on 6 June 2018, the provider had a new policy of not allowing visitors into bedrooms where clients smoked to protect people from passive smoking.
- Some areas of the site were cluttered. The staff toilet contained numerous pots and pans, a Hoover and cleaning products. There were stacks of boxes in some corridors. The building contained trip hazards, for example raised doorways and stairs leading downwards into communal rooms. These were not highlighted and could lead to trips and falls.
- Cleaning products that are hazardous to health were not locked away in a control of substance hazardous to health cupboard. Control of substances hazardous to health (COSHH) risk assessments were out of date.
- Cleaning records were up to date and showed that all areas of the service were cleaned regularly. All areas of the site were clean. Furnishings were outdated but well maintained.
- Staff did not complete regular risk assessments of the environment. The infection control information the

provider held had not been updated. The control of substances hazardous to health risk assessments were last updated in December 2015. Prior to this the provider was completing them annually.

- A health and safety audit was completed in March 2018. The audit focussed on fire safety. However, they did not include other environmental risks such as trip hazards or storage of hazardous cleaning materials.
- Staff screened clients prior to admission and asked about their mental health history. However, there were no individual ligature assessments or plans for clients and there was a lack of documented suicide risk assessment prior to admission.
- There were no call systems for patients in their bedrooms. There was a red phone in the corridor that clients could use to alert the registered manager and assistant manager if they needed help during the night. Two members of staff also lived above the client accommodation on the first floor. It was not clear how current clients with memory problems could call for help during the night. Of the four clients we spoke to, three knew how to access the emergency red phone. Minutes of client meetings showed staff reminded clients about the red phone at each meeting.

Safe staffing

- The provider had nine staff. One member of staff had left in the previous 12 months. There were no vacancies.
- The rate of sickness for the previous 12 months was 11%.
- All staff had had an appraisal within the previous 12 months.
- All staff had a supervisor and received supervision every two months.

Substance misuse services

- The provider did not employ agency or bank staff. Staff covered each other during absences.
- Staff and clients told us there were always enough staff on duty for clients to have regular time with their key worker or in the key worker's absence, another member of staff on duty.
- Staff escorted clients on trips and during some activities. Visits, appointments and activities were never cancelled because there were too few staff.
- If there were a medical emergency, staff called 111 or 999 depending on the severity. All clients were registered with a local GP practice. The nearest hospital with an emergency department was a 15-minute drive away.
- Staff completed mandatory training and were up to date. The provider had purchased an electronic learning package and had enrolled staff in health and safety, infection control, first aid, challenging behaviour, equality and diversity, safeguarding adults and the Mental Capacity Act.
- Staff screened clients prior to admission to ensure they could provide for their needs and to assess their suitability for the service. They checked clients mental and physical health history and then interviewed them.
- Staff did not allow clients to bring some items into the service with them, including weapons and alcohol. There were filters on the broadband and limited times when broadband could be accessed.
- The provider had a policy for searching clients. Clients were expected to cooperate with searches as it was part of their contract. A breach of contract would lead to a client being asked to leave. Clients signed to say staff could search their belongings.
- Staff were trained in adult safeguarding but not in safeguarding children. Staff knew how to raise a safeguarding concern with the local authority if necessary. Staff knew how to identify signs of abuse and understood the principles of safeguarding. There was no poster in the communal areas or office detailing the local safeguarding contact details.
- There were no specific procedures for children to visit the service but the manager told us this happened only rarely. There was a policy and procedure on safeguarding children.
- At our previous inspection the provider was giving clients medicines without the legally required prescribing and dispensing information, including dose instructions and client names. This issue was resolved shortly after that inspection by staff keeping medicines in their original packaging for clients when handing them to them. Staff liaised with clients GPs to ascertain if they could self-medicate safely or not. If the client was unable to safely self-medicate the provider kept their medicines for them and issued them when required.
- The provider had a contract with a pharmacy service. Prescriptions were issued by GPs. Staff who administered medicines had a certificate in the safe handling of medicines and a pharmacy monitored dosage system knowledge certificate and practice assessment. A pharmacist visited the service and completed an audit each year.
- Staff stored medicines that were prescribed by clients' GPs in a locked medication trolley chained to a corridor wall and administered medicines in the staff station adjacent to the trolley. Staff recorded the temperature of the trolley in line with national guidance but there were some gaps in the recording of medicines trolley temperatures. The provider had facilities to store

Assessing and managing risk to patients and staff

- We looked at six care records. Care records showed staff risk assessed clients shortly after admission. They did not document thorough assessments for suicide risk.
- Risks identified in the initial risk assessment were not always explored in the full risk assessment. There was a lack of planning for responding to sudden deterioration in a client's suicide risk or plan for keeping them safe. Clients' risk management plans focussed on risks in the environment rather than physical and mental health.
- Staff did not use nationally recognised screening tools to identify mental health needs. This meant staff might not effectively anticipate barriers to treatment or support clients with strategies to manage depression and anxiety symptoms and if necessary access support for clients in the community. Staff missed the opportunity of considering the role substances might play in relation to potential untreated mental health difficulties and monitor fluctuations in risk.
- Staff did not make plans for clients to prepare for them unexpectedly leaving treatment. However, staff did support current clients to access other agencies to find somewhere to live if they were homeless. If clients left the service unexpectedly, the provider informed the local authority safeguarding team.

Substance misuse services

controlled drugs in the locked trolley but they did not currently store any. Staff stored stock medicines in a locked cupboard in the staff station. This was to ensure the medicines trolley was not over-filled and to reduce medication errors. However, staff did not monitor the temperature of the cupboard to ensure medicines were being kept within the correct temperature range.

- The provider had some equipment that had not been calibrated. This was addressed by the provider at the time of the inspection.

Track record on safety

- The provider had not had any serious incidents requiring investigation in the previous 12 months.
- CQC received three safeguarding concerns about Francis House and one unspecified safeguarding enquiry between 30 June 2017 and 30 June 2018. The concerns were not substantiated.
- The provider told us about improvements that had been made to the drainage and heating following incidents.
- The provider introduced weekly weight checks for clients if they were losing weight and staff put up a sign in the staff station with prompts for what to do in an emergency. These measures followed learning from an incident at the service.

Reporting incidents and learning from when things go wrong

- Staff knew the kinds of incidents they should report. In the previous quarter there had been two incidents of clients relapsing and one of a client fall.
- Incidents were recorded on clients' care records and the provider completed an audit every quarter for the governance group. Audits used a 'star' approach to review the setting, trigger, action and results of an incident.
- Staff discussed feedback from incidents at staff meetings.
- Staff were debriefed following adverse incidents.

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

Requires improvement 

Assessment of needs and planning of care

- We looked at six care records. Staff completed care plans with clients shortly after their admission.
- Care plans were up to date and personalised. Although staff took clients' physical health needs into consideration, we saw examples of physical health issues that had not been planned for and that were not being monitored.
- There was a lack of planning for clients' discharge. One client was due to be discharged shortly and staff had not created discharge, contingency or relapse prevention plans for them.
- The provider used an electronic record keeping system for care records. The records were secure and accessible to staff.

Best practice in treatment and care

- The provider was not following national best practice guidelines. They had not consulted guidance issued by the National Institute for Health and Care Excellence or the Department of Health drug misuse and dependence UK guidelines on clinical management (also known as the 'Orange Book') which is available online and developed the service accordingly.
- At our previous inspection the provider had lacked a clear treatment model which meant that client needs were not met and that care was not delivered in line with best practice. At this inspection, the provider told us its treatment model was based on a book, 'Relapse prevention for addictive behaviours: a manual for therapists'. The book covered relevant subjects, for example, anxiety, thinking errors, assertion and depression. The provider described the handbook as a psycho-educational approach to habit change with a cognitive behavioural theoretical underpinning. The provider showed us materials they used with clients, for example, to help prevent relapse and to help them understand alcohol dependency.
- The provider did not complete audits to ascertain the effectiveness of the treatment model. They had not kept up to date with research and development and the manual for the treatment model was published in 2006.
- The provider did not require clients to take part in the recovery programme. Managers told us this flexibility attracted clients to the service. Managers told us they were happy to provide care for clients providing they did not relapse and there were no problems with their behaviour, mental or physical health.

Substance misuse services

- Staff gave clients an introduction pack as part of the admission process. The pack included useful information about the service including the complaints procedure and activities.
- The provider did not provide psychological therapies to clients. Clients who needed psychological therapies could request these through their GP. Staff offered daily groups based on cognitive behavioural therapy principles. However, none of the staff were trained in cognitive behavioural therapy.
- Records showed staff enabled clients to access the physical healthcare they needed including dentists, GPs, hospital appointments and other specialists such as physiotherapists. The provider also weighed clients weekly if they were concerned about them losing weight.
- The service catered for clients who had specific dietary requirements. For example, one client was on a restricted diet plan and staff were providing a diet plan prescribed by a dietician.
- Staff did not use nationally recognised rating scales to assess the severity of clients' difficulties or how well they were recovering.

Skilled staff to deliver care

- There were no staff that had professional clinical qualifications or registrations working in the service. However, staff had relevant qualifications. Four care staff had completed level two training in adult social care. Two staff had completed level two mental health awareness training and one had completed level two mental health problems training. Two staff had completed Level 3 Health and Social Care. A senior recovery worker had Level 3 Certificate in Management. Staff who handled medicines also completed training in understanding safe handling of medicines and the monitored dosage system set by their pharmacy. The provider did not provide ongoing formal training including updates for staff in the treatment model. Although staff were provided with materials relating to the treatment model, there was no evidence of formal competency assessments of staff.
- Staff had not been provided with specialist training in approaches that were recommended for substance misuse rehabilitation providers, such as, cognitive behavioural therapy, relapse prevention, family therapy, harm reduction and motivational interviewing.

- In the last report we found therapeutic interventions did not follow national best practice guidance in terms of frequency or duration of therapy. Staff ran therapeutic groups five days per week for around an hour. We attended one of these groups and it followed some principles of cognitive behavioural therapy.
- Staff had access to regular supervision and annual appraisals. Appraisals were conducted using a standard form. Staff appeared to have limited involvement in their appraisals. There was no evidence in appraisals of goal setting for the forthcoming year. Staff did not have personal development plans.

Multi-disciplinary and inter-agency team work

- Staff attended weekly team meetings.
- Staff completed a handover at the beginning and end of each shift.
- Managers told us they had effective working relationships with other organisations such as social services and a local GP practice.

Good practice in applying the Mental Capacity Act

- All staff had completed training in the Mental Capacity Act.
- Staff understood the Act and they could give examples of how they applied it.
- The provider had a policy on the Mental Capacity Act including Deprivation of Liberty Safeguards that staff could refer to. Staff involved other care staff and professionals if they were concerned about a client's mental capacity.

Are substance misuse services caring?

Good 

Kindness, dignity, respect and support

- All four clients we spoke with said they felt safe at Francis House. Clients described a quiet and calm environment.
- Staff treated clients with dignity and respect. For example, staff knocked on clients' doors before entering their bedrooms. Some clients said they appreciated the informal approach support workers took when running groups. They told us they found it easy to relate to the support worker who ran the therapeutic groups.

Substance misuse services

- Staff demonstrated an understanding of the individual needs of clients in their treatment of them, how they spoke about clients and in care records. For example, staff were supporting one client to write their recovery story. The client was keen to use their story to inform people about the service and had plans to work with the manager to promote the service to the wider community.

The involvement of people in the care they receive

- The provider had introduced a monthly care plan review but they did not involve clients in the reviews to enable them to review their goals and progress. However, staff collaborated with clients when completing their initial care plan and they set recovery-focussed goals. Clients could describe their care plans and how their key-workers were helping them reach their goals.
- Staff did not record if clients had been offered sight of or a copy of their care plans although they told us they did this.
- Clients could choose to involve their families and carers in their care.
- Clients told us they knew how to request an advocate if they needed one.
- Clients were involved in the development of the service. For example, three clients took part in a promotional film by agreeing to be filmed cooking a meal for the home as part of their essential life skills training. Another resident was involved in sharing their story and writing some music for the film.
- Staff enabled clients to give feedback on the service they received via a survey.
- Staff held a monthly house meeting for clients to raise concerns and complaints informally. This enabled staff to resolve issues before they became a formal complaint.

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

Good



Access and discharge

- During the 12 months previous to our inspection, ten clients had been discharged from the service.

- There was no waiting time for the service and there were ten available beds out of 20.
- There were criteria for the service that excluded people with complex physical or mental health needs. Clients with a history of violence or abuse were usually excluded. Staff screened and assessed clients before deciding if the service was suitable for the client and they also interviewed them about their needs and motivation for recovery. Prospective clients were invited to visit before deciding if the service was right for them.
- Francis House followed an abstinence based model and the registered manager told us that if clients relapsed they were automatically discharged from the service. Clients could sometimes come back when they were abstinent again.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a range of rooms for clients including an art room, a lounge and communal rooms which contained a pool and snooker table and a meeting room.
- The service was set in extensive grounds that included a lake and kitchen garden.
- Clients had a choice of food and staff accommodated specific dietary requirements.
- Clients could make hot drinks and snacks at any time.
- Clients had their own bedrooms and access to communal bathrooms.
- Bedroom doors did not have locks on them so clients could not lock them. Clients could request a safe in their room for their valuables. The front door was locked at night and clients did not have keys to get back in if they went out. However, they could get out at all times.

Meeting the needs of all people who use the service

- The provider made adjustments for people requiring disabled access. They recently made improvements to pathways to make them more level and they replaced the steps at the entrance to the building with a ramp. However, the doorways were not wide enough for a wheelchair and doorways were raised. Clients who needed a wheelchair were not admitted to the service.
- Some information was displayed on a notice board for clients for example, details of the local mobile library, the service's social calendar, details of a chess tournament being held at the service and the minutes

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from the last house meeting and client satisfaction survey. There was no information on display to inform clients how to complain, how to make a safeguarding alert or how to access an advocate.

- The provider met dietary requirements of religious and ethnic groups.
- The provider had a calendar of activities that included life skills, computer classes, art, gardening, games, meditation, shopping and swimming trips. The provider took clients to community based substance misuse support groups. One member of staff was a fitness instructor and they gave clients individual assessments and exercise programmes. There was a gym on site.
- Staff provided access to spiritual support. One of the support workers was a pastor. There was a chapel on site.

Listening to and learning from concerns and complaints

- The provider reported it received no complaints in the 12 months before our inspection. It received seven concerns which it resolved. The concerns related to showers being cold, cleanliness and heating. The registered manager told us these issues had been resolved.
- The provider received 24 compliments in the same period.
- Staff gave clients information on the complaints procedure on admission. Staff escalated complaints to the managers. Staff gave clients information on social services substance misuse team and CQC if they wished to complain outside the service.
- Clients told us they knew how to raise a complaint and that staff listened to and responded promptly to complaints.
- The provider enabled clients to give feedback about the service. For example, following works undertaken to improve the fire safety of the accommodation, the provider issued a questionnaire to clients to explore how they were feeling and help them understand the need for the work because some of them were disgruntled.
- Staff discussed complaints in their weekly staff meetings.

Are substance misuse services well-led?

Vision and values

- The provider had a definition of recovery which was to gradually extend the length of time someone remains abstinent.
- The provider's aim was to provide treatment and support to people in their recovery from past or present alcohol dependency through the provision of non-institutionalised care in a confidential and holistic community. Staff worked to this aim. Although some clients took part in the substance misuse programme, some clients had been resident at the service for many years and did not receive treatment. There were no recovery or discharge plans for the long-term clients.

Good governance

- The provider did not have effective systems and processes in place to ensure staff were equipped to deliver treatment. The provider had not consulted national best practice guidance issued by the National Institute for Health and Care Excellence or the Department of Health Drug Misuse and Dependence UK Guidelines on Clinical Management (also known as the 'Orange Book') which is available online.
- The provider had mechanisms in place to ensure staff were appraised and received regular supervision. However, it had not ensured staff had received the necessary specialist training they needed to support the client group and deliver the treatment programme in line with national best practice guidance. The provider had not effectively evaluated staffs' specialist training needs but staff completed mandatory training and were up to date.
- The provider had no mechanisms in place to update, evaluate and improve the effectiveness of the treatment programme. Clients' difficulties and recovery were not measured. However, systems to record, review and discuss complaints and incidents were in place and there was evidence of improvement in response to these.
- The provider did not have any means of recording and analysing the effectiveness of its treatment programme using outcome measures or performance indicators. The provider gauged the effectiveness of the service

Substance misuse services

through contacts they received from previous clients such as phone calls and Christmas cards. The lack of mechanisms for evaluating the effectiveness of the service meant opportunities to develop the service were limited.

- The provider had created a risk register but they had not yet populated it. It had an emergency plan that set out and mitigated potential obstacles to business continuity such as loss of amenities, infection control and adverse weather. The plan did not cover what the provider would do if all the staff were sick at the same time. When staff were on leave, other staff covered for them and there were no bank or agency staffing arrangements.
- Evidence was provided after the inspection that showed the provider was working towards improvements in its governance, but the provider could not produce evidence during the inspection visit and demonstrate that these were embedded at the time of our inspection.

Leadership, morale and staff engagement

- The provider had a staff sickness rate of 11%.
- The provider had not had any bullying or harassment cases.
- Staff knew how to use the whistle-blowing process and the provider had a whistle-blowing procedure.
- Staff felt able to raise concerns without fear of victimisation.
- Staff told us morale amongst the staff team was very good. They said they were not overly stressed.
- Staff told us they worked well as a team and supported each other.
- Staff were offered the opportunity to give feedback on services and input into service development. For example, a member of staff had implemented a checklist for staff to follow when reviewing client records to consistency and help ensure records were complete.

Commitment to quality improvement and innovation

- The provider did not employ any specific improvement methodologies, participate in any national quality improvement programmes or give any examples of innovative practice.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure the environment is safe and that fire exits and other walkways are clear. Trip hazards must be clearly marked. Cleaning products that are hazardous to health must be locked away in a control of substance hazardous to health cupboard. Toilets must display hand washing posters and hand sanitizers must be made available to staff and clients. Equipment must be calibrated as required. (Regulation 12)
- The provider must ensure staff fully screen, explore and plan for and monitor clients' physical and mental health vulnerabilities including potential suicide risk. It must include in the risk management plans, vulnerability to relapse and how staff can mitigate these risks by providing appropriate strategies. The provider must ensure staff monitor these risks at appropriate intervals. (Regulation 12)
- The provider must ensure staff develop discharge plans for clients to include relapse prevention plans. The provider must ensure staff develop plans for all clients to ensure they are going to be safe if they unexpectedly leave treatment and it must work with other providers to support any transition. (Regulation 12)
- The provider must provide specialist training for staff to enable them to effectively deliver therapeutic interventions in line with national best practice guidance such as guidance issued by the National Institute for Health and Care Excellence and the Department of Health Drug Misuse and Dependence UK Guidelines on Clinical Management, also known as the 'Orange Book'. (Regulation 18)
- The provider must provide a regular appraisal of staff's performance that identifies and plans for staff's

training, learning and development needs. The provider must ensure staff play an active part in their appraisal and support staff to set appropriate goals to improve and update their skills. (Regulation 18)

- The provider must establish and operate systems and processes to monitor and improve the safety of the environment such as audits and action plans. It must put in place sufficient processes to mitigate risks to health, safety and welfare of clients. It must keep up to date with national best practice guidelines and it must evaluate, monitor and improve the quality of the treatment programme and the experience for clients. (Regulation 17).

Action the provider **SHOULD** take to improve

- The provider should ensure lone working protocols are in place for staff at all times, including having a means to contact each other when they are lone working in different buildings.
- The provider should monitor the temperature of the environment they store medicines in to ensure they are kept within the correct range.
- The provider should display information for clients and staff about how to contact the local authority to raise safeguarding concerns. The provider should consider if staff need training in child safeguarding.
- The provider should consider developing a means of analysing the effectiveness of the treatment provided using outcome measures and performance indicators. The provider should consider measuring clients' wellbeing and progress.
- The provider should consider its consent process with regard to clients consenting to assessment and treatment in the service and keep a record of consent.
- The provider should ensure clients are fully involved in care plan reviews
- The provider should consider installing a call system for older clients who have mobility or memory issues and may be unable to seek assistance or medical support.

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 nursing or personal care Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none">The provider had not ensured the environment was safe. There were obstacles to fire exits and trip hazards that were not marked. Hazardous cleaning products were not locked away, there were insufficient hand hygiene measures.Clients' risk management plans did not include clear planning for risks. There was a lack of documented support and monitoring of clients' physical and mental health vulnerabilities. The provider did not ensure clients had relapse prevention plans, discharge plans or plans for if clients unexpectedly leave treatment. This was a breach of regulation 12 (1) (2) (a), (b), (d), (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Accommodation for persons who require treatment for substance misuse	Regulation 18 HSCA (RA) Regulations 2014 Staffing <ul style="list-style-type: none">The provider did not follow national best practice guidance and provide specialist training for staff to enable them to deliver effective therapeutic interventions. The provider's appraisals of staff did not help identify and plan for staffs' training, learning and development needs and staff were not actively involved in the appraisal process. This was a breach of regulation 18 (1), (2) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Accommodation for persons who require treatment for substance misuse

- The provider had not established systems and processes to evaluate, monitor and improve the safety of the environment such as environmental risk assessments and audits. The provider did not keep up to date with or evaluate the service against national best practice guidance and did not deliver treatment in line with current best practice. The provider did not monitor and improve the quality of the treatment programme including the quality of the experience of clients using the service.

This was a breach of regulation 17 (1) (a), (b)

This section is primarily information for the provider

Enforcement actions

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.