

Broadway Lodge

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

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

- Care records did not contain detailed information that addressed the needs of each individual and had limited space for clients to identify their own strengths and resources. This meant staff did not design care or treatment with a view to achieving the client's preferences and ensuring that staff met the client's needs.
- All clients have an electronic client data management system record. Staff regularly updated this for therapeutic interventions. Staff maintained medical records separately for all clients. All members of the medical team have access to the client data management system records. All counsellors can access the medical records by visiting the medical offices. Some staff told us they did not always check the records and relied on staff handovers to keep up-to-date with care and treatment.
- The provider did not assess the environmental risks to the health and safety of clients who received care

Summary of findings

and treatment. This meant that staff could not use the environmental risk assessment to make required adjustments, for example, to the premises or equipment, which could affect aspects of care and treatment.

- The provider had not thoroughly reviewed all incidents reported to make sure that staff took action to remedy the situation. This meant staff could not prevent further occurrences and make sure that staff made improvements as a result.
- The provider had an appraisal system. However, this was not robust. The manager had not identified staff development, set goals or followed up on disciplinary actions. This meant that the manager could not monitor staff competence.

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

- Clients described feeling supported by staff; clients said staff treated them in a dignified and respectful manner.
- Clients receiving treatment at Broadway Lodge felt safe. The provider had an understanding of client clinical risks. Procedures were in place to ensure safe administration of medication.
- The provider complied with the guidance of the National Institute of Health and Care Excellence (NICE) and Public Health England. They offered a range of therapeutic activities that included Cognitive Behavioural Therapy.
- Staff provided individualised methods of supporting clients' recovery, for example, information provision for non-English speakers. There was a complaints management policy within the organisation and staff understood and worked within the duty of candour.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse/ detoxification		See overall summary

Summary of findings

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Broadway Lodge

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to Broadway Lodge

Broadway Lodge is a non-profit making organisation and registered charity established in 1974. The service provides residential addiction treatment, counselling and support services for adults.

Broadway Lodge offers a number of treatment programmes that include detoxification, primary care residential rehabilitation, secondary care residential rehabilitation community treatment and recovery support programmes. The majority of the funding arrangements are through statutory organisations. However, the service does accept self-funders.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations.

Broadway Lodge is part of Broadway Lodge Limited. It provides services to treat drug and alcohol addiction. Broadway Lodge provides accommodation for persons who require nursing or personal care, accommodation for persons who require treatment for substance misuse and treatment of disease, disorder or injury.

Broadway Lodge provides a range of services that includes aftercare and a structured day programme six days a week, which clients attend as part of their recovery. The service had 43 clients admitted at the time of the inspection.

We last inspected Broadway Lodge on 21 June 2013. The service was found to have met all of the listed standards.

Our inspection team

Team Leader: Sharon Dyke, CQC Inspector

The team that inspected the service comprised two other CQC inspectors. One inspector had experience of working in substance misuse services.

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.

During the inspection visit, the inspection team:

Summary of this inspection

- Visited Broadway Lodge, looked at the quality of the physical environment, and observed how staff were caring for people who used the service
- spoke with the registered manager and the operations manager
- spoke with the chief executive, the contracts manager and the chair of the board
- spoke individually with seven other staff members, including nurses, counsellors, support workers and domiciliary staff
- held a focus group with 18 staff
- held a patient focus group with 10 clients and observed two multidisciplinary handover meetings
- looked at 13 care and treatment records, including four medicines records, for people who used the service
- observed medicines administration at lunchtime
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients told us the care and support provided at Broadway Lodge was good, they praised the staff team and said they showed warmth and compassion to them. Clients said they understood that the service had strict rules before they agreed to admission. The majority of them felt that the rules were important to help them recover as they kept them focused on how they had to

change. Most of them were happy that there were few distractions from the treatment plan. However, two clients said they would like the option of listening to music if they wanted to. Clients said they liked the structured treatment plan and said the food was good. One client described the house as the 'miracle mansion' and stated that the service had 'saved their life'.

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:

- The provider did not have an up to date environmental risk assessment
- managers had not always evidenced lessons learnt and changes to practice following incidents
- care records did not contain detailed and updated information that addressed the clients' risk.

However, we found the following areas of good practice:

- Staffing levels were safe and there were processes in place to ensure safe medicines management
- safeguarding procedures were robust and staff understood them.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- Staff stored some records on paper and some electronically; staff said having two systems makes it difficult for them to locate and access records
- managers did not provide evidence of a robust appraisal system
- some care plans completed by staff had limited information and were not always person centred.

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

- Broadway Lodge completed robust admission assessments to ensure that clients admitted were suitable for the service and care provided
- staff provided therapies that followed the National Institute of Clinical Excellence guidelines.

Are services caring?

We do not currently rate standalone substance misuse services.

Summary of this inspection

We found the following areas of good practice:

- Clients were positive about the care they received from the staff at Broadway Lodge. They felt supported by the staff team
- staff had a high level of knowledge about the clients at Broadway Lodge; this influenced the care they provided
- the provider allocated clients a 'buddy' to help them settle into the house when they were first admitted
- clients described feeling extremely well cared for and supported by the staff
- the provider actively sought feedback from clients to enable them to help improve the service they provided.

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

- Staff did not fully include clients when creating care plans that addressed their needs.
- the provider had not recognised the need for an independent advocacy service and limited information was available about them.

Are services responsive?

We do not currently rate standalone substance misuse services

We found the following areas of good practice:

- Broadway Lodge offered clients a wide-ranging activity programme that focussed on physical activity, self-reflection and gaining insight into their addiction
- the provider had passenger lifts and disabled access bathrooms to cater for the needs of those with disabilities or mobility issues
- staff supported clients to access places of religious worship and addressed dietary requirements that arose from religious beliefs or dietary preferences
- staff completed discharge plans as soon as possible. Staff co-produced discharge plans with the client and their care manager.

Are services well-led?

We do not currently rate standalone substance misuse services

Summary of this inspection

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

- some staff said there was a divide between nursing staff and counselling staff, which they felt meant communication was not always consistent
- some staff said that since the chief executive officer had stopped attending meetings they felt disconnected from the senior management team
- managers could not evidence robust appraisals and the current model of supervision did not identify or monitor areas for staff member's improvement or future training opportunities
- managers had not ensured that there were robust processes in place for staff to evidence outcomes or monitor progress against agreed targets.

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

- Staff expressed positive views about the registered manager and operations manager and felt supported by them
- staff had attended mandatory training; there was a training matrix in place to ensure training was current and up-to-date.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the service provider's compliance with the Mental Capacity Act 2005 and, where relevant, the Mental Health Act 1983 in our overall inspection of the service.

Mental Health Act 1983 is not applicable to this service.

Further information about findings in relation to the Mental Capacity Act appears later in this report.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- Broadway Lodge was a 65-bed treatment facility. Bedrooms were on all floors, there was a lift for clients with more limited mobility or minor disabilities. All bedrooms had up to four beds in them. This was to enable clients to support each other, especially at the admission stage, as this was when their vulnerability would be at its highest. Clients gave consent to share a room at the assessment stage. Clients told us they understood sharing rooms and communal areas was a necessary part of the programme.
- There were a number of ligature points (environmental features that could support a noose or other method of strangulation), within the building. These were present throughout the property, for example, in bedrooms and on the staircases. The provider had not carried out ligature risk assessments and did not have an up-to-date environmental risk assessment of the building. However, staff could identify the risks and explain how they managed them to ensure client safety.
- The provider did not have an observation policy and staff could not observe the whole environment at all times. However, clients spent the day in meetings and groups and shared a bedroom at night. Staff informed us any additional monitoring would be dependent on his or her individual risk.
- The environment was clean and comfortable. cosmetic decoration in need of upgrade in the main building; for example, the wallpaper in communal areas looked dirty and the floor lino had some split areas.
- Domestic housekeeping staff undertook all the cleaning. Clients were responsible for the bed space area. Clients

used a laundry room on a rota basis. Facilities included three washing machines, three tumble dryers and an iron. Clients are responsible for the cleaning of their dining and lounge rooms as part of their scheduled therapeutic duties. Domestic housekeeping staff deep cleaned these areas.

- Staff followed infection prevention and control measures. Infection control was part of statutory mandatory training and all staff had completed this. The provider had handwashing signs displayed in the building.
- The provider had clear fire alarm and evacuation procedures and staff explained these to us. Emergency exits were clearly marked and staff had completed fire checks.

Safe staffing

- There were 42 substantive staff members at Broadway Lodge. These included a registered manager, operational manager, clinical team leader, therapeutic team of qualified addiction therapists and a medical team day and night. We observed highly professional, skilled and experienced staff at Broadway Lodge. There was no formal guidance in place to set staffing establishments. However, the manager told us they could increase staffing levels if a client had an assessment that identified high needs. The service operated 24 hours.
- At the time of the inspection, records showed there were 10 Registered staff and 10 health care assistants in post. The manager told us this was appropriate, as the most clients would be in therapy during the day. Broadway Lodge had two qualified staff vacancies, these posts were covered by regular bank staff. Bank staff covered 98 shifts in the previous three-month period. Fourteen

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shifts in the previous three-month period were not covered. Where sickness occurred the manager assessed the number of clients in treatment and level of risk, for example, the number of people undergoing detoxification/behavioural issues, this would determine whether additional cover was required.

- Recruitment procedures were robust. All staff had disclosure and barring service (DBS) and reference checks. In the previous 12 months, the turnover rate was 18%. However, Broadway Lodge had recruited to most of these posts. 2.08%
- The provider did not use agency nurses. Broadway lodge had its own supply of bank staff including qualified Nurses and HCAs. Bank staff had to complete an induction period and worked supervised and supernumerary as an additional member of staff before the provider would allocate them shifts. Bank nursing staff had to do a minimum of one shift a month to ensure they remained familiar with the environment and procedures at Broadway. The manager told us they take account of the skill mix of staff and complexity and numbers of current clients in treatment when allocating shifts to bank staff. The manager said if they assessed staffing levels as unsafe due to changes in behaviour or physical health condition of client, then staff are able to arrange additional staffing.
- Clients were encouraged to seek support from their peers in addition to the support of the team. Staffing levels allowed clients to access appropriate support by members of the team throughout the day or night as required. Dedicated volunteers also formed part of the team. All staff demonstrated a very high level of knowledge and skill in safety around the management of alcohol and substance misuse.
- Statutory and mandatory training included infection control, blood borne virus testing, and health and safety. Staff had to complete awareness of safeguarding adults & children at induction. Fifty percent of employees attended the statutory training covering safeguarding vulnerable adults and children, 91.6% of employees attended the Mental Capacity Act and Deprivation of Liberties awareness. Staff that had not attended mandatory training to date were new starters and were scheduled to attend.

- The provider did not display safeguarding information on notice boards. However, staff had excellent knowledge of safeguarding policies and procedures. Clients told us they felt safe within the house and could disclose safeguarding issues if they arose. Staff told us how they would make a formal safeguarding referral.
- There had been two safeguarding concerns received by the CQC for this provider in the period from January 2015 to January 2016. The provider had investigated them appropriately. The provider had no recorded whistleblowing concerns.
- Broadway lodge did not have a formal out-of-hours procedure for advice and guidance on the day-to-day operational management of the service. However, staff told us that the registered manager, independent nurse prescriber, GP and two psychiatrists employed by the service would take a call at any time.
- The service employed a GP who until recently had worked at a local health centre. He looked after physical health needs of clients and provided out of hours advice. The GP completed admission assessments when staff identified that a client had a physical health issue.

Assessing and managing risk to people who use the service and staff

- We looked at the care records of 13 people in treatment. None of these care records had holistic and comprehensive risk assessments and staff did not review and update them regularly. These records were not thorough and detailed. Staff did not document identified risks clearly in the records, this meant staff did not transfer all the clients identified risk to their care plans. However, all staff we spoke with clearly demonstrated excellent knowledge of the individual risks and management of each client in their care, both physically and mentally.
- Broadway Lodge did not offer a blood borne virus (BBV) service (testing for viruses such as human immunodeficiency virus (HIV) or hepatitis) unless the patient requested it. However, staff screened all clients on admission for their blood test status and would encourage clients to access this service at Weston General Hospital if required.
- Clients were asked to bring two weeks supply of any regular medicines that they took. Staff counted and

Substance misuse/detoxification

documented these medicines. Staff destroyed any medicines not in a box containing the name of the medicine, issuing pharmacy and date. If necessary staff could confirm a prescription with the person's GP and a doctor from the service would prescribe it. All medicine was stored securely in locked cupboards. There was an additional locked cupboard for controlled drugs. Staff kept the clinic room locked when staff were not present.

- The general practitioner assessed clients for their physical issues that include clients who needed detoxification, on admission.
- One of the three doctors prescribed medicines for detoxification. Alternatively, the non-medical prescriber, a person employed by the service that is not a doctor but is qualified to prescribe medicines, did this. Staff administer from stock held at the service. Other individual medicines were stored in separate client boxes within a locked cupboard.
- Broadway Lodge received medicines management support from the local pharmacy. For example, they provided training to ensure staff complied with requirements of the Medicines Act 1968 and the Misuse of drugs Act 1971 and their associated regulations.
- Staff kept all medicine(s) in a locked cabinet. Controlled medicine(s) was stored in a double-locked cupboard in the cabinet. Staff completed monthly audits to ensure clear monitoring of the system. A monitored dose system (MDS) was used which meant the medicine(s) was not mixed and made it easy to identify when administering. The system incorporated the 'six rights' of medicine(s) administration, right person, right medicine(s), right time, right dose, right route, and right to refuse. We looked at five medicine charts and saw that staff had completed them fully with all required signatures.

There were appropriate policies and procedures in place to monitor adverse or severe reaction to detoxification. For example, the service had a policy in place to manage any withdrawal seizures from alcohol. The service would administer emergency drugs and call an ambulance. Staff described their knowledge and understanding of this. Staff used the clinical opiate withdrawal scale in line with NICE guidelines or the department of health.

- There was a system in place to dispose of unwanted or expired medicines. The service used 'de-naturing' kits

for controlled drugs and benzodiazepines. These kits meant staff could destroy drugs on the premises. Staff removed any other tablets from the blister packs and put into the disposal bin, the pharmacy collected these. Staff recorded all destroyed/returned drugs in a used stock book.

- Broadway lodge documented all adverse events, adverse drug reactions, incidents, errors and near misses. Staff contacted the NHS helpline, out-of-hours doctor or the clients own general practitioner for guidance in the case of this. Staff investigated all errors appropriately and in a timely manner; however, staff did not evidence feedback to the client.
- Blanket rules were in place to manage potential risks. Staff made clients aware of blanket rules and asked clients to sign consent forms prior to admission. The rules covered a range of issues including access to the local village and use of mood altering substances. Clients we spoke with told us they accepted these rules as a necessary part of treatment. Clients said they felt extremely safe in Broadway lodge, and they had confidence that staff managed risk quickly, professionally and discreetly.

Reporting incidents and learning from when things go wrong

- Broadway Lodge had a policy for reporting incidents. It highlighted what events staff should report. Staff completed an incident form for any significant incident and they emailed this to the manager. Details included time and date, who was involved, description, any injury, any property damage and any witnesses.
- The manager had the responsibility for the investigation and any outcomes of incidents. Broadway Lodge had a clinical governance committee, which reviewed any arising clinical issues, discussed incidents and identified learning and actions. For example, minutes from the meetings demonstrated that clinical staff had discussed alcohol-related seizures and put a protocol in place to identify clients at risk. Staff prescribed these clients with carbamazepine (a seizure controlling drug) to reduce the risk of a seizure. Clinical staff also reviewed other incidents such as admissions that had not gone well or

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situations where a client had left early. However, managers had not evidenced how staff embedded and monitored changes to practice following these incidents.

Duty of Candour

- There was a complaints policy within the organisation. However, the systems in place to monitor the quality of the service did not include regular audits or feedback from clients and staff. Some records could not demonstrate a commitment to improving the service. Complaint responses did not demonstrate how staff met the duty of candour. This meant that staff were not always open and transparent when things went wrong.

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

Assessment of needs and planning of care

- There were 43 clients receiving treatment at Broadway lodge at the time of our inspection. We looked at the care records for 13 clients not all of these were detailed. The relevant care manager, a person who makes the referral to the service, provides a community care assessment prior to admission and staff completed a physical health check upon admission. Staff managed any identified physical health concerns using care plans.
- We saw evidence of care plans regarding mobility issues, breathlessness, seizures, liver function and other health problems.
- Assessments included personal details, professionals involved, health and mental health issues, medication, history of substance misuse, legal issues, social/cultural needs, financial situation and full risk screening. Staff recorded information pre-admission, and this enabled staff to make a decision whether to admit the clients. However, staff did not consistently transfer this information on to care plans.
- Clinical staff undertook a comprehensive assessment of health before admission. They paid particular attention to clients' risk of seizures during alcohol detoxification. Staff took a thorough history of clients' detoxification history to ensure they could safely manage them. For example, if a client had needed hospitalisation during a previous detoxification the service would not admit them for detoxification. Nursing staff were also aware of the increased risk of neurological damage (known as kindling) from repeated detoxifications and assessed this risk prior to agreeing to take a client.
- Staff assessed and monitored physical health closely. The general practitioner or clinical lead completed the initial assessment for physical health. Clients requiring closer monitoring through detox or clients who might become unwell following admission were allocated accommodation in the detox unit or the bedroom within the medical department in the main house.
- Staff assessed the health of clients undergoing detoxification regularly. Nursing staff were consistent in checking people for withdrawal symptoms and administering medicine in line with policy. We observed alcohol detoxification checks and saw that nursing staff checked clients' blood pressure and pulse and discussed how they were feeling. It was evident staff knew clients well; they were able to discuss both their current presentation and their history.
- The nursing team who delivered clinical services for the therapeutic program had an observation bedroom next to their clinic room. Staff used this for clients who were at risk of physical complications, such as seizures, following admission. On the day of our inspection, a client occupied this room. We saw that staff checked the client regularly to make sure they were safe. Staff spoke to the client with warmth and kindness.
- At the time of our inspection, therapeutic care records were stored on the computer and medical care records on paper in locked cabinets. Staff told us they would only access the record relevant to their specialism and relied on the daily handovers for up to date information. Care records did not fully address the needs of each individual and the template had limited space for clients to identify their own strengths and resources. This meant staff did not design care or treatment with a view to achieving the client's preferences and ensuring that staff met the client's needs.

Best practice in treatment and care

Substance misuse/detoxification

- Clients told us on admission there was always friendly and helpful staff to greet them. Staff assigned a “buddy”, an existing client, to help them settle in and support them. This quickly reduced their anxiety on entering into treatment.
- Staff supported people in line with ‘drug misuse and dependence: UK guidelines on clinical management (2007)’ as well as providing psychological therapies in line with NICE guideline on psychosocial interventions in drug misuse (NICE 2007a). Clients attended groups based on a recognised model of treatment and staff supported them to attend Alcoholics Anonymous and/or Narcotics Anonymous/Cocaine Anonymous meetings.
- The addiction therapists provided a range of these treatments on a one to one or group approach. These therapies delivered were in line with the National Institute for Health and Care Excellence (NICE) and Public Health England guidelines. Further treatments offered included relapse prevention, interpersonal group therapy, one-to-one counselling and mindfulness. There was also the opportunity to have social days out and family interaction. Clients we spoke with were enthusiastic about the programme offered at Broadway Lodge. All said they had benefitted from the treatment.
- Broadway Lodge had a medical department that can support dual diagnosis and provide detox for pregnant women. There was a range of therapeutic approaches such as art, music and talking therapies.

Skilled staff to deliver care

- There were 42 substantive staff members at Broadway Lodge. These included a registered manager, operational manager, clinical team leader, therapeutic team of qualified addiction therapists and a medical team day and night.
- All staff we spoke with demonstrated a high level of skill, knowledge and dedication in substance misuse management. All staff had received an induction and training in addition to their statutory requirements. The provider demonstrated commitment to the staff by supporting and encouraging personal and professional. Counsellors were registered with Federation of Drug and Alcohol Professionals (FDAP) and British Association for Counsellors and Psychotherapy (BACP).

- All permanent staff had received regular supervision within the last 12 months. Staff and management were clear on the value and importance of providing and receiving supervision in this service. However, staff could not evidence a clear appraisal system.

Multidisciplinary and inter-agency team work

- Broadway Lodge held four meetings per day in the morning, lunchtime, afternoon and evening. This was to monitor the day’s progress and to be proactive before problems arose. Staff completed the handover book and clearly outlined anything relevant to a client, including issues to be resolved. Staff dealt with any problems quickly and efficiently.
- We observed a staff meeting. Information discussed was clear and detailed, covering physical and mental health. Staff demonstrated an in-depth thorough knowledge of needs and risks, and spoke with warmth, understanding and kindness. Directors, managers and trustees of the service held regular meetings to share information. However, some staff told us communication was not consistent between the house and wider team.
- There was an effective working relationship with the staff from Wroughton Lodge, a similar service within Broadway Lodge Limited. The registered manager for Broadway Lodge visited all services regularly. However, some staff at Broadway Lodge said that they felt there was a divide between counselling staff and the clinical staff. Some staff said this meant communication was not consistent.

Adherence to the MHA

- Broadway Lodge did not admit clients detained under the Mental Health Act 1983. A person’s capacity to consent to treatment was a vital part of the admission criteria.

Good practice in applying the MCA

- Staff had an understanding of the Mental Capacity Act (2005) and its principles. Staff told us how to check if someone had the capacity to consent to treatment. Clinical and medication records showed that staff had sought consent to treatment as well as consent to share information.

Substance misuse/detoxification

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- Clients reported to us that the care and support that they received from the staff at Broadway Lodge was exemplary. Clients we spoke with were positive about the service and said staff were always there for them.
- We observed the team interact with clients; staff appeared warm, respectful, kind, supportive and professional. Clients told us that they felt staff respected them and did not judge them. Staff had a clear understanding of the client's needs. Staff met the client's needs, and the client felt safe to talk to them about their problems.
- We attended handover meetings. During these meetings we observed that clients were discussed in a respectful manner and that each client was given due attention from a range of people supporting them.

The involvement of people in the care they receive

- Clients told us on admission to the service a "buddy", this is a peer from within the existing client group, supports them to settle into the house, and shows them how things work.
- Five clients out of the 10 that we spoke with told us they were not involved in the planning of their own care and treatment, they told us staff created the plans and the clients would sign them once they read and agreed the content.
- Staff told us that whilst they act as their advocate initially, there was the local advocacy service which staff could refer clients to if necessary. However, clients told us they were not aware of this service and there was no information displayed within Broadway house informing clients of this service.
- Family members were involved in the treatment process when this was appropriate. For clients wishing to have family involvement, family meetings and family visits were encouraged and permitted on Sunday afternoons. However, the provider did not

have processes in place to safeguard visiting children, for example, a procedure that visitors had to adhere to in relation to children other than just relinquishing all responsibility to the parents.

- Clients could complete feedback forms and give them to staff or place them in a box anonymously. They were also able to bring issues up with the team at their morning meeting. Clients completed feedback questionnaires as part of the discharge plan.

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

Access and discharge

- Pre-admission assessments outlined the terms of accessing treatment. Clients were able to describe the strict boundaries within the detailed contract of treatment. Clients were clear on admission that they would face discharge if they used illicit substances or broke any other terms of the contract. Records showed the average bed occupancy in the last 12 months at Broadway Lodge was 63%. The provider confirmed that 21 organisations buy services at Broadway Lodge for the 43 clients currently in treatment.
- Clients identified as being at risk due to poor social circumstances, e.g. being homeless, have an exit plan arranged with their care manager. This person referred the client to the service. The plan gave staff contact details and information regarding where the client would go if their treatment ended before the expected completion date. There were systems in place to manage emergency discharges of clients. Staff discharged any client who used drugs or alcohol whilst at Broadway. This was in the contract that clients signed on admission. If a client used drugs or alcohol or broke any of the other rules that resulted in immediate discharge, the service arranged a transfer to another rehabilitation service should the client wish it.
- Broadway Lodge provides a 12-step model of treatment, there was a primary care unit, where clients would initially stay, and Broadway Lodge provided five

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secondary care houses where clients could learn independent living skills prior to discharge. In the twelve months before the inspection there were 469 clients discharged from the service.

The facilities promote recovery, comfort, dignity and confidentiality

- The environment was clean, comfortable and welcoming. There was a room available to talk in private and there was good soundproofing. Clients could have visitors on Sundays and children could visit by prior arrangement and agreement with staff. Broadway Lodge had an extensive outside space, including a smoking area; the outside space had a grassed section with extensive planting.
- Clients did not have access to their own mobile phones. Clients signed a contract not to use mobile phones during their stay at Broadway Lodge as part of the treatment plan. Clients could have some personal belongings in their rooms, for example personal photo frames.
- Clients we spoke with told us the food was very good. The local council gave Broadway Lodge a food hygiene rating of four of five. However, there was a plan in place to increase this to a rating of five. Hot and cold drinks were available at all times. Snacks were available throughout the day outside of mealtimes.
- Broadway Lodge adapted the traditional Christian-based 12- Step programme. The manager told us the model they used was based on a wider spiritual model. The manager told this meant it could allow them to accommodate clients from all faiths and cultures, not just the Christian community.

Meeting the needs of all people who use the service

- There were passenger lifts and disabled access bathrooms at Broadway Lodge to cater for the needs of those with disabilities or mobility issues. The provider could accommodate moderate learning difficulties through use of audio and visual communication aids. Counsellors offer flexible needs led approaches by working at a pace comfortable to the client.
- Staff gave clients information packs on admission. The packs explained explaining what treatment the provider

delivered. There were welcome packs in all rooms that included details on how clients could make a complaint or access advocacy services. Interpreters and religious representation was available on request.

- Audio/visual aids were available for those with literacy difficulties or for clients who prefer non-talking therapies. Staff told us other adjustments could include slowing the pace of the programme to fit individual needs.
- Broadway Lodge provided a set menu. However, individual staff told us dietary needs were assessed on admission and any special dietary requirements of religious and ethnic groups or due to allergies would be met.

Listening to and learning from concerns and complaints

- Broadway Lodge had a complaints procedure. The manager initially dealt with any complaints received. Broadway Lodge had received complaints in the past twelve months; staff escalated two of these to the Chief Executive regarding partial refund of fees from privately funded families.
- Clients received an admission pack that contained details of how to make a complaint. This information was also on display on the house notice board. Clients we spoke with told us they knew and understood the complaints procedure.
- Clients were encouraged to raise concerns either in private or in the community meeting. We saw records of these. They also had the opportunity to give feedback through satisfaction questionnaires and completion questionnaires.
- The manager told us they attempted to resolve issues from client feedback before they escalated. For example, a client was upset that their relative could not visit them at Broadway Lodge. The manager
- The provider reported 23 incidents between October 2015 and December 2015. These included one environmental, one staff injury, eight behaviour, five medication errors, and six client's injuries. The provider responded to incidents at the time they happened. However, staff did not always follow these up or evidence changes to service delivery because of learning from incidents.

Substance misuse/detoxification

Are substance misuse/detoxification services well-led?

Vision and values

- Staff understood the overarching principles of the organisation and the main objectives of the business. They were proud of the service provided. Staff told us the principal objective of the staffing teams was the rehabilitation of clients. Staff we spoke with said they agreed with this objective and it helped lead to positive outcomes.
- Staff and clients knew the senior managers; this included the chief executive officer (CEO). Staff said they regularly visited the service and used to attend the staff meetings. However, some staff said the CEO no longer attended any staff meetings, some staff felt this had affected communication and divided clinical and counselling staff.

Good governance

- A board of trustees led the organisation supported by the senior management team to deliver the charity's vision of "providing a safe, quality service enabling our patients to sustain long-term recovery from addiction". The board met every three months to monitor performance and progress against strategic objectives. We viewed the integrated governance folder with a list of policies relevant to Broadway Lodge. Twenty-nine out of 74 policies had not been reviewed in accordance with the recommended review date. These included health and safety, emergencies and crisis and fire safety. This meant staff could not follow them clearly and consistently. The provider did not have a clear strategic business plan and risk register.
- The provider reported 23 incidents between October 2015 and December 2015. These included one environmental, one staff injury, eight behaviour, five medication errors, and six client's injuries. Staff responded to incidents appropriately.
- The provider issued an up to date safeguarding policy in to ensure staff knew and understood the actions they needed to take in response to suspicions and allegations of abuse. Employees had signed a document to confirm they had read and understand their responsibilities.

- Training records showed that most staff were up to date with their mandatory training, those that weren't were new staff and training had been booked. Staff received role specific training for professional development. This was a good example of how the organisation responds to service development.
- The supervision model at Broadway Lodge was a "pyramid conversation" with their manager. This consisted of discussing two different questions every two months. Questions covered topics such as morale, job satisfaction and the culture of the service. Managers told us that once completed, after six sessions, the "pyramid conversation" acted as the staff members' appraisal. We reviewed the records of "pyramid conversations" for four members of staff. Managers had recorded limited information. There were minimal goals identified for staff development and training needs. There was no evidence that managers had used the "pyramid conversation" as an appraisal tool to review staff development.
- Staff attended meetings such as the daily and weekly multidisciplinary team meetings and a quarterly clinical governance meeting. Staff told us they were all able to attend both meetings and felt their contributions were of equal value. Senior staff discussed outcomes of meetings at board level. The service had carried out various clinical audits during 2015, which covered medicine administration records, medical reviews, care plans, and risk assessments. However, the provider had not always identified learning from audits to improve the service.
- Broadway Lodge did not have an up to date environmental risk assessment. This meant that we were unable to establish if the environment was safe. However, the provider had a risk profile in place that demonstrated how the organisation was improving the risk assessment process.
- Staff understood protocols for admission and that clients at risk of physical health complications were not suitable. Policies informed staff how to report incidents, make safeguarding referrals and how to work within the Mental Capacity Act (MCA). Staff said that they understood the policies and implemented them in practice. The registered manager had appropriate administrative support and the authority to increase staff levels if required.

Substance misuse/detoxification

Leadership, morale and staff engagement

- The manager has tried to introduce a system that ensured staff recorded information consistently across the service. However, this has been difficult because it required a change in culture from previous working practices. Staff we spoke with told us they respected and liked the leadership team and understood that although they were under a lot of pressure, the changes that the manager had introduced were necessary and all actions taken were in the best interests of the clients.
- Staff said that they enjoyed working at Broadway Lodge and that their main satisfaction was helping people to recover. However, some staff felt there was a divide between the therapeutic team and the clinical team and this meant that communication was not always consistent.
- Staff said that they knew how to use the whistle-blowing process and they felt confident in raising concerns with senior management.
- There were opportunities for staff development and several staff members identified this as a positive feature of the organisation. The provider had an equal opportunities policy and staff said they understood the policy and felt the organisation implemented this in practice.
- Staff addressed poor staff performance promptly. We saw evidence of investigations and disciplinary outcomes. However, there was no evidence of learning or change in staff practice.
- Staff we spoke with felt that they had opportunities to give feedback on the service and help with service development. They also felt that they had opportunity to discuss observations with multidisciplinary team members and management.

Commitment to quality improvement and innovation

- Broadway lodge have developed a 'Self harm App', which is available through smart phone or smart pad devices. The provider designed the app

Outstanding practice and areas for improvement

Outstanding practice

- Broadway lodge have developed a 'Self harm App', which is available through smart phone or smart pad devices. The provider designed the app

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that people admitted for detoxification from opiates have an individual care plan that describes the care and treatment provided.
- The provider must ensure records relating to the care and treatment of each client using the service, are accessible to authorised people. Staff must deliver clients care and treatment in a way that meets their needs and keeps them safe.
- The provider must ensure risk assessments relating to health, safety and welfare of people using the services are completed and reviewed regularly by staff that have the qualifications, skills and competence to do so. Risk assessments must include plans for managing risk.
- The provider must ensure incidents are reviewed and thoroughly investigated by competent staff, and monitored to make sure that staff take action to remedy the situation, prevent further occurrences and make sure that improvements are made as a result.
- The provider must ensure staff receive regular appraisals of their performance in their role from an appropriately skilled and experienced person, and any training, learning and development needs must be identified, planned for and supported.
- The provider must ensure policies and procedures are in place for anyone to raise concerns about their own care and treatment or the care and treatment of people they care for or represent. The policies must be in line with current legislation and guidance and staff must follow them.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <p>The provider must ensure that people admitted for detoxification from opiates have an individual care plan detailing the care and treatment staff must provide to ensure risks to their health and safety are managed appropriately.</p> <p>The provider must ensure risk assessments relating to health, safety and welfare of people using the services are completed and reviewed regularly by people with the qualifications, skills and competence to do so. Risk assessments should include plans for managing risk</p> <p>Regulation 12 (2)(a)</p> <p>The provider must ensure incidents are reviewed and thoroughly investigated by competent staff and monitored to make sure that action is taken to remedy the situation, prevent further occurrences and make sure that improvements are made as a result.</p> <p>Regulation 12 (2) (b)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The provider must ensure records are accessible to authorised people as necessary in order to deliver clients care and treatment in a way that meets their needs and keeps them safe.</p>

This section is primarily information for the provider

Requirement notices

Regulation 17 (2)(c)

The provider must ensure policies and procedures are in place for anyone to raise concerns about their own care and treatment or the care and treatment of people they care for or represent. The policies must be in line with current legislation and guidance and staff must follow them.

Regulation 17 (2) (d)

Regulated activity

Accommodation for persons who require nursing or personal care

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met

The provider must staff receive regular appraisals of their performance in their role from an appropriately skilled and experienced person and any training, learning and development needs should be identified, planned for and supported

Regulation 18 (2) (a)