

# Abbeycare Foundation Newmarket

## 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

## Overall summary

We do not currently rate independent substance misuse services.

We found the following areas of good practice:

- The service environment was safe and clean. Staff were aware of lone working policies and carried personal safety alarms.
- The service employed sufficient numbers of suitably qualified and trained staff to deliver care to clients. Staff provided adequate time for clients to receive therapy and support. The service had access to a doctor when needed, and employed a variety of therapists on a sessional basis.
- Staff completed risk assessments on admission and updated these as required. Staff were aware of required actions if a client left treatment early.
- There had been no serious incidents reported in the last 12 months, but staff were aware of how and what to report when things did go wrong.
- Patients received a holistic assessment within 48 hours of entering the service for treatment. This included seeing a doctor and staff at the location. If staff identified the client had a physical health care need they could not meet, they referred the patient for specialist care. If it required a specialist to become involved in the patient's care, they were able to facilitate this.
- The service used recognised treatment methods, including therapy based on cognitive behavioural therapy and alcoholics anonymous. Staff received regular supervision and appraisals and all staff received an induction. Staff felt confident in assessing a client's ability to consent in line with the Mental Capacity Act and had received training on this.

# Summary of findings

- Patients reported feeling safe and supported when accessing the service for treatment. Staff treated clients with kindness, dignity and respect. Patients knew how to complain, and felt their loved ones were involved in their treatment where appropriate.
- The location had a variety of rooms used for treatment, and had clear policies in place around visiting, admission and discharge from the service to protect the clients.
- Daily handover meetings provided an opportunity to discuss compliments, complaints and lessons learnt.
- The team worked well together, staff were aware of senior staff and reported they often worked alongside them. Morale was high, and there were no reported incidents of bullying or harassment.
- The service engaged in national research programmes, the national drug treatment monitoring system.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		Inspected but not rated

# Summary of findings

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## **Abbeycare Foundation Newmarket**

### **Services we looked at**

Substance misuse services

# Summary of this inspection

## Background to Abbeycare Foundation Newmarket

Abbeycare Newmarket provides residential care and treatment for up to 12 privately funded people who are experiencing problems with drugs and alcohol. The service provides detoxification and treatment over a 28-day period, followed with up to 12 months' aftercare and support.

The service was last inspected in January 2014, under the old approach used by CQC. At this time, it was found to be compliant with the care and welfare of people who use the services.

Abbeycare is registered to provide accommodation for persons who require treatment for substance misuse and treatment of disease, disorder or injury.

Abbeycare provides treatment to both men and women. Abbeycare has another service in addition to this one, located in Scotland.

## Our inspection team

The team that inspected the hospital consisted of:

- one Care Quality Commission (CQC) inspection manager,
- two CQC inspectors

## Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive inspection programme of substance misuse services.

## 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 we held about the service, and we asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the location to look at the quality of the environment and observe how staff were caring for patients
- met with five patients
- observed patients engaging in a therapy group
- interviewed three managers and senior staff
- spoke with five other staff members, including doctors, nurses and other qualified professionals
- visited the overnight accommodation where patients stay
- carried out a specific check of the medication management arrangements
- inspected seven care and treatment records of patients who were receiving treatment and two records of clients discharged earlier this year

# Summary of this inspection

- looked at 14 staff personnel files
- saw two patient feedback forms following their discharge
- collected feedback from comment cards completed before our inspection
- reviewed a range of policies and procedures and other documents relating to the running of the service.

## What people who use the service say

Patients said they felt safe whilst using the service, and were happy with the treatment environment. They felt that staff treated them with respect and genuinely cared about their wellbeing. They reported they could always find a member of staff when they needed one and short staffing never led to cancelled therapy sessions.

Patients spoke about their treatment plans with confidence, and said the service considered mental and physical health as well as their social situation. Patients felt involved in the care planning process, and all had

access to advocates to support them through their treatment. Patients said they were aware of plans if they left treatment early. However, clients said they did not feel prepared for their scheduled discharge, as the service did not offer enough information about this.

Patients knew how to complain, and were provided with this information upon admission. Patients felt listened to and that staff were responsive if they felt they were struggling.

# Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

## Are substance misuse services safe?

### Safe and clean environment

- Staff ensured that each resident had private accommodation.
- Staff carried out risk assessments of all patients on admission in relation to patients risk to themselves or others. However, there was not a ligature risk assessment of the building completed.
- Interview rooms were not fitted with alarms. Staff carried personal alarms, and told us they were aware of the lone working policy and felt safe when at work.
- The furnishings in areas accessed by clients were clean and well maintained.
- The service had a clinic room which was clean, well-organised and promoted dignity and confidentiality.
- The service did not have emergency medical equipment on site. Policy was to call emergency services if required.
- Managers completed environmental risk assessments, health and safety assessments and fire risk assessments and reviewed them regularly.

### Safe staffing

- The service employed enough staff to meet the needs of the people who use the service. There were 14 employed members of staff, including an operations manager, a team leader, two senior recovery support workers, six recovery support workers, a therapist and an administrator.
- The service had one vacancy for a full time recovery support worker. Three members of staff were absent from work, and managers were using bank and agency staff to provide cover. Staff also worked overtime to provide extra hours and consistency for the clients.

- Managers had recruited one volunteer to support the service, and employed a cognitive behavioural therapist and dietician on a sessional basis.
- At the time of inspection, the day shift consisted of two recovery support workers and three during the late. There should have been three on the day shift, and four on the late shift to cover service requirement. This was due to current staff shortages.
- Staff completed online medication administration training, nine of 14 staff were compliant with this training, and staff that had not completed training did not administer medication.
- Staff recorded the administration of controlled drugs correctly with no gaps in records.
- Recovery workers managed a caseload of two patients during the 28-day treatment period, and would offer one to one appointments alongside group therapy to update clients' care plans.
- The service had regular weekly medical cover. Doctors also attended the service as and when required if there was an issue identified.
- We inspected all fourteen staff files and found all staff had completed induction training. Eleven staff were up to date with mandatory training but three staff were not up to date due to their long-term absence. Ten staff had received safeguarding children training.

### Assessing and managing risk to patients and staff

- Staff described the service's process for reporting safeguarding concerns and the different types of abuse that may occur and require a referral.
- The service did not receive drug alerts for the local area. Drug alerts are notices that detail any safety issues regarding drug related harm that are relevant to the local area. This meant that staff and patients at the service were not aware if there was any increased risk posed to patients who may lapse using illicit drugs.



# Substance misuse services

- The admitting staff completed a comprehensive risk assessment that assessed substance misuse and other areas such as mental health and physical health.
- All patients had a named worker who formulated a care plan with the patient. Staff reviewed care plans and updated them as necessary throughout treatment.
- Staff described service procedures if a patient left treatment in an unplanned way. This included contacting local services and providing harm minimisation advice where possible.

## Track record on safety

- There were no serious incidents reported in the last 12 months.
- Managers of the service reviewed serious incidents in across the organisation another location under the same provider, and made improvements to the service where required.

## Reporting incidents and learning from when things go wrong

- Staff reported incidents using a paper system. Once completed, managers would review the incident and make recommendations to improve practise and to reduce the likelihood of reoccurrence. Managers shared lessons learnt in handovers, or would hold emergency meetings if necessary.
- Staff described the type of event that would require reporting as an incident. They were aware of the system to report incidents and said they felt confident to use it.
- Staff said they listened to feedback on incidents, arising from the service's sister location, at team meetings and handover meetings.

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

### Assessment of needs and planning of care

- Staff assessed patients' physical healthcare needs at the point of admission. Staff monitored physical healthcare where appropriate such as blood pressure monitoring. Staff were responsible for monitoring patients' physical wellbeing during detoxification and would report any concerns to the prescribing doctor. However there were two examples in care records that showed high blood pressure was not referred to the service doctor for review.

- Staff used an online brief assessment, which patients completed prior to admission to ensure the client was appropriate for treatment. Doctors completed medical assessments within 24 hours of a patient's admission for treatment.
- Staff carried out holistic assessments, considering the patient's addiction as well as their mental and physical health.
- Staff recorded notes about patients' progress and presentation on the computer when they were in treatment. Upon discharge, the computer record was electronically locked and a summary letter was sent to the patients' referrer and a copy given to the patient.
- Each patient had a named staff member who acted as their key worker during their treatment.

### Best practice in treatment and care

- The service's detoxification policy reflected the most recent guidance from the Drug Misuse and Dependence: UK Guidelines on Clinical Management 2007.
- The service supported clients by offering abstinence-based treatment using the 12 step principles of Narcotics Anonymous and Alcoholics Anonymous. Alongside this, the therapists also provided cognitive behavioural therapy groups as part of the treatment programme.
- The doctor prescribed medication as described by drug misuse and dependence: UK guidelines on clinical management (2007) for alcohol and opiate detox.
- The service used treatment outcomes profiles, opiate withdrawal scales and the severity of alcohol dependence questionnaire to measure outcomes of treatment.
- Staff referred patients to external specialist doctors if they were unable to meet a physical or mental health care need within the service.
- Staff offered screening for blood borne viruses upon admission, but did not offer this again during treatment if the client declined the initial offer.
- Senior staff participated in clinical audits, including medication, care planning and outcomes based on CORE 34 outcome measure given to patient's pre and post admission. Core 34 is a 34 item questionnaire used to measure psychological distress.

### Skilled staff to deliver care

# Substance misuse services

- The staff team consisted of trained therapists, recovery support workers, managers and two prescribing doctors. This meant that patients had access to a variety of skills and experience to support them in treatment.
- Therapy staff were appropriately qualified and received external supervision to reflect on their practice.
- Staff accessed specialised training through local relationships, including local hospitals and the Suffolk health and wellbeing board. Staff could access national vocational qualifications in substance misuse to support and increase their skills and knowledge.
- Staff received regular supervision from a senior member of staff, up to date supervision records were stored in the staff members' personnel files. Staff told us that they received additional clinical training as required by their clinical role.

## Multi-disciplinary and inter-agency team work

- The service had positive working relationships with agencies that referred patients to treatment. The service provided updates and discharge summaries when patients completed treatment.
- Staff told us they had limited contact with outside organisations, but did not feel that this had a negative impact on the treatment that their patients received. Staff routinely referred patients to the local GP so they were able to access local health care.
- Staff had handovers at the start of each shift to ensure they were up to date with client issues.

## Adherence to the MHA and the MHA Code of Practice

- Staff did not work with patients detained under the Mental Health Act and were not offered training in this.
- Staff said they would contact the consultant psychiatrist if they had concerns about a patient's mental health and felt they required a mental health assessment.

## Good practice in applying the MCA

- The doctor assessed capacity at the point of admission to ensure the patient was able to consent to entering treatment and to agree to the treatment contract. However, we saw examples of staff taking payments from patients prior to the completion of the assessment. In some cases, clients were intoxicated on arrival when staff took payment.
- Patients signed consent forms to agree to treatment and staff explained confidentiality as part of the admission process.

- Staff reported that they were not confident in assessing patients under the mental capacity act and told us that they would offer the patient supervised accommodation only until the psychiatrist could assess them more thoroughly.
- We looked at fourteen staff personnel files and two staff members were out of date with their mental capacity training.

## Are substance misuse services caring?

### Kindness, dignity, respect and support

- Staff treated patients with kindness and respect. We saw that staff understood individual needs and were aware of patients' preferences.
- Patients who used the service told us that they felt supported by staff and would be confident raising any issues with their named key worker.

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

- The service provided support to families and carers in a fortnightly group and offered support via the telephone.
- Patients told us that they were involved in their care planning and were aware of their treatment goals as they had been involved in deciding them.
- Patients who use the service had signed their care plans.
- Patients told us that their families could contact the service at any point to get updates on their progress.
- Restrictions on contact with family members for the first seven days were in place to allow for stabilisation. Patients had agreed to this at the start of treatment. Visits then took place once a month.
- Patients were able to provide feedback on the service using a box in the dining room for formal complaints or suggestions. There was evidence of changes to the environment taking place after suggestions were made. This included displaying a 24/7 helpline more clearly in all rooms.
- Daily check-ins and community meetings were available for clients to provide feedback. There was an agenda for these meetings.
- There was no evidence of clients being involved in the recruitment process.

# Substance misuse services

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

### Access and discharge

- The service set clear criteria for patients to access the service. This included people who were low and medium level dependency. Low or medium means that they are suitable to be treated in residential rehab where there isn't always necessarily 24 hour medical supervision of the detox. The service referred people with high dependency alcoholism to hospital to complete detoxification in a clinical environment with increased supervision.
- The service had a clear policy in place around unplanned exit from services should a patient choose to do this.
- The registered manager said there was often a short waiting list for new admissions as the service was usually running at full capacity. The service admitted new clients each weekday usually at a time to suit them.
- Staff worked with patients to include them in their care and prevent them from disengaging in their treatment.
- Staff discussed discharge with patients from the beginning of their treatment journey and made plans towards this throughout the six weeks intensive treatment programme.
- Staff discussed patients' progress daily in one to one meetings and as part of the goal-setting meeting each morning.
- The provider rarely cancelled appointments or group sessions because of staff shortages or sickness. .

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

- Different rooms were available so that patients could have privacy whilst receiving treatment.
- There was a policy around mobile phones, which patients agreed to at the start of treatment. The policy limited their access to telephones for the first week, and banned telephones from being taken in to treatment, to protect privacy. There was a designated area for patients to make private phone calls.
- Patients had a secure area to store their possessions.

- Facilities were available so that patients could make a drink and a snack. Food for the main meal of the day was provided by the service and a menu was published each day offering a range of alternative menu choices.
- Patients had access to a structured programme of activities and therapy throughout the week, including weekends.

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

- Abbeycare was accessible for people who required the use of wheelchairs.
- There was a range of information available in individual folders within each of the patients' en suite bedrooms, including information about medication, "house" rules, local amenities and therapy programs.
- Staff said they supported patients to access places of worship in the local community.

### Listening to and learning from concerns and complaints

- The service received two complaints in the last 12 months. Managers had responded to the complainants via letter. Managers did not uphold either complaint.
- Patients knew how to complain, and were given this information in their information packs. There were noticeboards around the service, which displayed information on how to complain.
- Staff said they knew how to handle complaints, but they rarely received any.
- Feedback to staff and learning from complaints and concerns was done through the team meetings and handover meetings.

## Are substance misuse services well-led?

### Vision and values

- Staff were aware of who the most senior managers in the organisation were.
- The team appeared to work well together. They based their approach on the organisations' value to treat each individual based on their individual needs, respecting cultural, social and physical health needs.

### Good governance

- Managers monitored patients that completed treatment in the service and had a system in place for 12 months to maintain contact with people.

# Substance misuse services

- The service did not have a risk register, meaning the management team did not have an effective system to manage and monitor risks. The systems and processes for reporting incidents were robust.
- All of the nine personnel files that we reviewed were complete and included qualifications, training records, Disclosure and Barring Service checks, references, an employment contract and interview records.
- Staff received regular supervision and annual appraisals that were recorded in line with the provider's policy.

## **Leadership, morale and staff engagement**

- Staff reported no cases of bullying or harassment and told us they understood how to report incidents if they did occur.
- Staff said they had good levels of job satisfaction and they enjoyed their jobs. There was evidence of team working.

- All the staff we spoke to said they knew how to whistleblow if they had any concerns. They said they would do this by speaking to the Care Quality Commission about concerns they may have.
- The senior managers were based within the unit and did regular shifts alongside their employed colleagues. Staff said they liked this and felt it made the managers more accessible and approachable.

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

- The provider was keen to use the most up to date evidence based practice and to be involved in national research projects. Abbeycare registered itself with the national drug treatment monitoring system in order that greater tracking and data outcome of client's recovery journeys can be measured locally and nationally by Public Health England.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider should review the practice of taking payments from patients prior to the completion of the assessment. In some cases, clients were intoxicated on arrival when staff took payment
- The provider should implement a risk register to manage and monitor risks.