

Holgate House Limited

Quality Report

Mill Bridge
Mill Lane
Gisburn
Lancashire
BB7 4LP

Tel: 01200 445200

Website: www.holgatehouse.org.uk

Date of inspection visit: January 25th 2016

Date of publication: 01/07/2016

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 inspected Holgate House on 25 January 2016. The location was registered to provide accommodation for people requiring treatment for substance misuse and for treatment for disease, disorder and injury.

However, the evidence we found showed that the service had not provided treatment carried out by or under the supervision of a listed health care professional (as listed

in paragraph 4(4) of Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, or from a social worker during the 12 months prior to our visit.

We asked the provider to consider our scope of registration document. The managers agreed that the treatment being provided did not fall within the scope of registration for this regulated activity.

We have therefore asked the provider to consider cancelling their registration for treatment for disease,

Summary of findings

disorder and injury in line with regulatory requirements as they do not provide this regulated activity at, or from, this location. In the meantime, we consider this regulated activity dormant.

We found:

- Staff did not manage risk effectively. Although staff identified some risks on admission, most clients did not have risk management plans and staff did not review risks regularly. Staff relied on verbal information from discussions with clients and information recorded in the handover notes.
- There were no effective systems and processes to ensure that all directors were, and continued to be, fit, and that no appointments met any of the unfitness criteria set out in Schedule 4 of Regulation 5 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There was a whistle blowing policy. Staff were aware of this and understood it. However, the policy did not cover the duty of candour and we were not assured by speaking with staff that they understood the duty.
- Care plans were not complete. In six of the eight records we reviewed it was unclear what the client's goals were or how they would achieve them. The service did not review the care plans regularly.
- Staff did not receive training on the Mental Capacity Act 2005 (MCA) and did not demonstrate understanding of the guiding principles of the MCA. The service did not have a MCA policy.
- Some staff received supervision and appraisal from their own family members. This meant supervision and appraisal of these staff may not be wholly objective.
- The welcome pack and complaints policy provided inaccurate information about how clients could make a complaint.
- A member of the family who ran the service took the lead in investigating complaints, which meant investigations may not be wholly objective.

However:

- The environment was clean, well maintained, welcoming and comfortable.
- Clients were involved in decisions about their care and the service. There were agreed house rules and a behavioural code of conduct.
- Staff carried out assessments before clients were admitted to ensure that the service could meet the individuals' needs.
- Care and treatment was underpinned by best practice. Clients had access to psychosocial therapies, group sessions and individual one to one sessions with a counsellor.
- Staff worked with clients to help them develop the skills they needed to sustain their recovery and maintain their independence when they returned to the community.
- Staff established therapeutic relationships with clients and involved them in their care.
- Staff treated clients with respect and kindness and supported them throughout their stay.
- There was a structured programme of care, therapy and activities. Discharge planning included an aftercare package to support clients following rehabilitation.
- There was a structured programme for supervision and appraisal of work performance.
- Staff we spoke with were highly motivated in their work and told us they felt supported by senior management. There was an open and transparent culture. Staff told us they felt comfortable raising any concerns or issues.

Summary of findings

Our judgements about each of the main services

Service

Substance misuse services

Rating

Summary of each main service

Holgate House Limited offers rehabilitation for adults with a history of drug and/or alcohol dependency. The home is set in a rural location in the Ribble Valley. Accommodation is provided in a mixture of shared and single rooms. Clients undertake a rehabilitation programme based on the 12-step framework and person centred cognitive therapy.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Holgate House Limited	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Overview of ratings	11
Outstanding practice	19
Areas for improvement	19
Action we have told the provider to take	20

Holgate House Limited

Services we looked at

Substance misuse services

Summary of this inspection

Background to Holgate House Limited

Holgate House Limited provides a residential rehabilitation service for up to 22 adults with a history of drug and/or alcohol dependency. The service is registered with the Care Quality Commission to provide accommodation for persons who require treatment for substance misuse and for the treatment of disease disorder or injury.

The service has a registered manager.

The service is based in the Ribble Valley. Accommodation is provided across two neighbouring houses. There is a mixture of shared and single rooms. Clients undertake a rehabilitation programme based on the 12-step framework and person centred cognitive therapy.

The service has been inspected by the Care Quality Commission three times. The last comprehensive inspection of Holgate House was in August 2013. The service was meeting the essential standards of quality and safety that we looked at on that inspection.

Our inspection team

The team that inspected the service comprised of three Care Quality Commission inspectors. The inspection was led by Annette Gaskell.

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:

- Reviewed the quality of the environment and observed how staff were caring for clients.
- Spoke with two clients who were using the service.

- Spoke with the registered manager.
- Spoke with the two directors.
- Spoke with four other staff members including a key worker, counsellor, social coordinator and administrator.
- Received feedback about the service from four commissioners.
- Attended and observed one hand-over meeting.
- Collected feedback from 13 clients, using comment cards.
- Looked at the care and treatment records of eight clients.
- Carried out a specific check of the medication management.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

We spoke with two clients who used the service. We received comment cards from 13 clients.

Clients were very positive about the service and the treatment they had received. They felt that staff listened to them and were invested in their recovery. They

considered staff to be caring and supportive. Clients considered the care and treatment they were receiving to be effective and praised the impact the service had on their lives.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

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

- Staff did not manage risk effectively. Clients did not have risk management plans and staff did not review their risks regularly.
- There was a whistle blowing policy. Staff were aware of this and understood it. However, the policy did not cover the duty of candour and we were not assured from speaking with staff that they understood the duty.

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

- The environment was clean and well maintained.
- There were sufficient staff to deliver the 12-step programme.
- Staff demonstrated understanding of procedures for safeguarding clients from abuse. The managers acted as safeguarding leads.
- Staff had completed core skills training to their required level.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- Care plans were not complete. In six of the eight records we reviewed it was unclear what the clients' goals were or how they would achieve them. The service did not review the care plans regularly.
- The service was family run and some staff received supervision and appraisal from their own family members. This meant supervision and appraisal of these staff may not be wholly objective.
- Staff did not receive training on the Mental Capacity Act 2005 and did not demonstrate understanding of the guiding principles of the Act. The service did not have a Mental Capacity Act policy.

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

- Staff carried out assessments before clients were admitted to ensure that the service could meet individuals' needs.

Summary of this inspection

- Care and treatment was underpinned by best practice. Clients had access to psychosocial therapies, group sessions and individual one to one sessions with a counsellor.
- Staff worked with clients to help them develop recovery capital. They helped clients build the skills required to help them function and maintain their independence when they returned to the community.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff established therapeutic relationships with clients and involved them in their care.
- Staff treated clients with respect and kindness and supported them throughout their stay.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There was a structured programme of care, therapy and activities. Discharge planning included an aftercare package to support clients following rehabilitation.

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

- The welcome pack and complaints policy provided inaccurate information about how clients could make a complaint.
- A member of the family who ran the service took the lead in investigating complaints, which meant investigations may not be wholly objective.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- There were no effective systems and processes to ensure that all directors were, and continued to be, fit, and that no appointments met any of the unfitness criteria set out in Schedule 4 of Regulation 5 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of this inspection

- There was an inconsistent approach to supervision and appraisals.

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

- Staff we spoke with were highly motivated in their work and told us they felt supported by senior management. There was an open and transparent culture. Staff told us they felt comfortable raising any concerns or issues.

Detailed findings from this inspection

Mental Health Act responsibilities

The service did not admit clients detained under the Mental Health Act 1983.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff did not receive training on the Mental Capacity Act 2005. The service did not have a Mental Capacity Act policy. Staff assumed clients had capacity when they entered treatment. This was not reviewed. Staff did not

demonstrate understanding of the guiding principles of the Mental Capacity Act. However, the provider did not admit clients who lacked capacity, as they would be unable to engage with the treatment programme.

There were no clients subject to deprivation of liberty safeguards.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	N/A	N/A	N/A	N/A	N/A	N/A

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

Holgate House was split over two residential buildings. There was a 12 bed house and a newer 10 bed house that had been opened in March 2015. Both premises were clean and well maintained. Clients cleaned the buildings every day according to a rota.

There were a clear set of house rules and a behavioural code of conduct that clients entering the service were required to agree to as part of their admission. Clients were allocated three 'lives'. A breach of the house rules and code of conduct could result in a life being lost. Lost lives could be reinstated after a month if there had been no further breaches. The house rules worked alongside the treatment programme. They encouraged clients to take an outward-looking approach and promoted responsibility for themselves and towards others.

Bedrooms were on the first floor in each building. There was no lift to support access for clients with physical disabilities. The provider told us that commissioners were aware of this and did not refer clients with mobility issues that prevented them from using stairs.

Bedrooms were both single and dual occupancy. Where bedrooms were shared this was on a strict same gender basis. Males and females were accommodated on separate corridors. The provider did not allow sharing a bedroom with a client of the opposite gender. This ensured clients' privacy and dignity were safeguarded. Unless a risk assessment indicated otherwise, the provider allocated new admissions to a shared bedroom with a 'senior peer'. A senior peer was a client who had been in the service for a period of time and could help the new client settle. The provider informed clients that they would be in a shared bedroom prior to admission and they were able to visit the

facility to see this arrangement. Clients could lock their bedrooms and the provider did not allow them to go into each other's bedrooms. This was to respect each client's right to privacy and dignity.

Bedrooms had washing facilities but did not have ensuite showers or baths. There were separate shower and bathing facilities on each corridor.

There were visible ligature points in the building and in bedrooms. The provider told us they did not admit clients with high level mental health concerns or who were deemed to be at risk of self-harm.

A member of staff was responsible for building maintenance and governance. There were up to date risk assessments for health and safety, legionella and fire. Identified actions had been addressed. Staff had received fire safety training. All staff members except one had completed first aid training. This meant there was a first aider on site at all times.

Safe staffing

The total staffing establishment was 13. The establishment included a service manager who was also a therapist. A deputy manager also acted as the social coordinator and carried out assessments prior to admission.

There were two person centred counsellors and four group facilitators. One of these acted as a team leader and the other three acted as support workers. There were an additional three support workers and one administrator. In addition, a director was on site and assisted when required. There were no staff vacancies. The service did not use bank or agency staff. Cover was provided from within the existing establishment. Annual leave was booked a month in advance so that cover could be arranged. Unplanned absences were managed by the good will of the team.

Substance misuse services

Day time staffing incorporated the manager / therapist, two counsellors and the social coordinator, plus a support worker and group facilitator in each house. There was a sleep over shift that comprised of one staff member per house.

There was a programme of mandatory training. This included fire safety, health and safety, equality and diversity, first aid and medications training. A training matrix was used to monitor compliance and record renewal dates. Staff were compliant with all mandatory training. All group facilitators and support workers had either completed or were working towards an NVQ level two certificate in health and social care.

Assessing and managing risk to patients and staff

We reviewed eight clients' files. One client did not have a risk assessment. The client had been admitted two months previously, in November 2015. The remaining seven files all contained a risk assessment. However, we found that there was no significant difference between these risk assessments. One client's risk assessment had another client's name on the back page.

Risk assessments were basic and did not capture all relevant information. For example, there was no space to capture mental health concerns. Risk assessments had not been updated. There were no risk management plans.

The service had a policy for when a client left the service unexpectedly through self-discharge. Where possible, clients were provided with seven days' supply of medication. The client's care coordinator and next of kin were informed.

The service did not prescribe medication. However, it stored and helped dispense medications that had been prescribed for clients by other health professionals. This included prescribing around physical and mental health issues by GPs. There was a policy to support this and links with a local pharmacy who delivered medications. Staff received training on medications management. The policy covered the ordering, storage and dispensing of medications. This included the confirmation of medication and identification of the client prior to dispensing. Medications were secured safely in a locked cupboard. There was a process for medicine reconciliation and monthly audits to check stock levels.

Staff received safeguarding training as part of their induction and mandatory training. Senior management

were identified as safeguarding leads and provided advice and support. There were policies in place for the safeguarding of both adults and children. Staff signed to confirm that they had read the policies. The service had not raised any safeguarding alerts in the previous 12 months.

Track record on safety

In the 12 months prior to our inspection there had been no serious incidents that required investigation.

Reporting incidents and learning from when things go wrong

There was a policy to guide staff in reporting accidents and adverse incidents. There was a paper form used for reporting incidents. There was a separate accidents book to record accidents. There had been no adverse incidents or accidents reported in the previous 12 months. The policy included guidance on reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR).

Duty of candour

The service had a whistle blowing policy. Staff were aware of this and understood it. However, the policy did not cover the duty of candour. To comply with the duty of candour, providers must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology.

Providers must have an open and honest culture at all levels within their organisation and systems for knowing about notifiable safety incidents. The provider must also keep written records and offer reasonable support to the patient or service user in relation to the incident.

Although staff were clear that they would be open and honest if something went wrong, we were not assured through speaking with them that they understood the principles of the duty of candour.

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

Assessment of needs and planning of care

Staff completed an assessment for each client prior to admission. This allowed staff to ensure that the service could meet the individuals' needs. However, we found that some assessment paperwork was not complete. For

Substance misuse services

instance, on one assessment the healthcare needs section had been left blank. It was unclear whether this was because there were no healthcare needs or because the question had not been asked or answered.

Physical health care concerns were not always addressed. For example, one client had arthritis and fibromyalgia but there was no physical health care plan. Another client had diabetes but their care plan did not cover blood glucose checks. Clients were registered with a local GP who managed physical health concerns. Staff supported clients to attend medical appointments.

Care plans were not complete. One record contained a scrap of paper that stated the provider had requested a care plan from the client's social worker. Of the eight records we looked at, only one contained discussion of issues already worked on and goals and approaches for issues that the client still needed to address. One file that we reviewed contained treatment goals but there was no recovery plan. However, for the remainder of the records it was unclear what the client's goals were and how they would achieve them. There were notes of daily activities but these did not relate to a recovery plan. This meant it would be difficult for a client to understand how they could progress with their recovery. The service did not review the care plans regularly.

Best practice in treatment and care

Holgate House delivered care in line with the 12-step programme. The 12-step programme was developed by the alcoholics anonymous fellowship. It utilises principles of mutual aid and peer support. The National Institute for Health and Care Excellence (NICE) has produced guidance for services managing clients with substance misuse issues, such as NICE guidance on drug misuse in over 16s: psychosocial interventions (NICE CG51) and NICE guidance on alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (NICE CG 115). The guidance recommends that clients have access to mutual aid (self-help) support groups normally based on 12-step principles.

Clients were able to access cognitive behavioural therapy (CBT) and person centred counselling sessions. CBT is a talking therapy that helps individuals manage problems by changing the thoughts and behaviour associated with them. Counsellors followed guidelines from the federation of drug and alcohol professionals.

Clients completed a significant event form and a feelings diary each day. This enabled them to reflect on the day, looking back at what had happened and what they had learnt from that. Staff were available to discuss any concerns clients may have identified in this process. The forms and diaries were also used to help structure therapy and counselling sessions.

The service worked with clients to help them develop recovery capital. Recovery capital refers to social, physical, human and cultural resources a client needs to develop to help them achieve and sustain their personal recovery. Clients told us that the groups and sessions they attended had helped them understand and manage their health and social needs. They were able to explore the reasons behind their substance misuse and develop coping strategies. Clients linked in with other organisations and were encouraged to develop their social support including mutual aid. Sessions also included life skills such as cooking. These helped clients build the skills required to help them function and maintain their independence when they returned to the community.

Holgate House did not provide a physical health service and had links with a local GP to manage physical health concerns. The service had an effective relationship with the GP and encouraged clients to register as patients. Clients were supported to attend appointments at the GP, dentist or other health appointments as required. We spoke to one client who required an inhaler. We were told that staff had managed this with the GP surgery. Inhalers were ordered through the GP service as required.

The service did not have a formal audit programme. However, staff carried out monthly audits on medication stored at Holgate House. This included stock checks to ensure medications had not been lost or misplaced.

Holgate House measured outcomes using the national drug treatment monitoring service (NDTMS). The NDTMS is managed by Public Health England. It collects, collates and analyses information from those involved in the drug treatment sector. All drug treatment agencies must provide a basic level of information to the NDTMS on their activities each month. Providers are able to access reports and compare performance against the national picture. Holgate House's latest data submission showed a completion rate of 80%.

Substance misuse services

Skilled staff to deliver care

Staff had the necessary skills to carry out their duties. Counsellors had diplomas in person-centred counselling. Support workers had either completed or were working towards an NVQ level 2 certificate in health and social care. Group facilitators and support workers had their own experience of addiction and recovery. This helped staff to develop relationships with clients.

Staff were able to access additional training if it was identified as a need or part of service development. For example, two staff members were attending aromatherapy courses. This was intended to help support clients who struggled sleeping. Another member of staff had trained in head massage. The service manager had completed a management diploma and was enrolled on an NVQ level 5 health and social care course. A support worker had been supported to complete a foundation degree in mental health.

All staff received regular supervision on a monthly basis. Records we saw confirmed this. There was a structured programme of supervision was structured and a set agenda for sessions. Notes of the supervision session were signed by both the supervisor and supervisee. Staff also received an annual appraisal and set annual objectives. However, the service was family run and some staff received supervision and appraisal from their own family members. This meant supervision and appraisal of these staff may not be wholly objective.

Multi-disciplinary and inter-agency team work

Staff attended a handover meeting before and at the end of each shift. We observed one handover meeting during the inspection. The handover was detailed and comprehensive. Each client was reviewed and discussed. One client had recently suffered a bereavement; staff discussed coping strategies and the support required. Staff showed a good knowledge of the clients and worked together to deliver care.

Staff remained in contact with referring agencies during clients' treatment and informed them of discharge plans.

The service had strong links with other local recovery communities. These included alcoholics anonymous, narcotics anonymous and Red Rose recovery. Red Rose recovery is a Lancashire based charity and a recovery

infrastructure organisation. They provide opportunities for clients to build sustainable recovery in community based settings. Clients were supported to access community organisations and volunteering opportunities.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

The service did not admit clients detained under the Mental Health Act 1983.

Good practice in applying the Mental Capacity Act

The Mental Capacity Act 2005 was not part of staff training. The service did not have a Mental Capacity Act policy. Staff assumed clients had capacity when they entered treatment. This was not reviewed. Staff did not demonstrate understanding of the guiding principles of the Mental Capacity Act. However, the provider did not admit clients who lacked capacity, as they would be unable to engage with the treatment programme.

The service had not made any deprivation of liberty safeguards applications.

Are substance misuse services caring?

Kindness, dignity, respect and support

We observed positive interactions between staff and clients. Clients were treated with compassion and understanding. They told us they felt supported emotionally and practically. Staff were approachable and engaged with individuals in a respectful and dignified manner. They showed a good understanding of individual need and circumstance. They were person centred in their approach and able to use their own experiences of substance misuse to engage with clients and develop effective therapeutic relationships. A therapeutic relationship is a relationship between a worker and a client that is built on mutual trust and respect with the aim of bringing about beneficial change.

The service had a confidentiality policy. The importance of confidentiality was discussed with clients during admission.

The involvement of people in the care they receive

There was an admission process to inform and orientate clients to the service. Clients were able to visit prior to admission to view the service and speak to staff and peers. This allowed the client to ensure that the service was appropriate for them before admission. The service

Substance misuse services

provided a welcome pack for clients, which included information on the service, its aims and objectives, house rules, expected standards of behaviour and the complaints process. A sample copy of the activities schedule was also provided.

Clients told us they were actively involved in their care. They identified that they had developed their own sets of goals and objectives. Where they had requested the involvement of family members or carers this had been facilitated. Clients were not allowed visitors in the first week of their admission. Staff explained this to clients before admission. Family visits were allowed after that. There was a set visiting time at weekends.

There were weekly house meetings. This gave clients the opportunity to feed back to staff and to raise any issues. We saw evidence of staff responding to concerns. For example, in one meeting two service users asked for fans, as they felt hot in their bedrooms. These were provided.

All clients were asked to complete a questionnaire when they were discharged. This gave clients an opportunity to give feedback on the service they had received. Questionnaire responses were reviewed by senior management. Clients told us they were also able to feed back issues informally to staff on a day-to-day basis.

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

Access and discharge

Clients completed a detoxification programme prior to entering the service. The admission process began prior to detoxification. Clients received assistance to choose their preferred rehabilitation service from an external organisation. They were able to visit the service and speak to staff and clients. This enabled the service to explain how the service worked and ensure that the individual understood the underpinning treatment philosophy. This included an explanation of the house rules and expected standards of behaviour. Clients were required to consent and accept these rules before the provider offered a placement.

Staff worked with each client's care coordinator to identify an admission date in conjunction with the planned detoxification. Clients attended immediately following

detoxification and staff would pick them up from their detoxification service. Staff had travelled to Liverpool to collect one client. Clients we spoke with told us that their transfer had been quick and easy.

The service operated a minimum stay of three months and a maximum stay of six months. This corresponded to the amount of funding available for each client. Discharge planning began on admission. Staff worked with the client and referral agency to plan discharge dates. Clients were encouraged to consider their objectives following discharge and supported in meeting these. This included developing support networks, coping strategies and recovery capital. There were opportunities for clients to stay in accommodation owned by the managers and receive aftercare. We spoke with one client who was planning to return to their home city after discharge. There was a plan to return home at weekends initially and to build on the success of the visits. Staff had supported the client in identifying mutual aid groups within the area.

The facilities promote recovery, comfort, dignity and confidentiality

Holgate House was situated in a rural location that provided a peaceful environment for clients to work on their recovery. There were communal areas and lounges as well as confidential areas used for group work and therapy sessions. There was access to well-maintained outdoor spaces.

Clients were able to personalise their bedrooms by displaying photographs and posters providing these were not offensive. All bedrooms had secure storage spaces that clients could use. Clients were also able to give personal items to staff for safe storage. Clients were not allowed televisions, radios or stereo equipment in their rooms. They were able to watch television within communal areas but this was restricted to set times. These house rules were explained to clients prior to admission.

Clients cooked for the house and adhered to a cooking rota. They were not allowed to make their own meals outside the planned rota. They were able to access drinks and snacks outside this time but were not allowed to take these into groups.

Substance misuse services

Clients were not allowed to bring mobile phones into Holgate House. However, they were able to make telephone calls using telephone facilities in the communal areas and they could make private calls using the telephone in the staff office.

There were activities for clients seven days a week. There was an activity rota displayed for clients. Activities varied from 12-step based lectures and group sessions to communal and social activities such as quizzes and group walks. The rehabilitation programme included free time and dedicated time for clients to spend with their key worker. There were meditation sessions every morning. Some staff were also trained to provide complementary therapies such as head massages. Clients we spoke with told us that they found the activities beneficial and relevant to their needs.

The service also facilitated monthly trips that staff discussed and agreed with the clients, such as a trip to the local bowling alley.

Meeting the needs of all people who use the service

Holgate House was not able to provide treatment to individuals with reduced mobility. They stipulated this in the referral information, and referral agencies were aware of this restriction.

Information on local services and recovery projects was on display and available within the service. This helped clients to develop their recovery capital and support network.

Cultural and religious needs were identified through assessment. This allowed the service to identify in advance if interpreter services were required and to work with the client, their care coordinator and local services to provide this.

We spoke with one client who felt that staff had understood their cultural and diversity needs. They gave an example of receiving support to wear culturally appropriate clothing within the building.

Staff would support clients to attend local places of worship if this was requested. Holgate House accepted individuals with a range of religious beliefs provided they did not contradict the 12-step ethos. Staff could arrange for

specific dietary requirements relating to religious or physical health requirements. They identified such needs in the assessment process, which provided time for the service to address needs before the client's admission.

Listening to and learning from concerns and complaints

The service had a complaints policy. The policy covered both verbal and written complaints. However, the policy stated that if the client was unhappy with the outcome of a complaint investigation they could raise it with the Care Inspectorate and the Scottish ombudsman. The Care Inspectorate is the Scottish care regulator thus not appropriate for a service based in England.

The service provided clients with information on how to complain on admission and in the welcome pack. The welcome pack stated that if the client was unhappy with the outcome of a complaint investigation they could raise it with the Care Quality Commission. The Care Quality Commission does not investigate complaints on behalf of individuals unless they relate to a patient's detention under the Mental Health Act. The policy should direct clients to the Parliamentary and Health Services Ombudsman if they are unhappy with the outcome of a complaint.

There was a complaints book to capture both verbal and written complaints. There had been no formal complaints in the previous 12 months.

Staff received training on the complaints policy as part of their induction. However, a member of the family who ran the service took the lead in investigating complaints. This meant investigations may not be wholly objective. It was unclear if the lead for complaints would continue to investigate a complaint if it related to another member of the family.

Are substance misuse services well-led?

Vision and values

Holgate House had a mission statement. The mission statement was to help, support and empower clients ongoing abstinence from drug and alcohol dependency whilst exploring opportunity for personal growth and development. Staff were aware of the mission statement.

The service had a set of objectives that were detailed in the information handbook. These were:

Substance misuse services

- to provide help in which residents can develop existing life skills and remedy skill deficiencies
- to assist in the service user's personal development and encourage self-esteem, including assisting them to develop specific coping strategies
- to offer help in ways that respect the individuality of each service user and their race, culture, religion, disability and sexual orientation.

Senior staff were a visible presence and part of the team. Staff told us they were approachable and operated an open door policy.

Good governance

The provider did not demonstrate that there were appropriate systems and processes to ensure that all new directors and existing directors were, and continued to be, fit, and that no appointments met any of the unfitness criteria set out in Schedule 4 of Regulation 5 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The requirements of regulation 5 are that:

1. the individual is of good character,
2. the individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed,
3. the individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed,
4. the individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity, and
5. none of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.

Arrangements for supervision and appraisal were inconsistent because some staff received supervision and appraisal from family members. However, there was a structured programme for induction, regular supervision and annual appraisal.

Staff had access to a programme of mandatory training and were able to request additional specialised training. The service had a range of policies and procedures for guidance, which staff were required to read and sign as part of their induction. Staff attended team meetings where they received up to date service information.

We reviewed two staff files. Appropriate checks had been carried out before employment. These included copies of qualifications and certificates to confirm staff were appropriately skilled in line with their job description and disclosure and barring service (DBS) checks. The service employed individuals who had their own experience of substance misuse and for some there were past convictions recorded on their DBS record. Where this occurred, there was an explanatory note from the manager to confirm that this had been reviewed and the service was happy to employ the individual.

There were systems that captured risks. For example, environmental assessments captured relevant risks and included control measures and actions to reduce or remove the risk.

Leadership, morale and staff engagement

Staff we spoke with were highly motivated in their work. They felt supported by senior management. Staff told us that they enjoyed their jobs and found them rewarding.

Staff sickness was low at 0.5%. There were no vacancies. Staff turnover for the previous 12 months had been 16%. There had been no bullying or harassment cases reported at the service. We spoke to one staff member who had previously worked at Holgate House, had moved to another job but returned to work at the service because of the supportive culture.

There was an open and transparent culture. Staff told us they felt comfortable raising any concerns or issues with senior management. They considered senior management to be open and approachable.

Commitment to quality improvement and innovation

Holgate House used informal approaches to consider improvements. Feedback and suggestions from staff and clients were considered at weekly house meetings and monthly management meetings.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that appropriate systems and processes are in place to ensure that all new directors and existing directors are, and continue to be, fit, and that no appointments meet any of the unfitness criteria set out in Schedule 4 of Regulation 5 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The provider must ensure that clients have an individual care plan that is comprehensive, holistic (including physical health needs) and recovery focused with clear goals. Staff must review the care plan with the individual on a regular basis.
- The provider must ensure that all clients have a comprehensive, individual risk assessment on admission. The risk assessment must inform a risk management plan. Staff must review the risk assessment and risk management plan on a regular basis and update it if necessary.

- The provider must ensure that staff understand the guiding principles of the Mental Capacity Act 2005 (MCA) and that a policy is available for guidance.

Action the provider **SHOULD** take to improve

- The provider should ensure that staff members are not line managed by a person to whom they are related.
- The provider should ensure complaints relating to family members are investigated independently.
- The provider should ensure complaints information is accurate and appropriate.
- The provider should ensure that staff have a clear understanding of the principles of the duty of candour.
- The provider should ensure that they are only registered for regulated activities that they provide.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

How the regulation was not being met:

The provider did not demonstrate that there were appropriate systems and processes to ensure that all new directors and existing directors were, and continued to be, fit, and that no appointments met any of the unfitness criteria set out in Schedule 4 of Regulation 5.

This was a breach of regulation 5 (2) (a); 5 (2) (b).

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

One record did not contain a risk assessment. The other records we reviewed contained very basic risk assessments. They contained no significant differences. One risk assessment had another client's name on it. The risk assessments were not detailed and there were no risk management plans. The risk assessments were not reviewed.

This was a breach of regulation 12 (2) (a).

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

The care plans we looked at were incomplete, not recovery focused and not regularly reviewed.

This was a breach of Regulation 17 (2) (c).

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

Staff did not demonstrate understanding of the guiding principles of the Mental Capacity Act 2005. The provider did not have a policy to provide guidance for staff.

This was a breach of regulation 18 (2) (a).