

# Francis House

## Quality Report

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

### 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 standalone substance misuse services.

We found the following areas of good practice:

- Clients receiving treatment at Francis House felt safe. The provider had an excellent understanding of client risks and clear plans were in place to manage concerns. Procedures were in place to ensure safe administration of medication. Staff demonstrated knowledge of procedures in reporting incidents. Staff understood how to identify and raise safeguarding issues and followed the organisation's policies. The environment was clean and comfortable and staff managed medication using clear robust systems.
- Care records contained comprehensive, detailed and holistic assessments of the client, and all therapies provided followed National Institute of Clinical Excellence guidelines (NICE). Staff were well trained to provide the care required and received regular supervision and support from managers, and clients described feeling well cared for and supported by the staff who treated them in a dignified and respectful manner. Staff worked closely with clients to create care plans that addressed the needs of each individual.
- Staff provided individualised methods of supporting clients' recovery dependant on their needs, for

# Summary of findings

example, information provision for non-English speakers. There was a robust complaints management policy within the organisation and staff understood and worked within the duty of candour.

- Staff in Francis House demonstrated high levels of care for the clients. All staff were 'dignity champions'. They had made a commitment through the national dignity council to uphold clients' dignity in all situations and acted accordingly when working with clients.
- Francis House had clear, robust admission and discharge procedures. They offered a vast range of therapeutic activities, tailored to the client's individual needs. This included Equine Assisted Learning which was very positively received.

- The provider's leadership team were approachable, enthusiastic and extremely knowledgeable. They demonstrated high levels of commitment and compassion, and were highly inspirational. They offered unfunded crisis admissions to former clients and fundraising to be able to offer a service to people who were unable to access statutory referrals or funding.

However, we also found the following issues that the service could improve:

- The service did not have an automated external defibrillator (AED) available for use in a medical emergency.

# Summary of findings

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# Francis House

**Services we looked at**

Substance misuse/detoxification

# Summary of this inspection

## Background to Francis House

Francis House is one of three substance misuse residential rehabilitation and detoxification services provided by Streetscene Addiction Recovery Service. Francis House has been registered with the Care Quality Commission since 20 January 2011. The service is registered to provide accommodation for persons over 18 years of age who require treatment for substance misuse. There is a CQC registered manager in place.

Francis House has 18 beds and offers a 24-hour service for males and females. Clients receive assessment and individual structured therapeutic plan of resettlement

and reintegration, medical detox supervision through the general practitioner, residential treatment, aftercare and support. There were 14 clients receiving treatment at the time of our inspection. The majority of the funding arrangements are through statutory organisations. However, the service does accept self-funders.

We previously inspected Francis House on 19 November 2012 and 20 September 2013 and found the service to be compliant with the requirements of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010.

## Our inspection team

The team that inspected the service comprised CQC lead inspector Susan Bourne and 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 requirements of 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, asked other organisations for information, and gathered feedback from people who used the service at a focus group meeting.

During the inspection visit, the inspection team:

- visited this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with 11 clients
- spoke with the registered manager

# Summary of this inspection

- spoke with six other staff members employed by the service provider
  - spoke with one peer support volunteer and one ex-service user
  - attended and observed one house meeting
  - looked at six care records and 14 medicines records for clients
- 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 Francis House was exceptional. They were unanimous in their praise of the staff team and the warmth and support shown to them. Clients stated that they were welcomed immediately and the environment was strict but homely. We spoke to clients both individually and in a group. Feedback we received was high praise for the comfort and care provided. Some referred to the house as a 'safe

haven' and four separate people told us they felt 'they would not be alive' if it was not for this service. Clients told us they had not only been taught life skills to move on, but also social skills, stress management and about respecting other people. Everyone was treated fairly and equally in the house. Several clients said that it was an 'amazing' treatment centre.

# 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 areas of good practice:

- Staffing levels were safe and staff were very knowledgeable about clients' risks.
- The environment was very clean and well maintained; staff used infection control procedures.
- There were robust processes to ensure safe medicines management.
- Staff demonstrated good knowledge of safeguarding procedures and how to make a referral.
- There was a robust process for the reporting and managing of incidents.

However, we also found areas that the provider could improve:

- The service did not have an automated external defibrillator for use in a medical emergency.

### Are services effective?

We do not currently rate standalone substance misuse services

We found the following areas of good practice:

- Each care record we reviewed contained a comprehensive, detailed and holistic assessment of the client.
- Therapies were provided that followed National Institute of Clinical Excellence guidelines.
- There were regular staff meetings through the day that ensured clear handovers of detailed client information.
- Staff were appropriately and highly skilled and had received a thorough induction training programme when starting work at Francis House.
- Staff received regular clinical supervision.

### Are services caring?

We do not currently rate standalone substance misuse services

We found the following areas of good practice:

# Summary of this inspection

- Clients described feeling extremely well cared for and supported by the staff.
- Clients collaborated with staff to create care plans that addressed their needs.
- All staff were 'dignity champions'. They had made a commitment through the national dignity council to uphold clients' dignity in all situations and acted accordingly when working with clients.
- Staff actively sought feedback from clients to enable them to help improve the service they provided.

## Are services responsive?

We do not currently rate standalone substance misuse services

We found the following areas of good practice:

- The service carried out fundraising activities to enable clients who could not access statutory funding to access treatment. Former clients were also offered unfunded crisis admissions.
- There were a wide range of activities and therapies available that enabled care plans to be tailored to a client's needs. This included Equine Assisted Learning which was positively received.
- Staff ensured that clients' access to places of worship was facilitated.
- Staff provided individualised methods of supporting clients' recovery dependant on their needs; for example, accessible information for non-English speakers.
- There was a robust complaints management policy within the organisation.
- Clients were able to access hot drinks and snacks 24 hours per day.

## Are services well-led?

We do not currently rate standalone substance misuse services

We found the following areas of good practice:

- The service had a clear vision and set of values that staff understood and staff morale was very high.



# Summary of this inspection

- The organisation's leadership, at all levels, was committed to the people who used the service; they offered unfunded crisis admissions to former clients and fundraised to be able to offer a service to people who were unable to access statutory referrals or funding.
- The service had a registered manager in post and people using the service and staff made positive comments about the approachability and support from them.
- There were systems in place to monitor the quality of the service, which included regular audits and feedback from clients and staff.
- Staff members demonstrated a clear commitment to improving services and working practices across the service.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had basic 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.
- The team were planning to increase their level of Mental Capacity Act training in the next year. Staff could identify where policies relating to mental capacity were located.

# Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse/detoxification services safe?

### Safe and clean environment

- Francis House was a large property with three floors, several corridors and staircases. There were 15 bedrooms in total. Bedrooms were on all floors including the ground floor.
- Staff could not observe the entire environment at all times. Staff monitored each client closely dependent on their individual risk. Staff demonstrated a high level of skill in observation and good knowledge of the specific individual risks of the clients.
- 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 carried out ligature risk assessments of the building. Staff identified the location of the highest risks and explained how staff managed them to ensure client safety.
- All bedrooms were singles with the exception of three twin rooms for new clients. When admitted a client's vulnerability would be at its highest. A peer who was further on in their treatment shared a room with them and provided support. Clients were informed in advance about sharing rooms. Staff went through information about sharing of rooms and signed a contract agreeing to the conditions. If a client objected to this, there was opportunity for a single room to be discussed if appropriate.
- As treatment progressed, a single room was available, initially without en-suite facilities. There were seven en-suite bedrooms for clients who had progressed further through their treatment. All had access to bathrooms and toilets on each corridor.
- Francis House kept a bedroom opposite the night staff room for anyone who did not wish to share a twin room. This aided observation. The peer would otherwise help with safety monitoring in the twin room. This room was also used for anyone displaying high-risk behaviour such as thoughts of suicide or self-harm.
- the treatment room was clean, well maintained and contained a locked medicines cupboard. The cupboard was tidy, clean and appropriately fixed to the wall. There was a locked section within the cupboard for the storage of controlled drugs. There were no controlled drugs in stock at the time of inspection. Staff were not trained to use specialist resuscitation equipment or emergency medicines so none were available at the house.
- Although there was no automated external defibrillator available for use there were clear protocols for medical emergency. The service always had nominated staff trained in basic life support on shift, who were clear on emergency procedures.
- The environment and furnishings were extremely clean, comfortable and welcoming. Clients were responsible for cleaning and tidiness, including cooking and some maintenance, on a rota basis. This was part of the rehabilitation program to support independence for the end of the rehabilitation programme. They kept this at a very high standard. Plans were in place for further re-decoration of some areas of the house.
- The clients on a rota basis also used a laundry room with washing machine, tumble dryer and ironing facilities. These were in a clean and ordered condition.

# Substance misuse/detoxification

- Staff adhered to infection prevention and control measures. Infection control was part of statutory mandatory training and 80% of staff had completed this. There were signs up in the building and staff were able to demonstrate clearly the principles.
- There were clear fire alarm and evacuation procedures and staff were confident in explaining these. Emergency exits were clearly marked and staff had completed fire checks.
- We saw detailed environmental risk assessments managers had completed, these included action plans. Managers reviewed and updated these regularly.

## Safe staffing

- Staffing numbers per day were safe. Numbers were dependent upon what activities were taking place or if a new admission expected. There were no staff vacancies at the time of our inspection. Staffing levels increased dependant on the risk of the clients to maintain their safety. There was an on-call system out of office hours to support the lone night worker.
- Dedicated volunteers and recovery champions were part of the team. Recovery champions were volunteers who were in recovery from addiction that staff encouraged to support and mentor clients. All staff demonstrated a very high level of knowledge and skill in safety around the management of alcohol and substance misuse.
- Recruitment procedures were robust. All staff had disclosure and barring service checks (DBS) and reference checks.
- Since December 2015 there had been 1.9% permanent staff sickness overall. Francis House did not use any agency staff. Regular bank staff were available to cover night shifts as part of the rota. The manager formulated staff rotas based on risk and skill-set to ensure the safety of the clients.
- Statutory or mandatory training and completion rates were higher than the organisations target in the majority of subjects.
- Those staff that had not completed mandatory training had imminent dates and an action plan to make sure this was completed.

- Staff we spoke with had excellent knowledge of safeguarding policies and procedures. Safeguarding information and procedures were on display. Clients told us they felt safe within the house and could disclose safeguarding issues if they arose. All staff were aware of how to make a formal safeguarding referral. Eighty per cent of staff had completed safeguarding training.
- There were two safeguarding concerns raised between February 2014 and July 2015. Both had been investigated.

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

- The local general practitioner (GP) prescribed all medication. Medically assisted detoxification could take place at Francis House. However, staff assessed clients for their level of risk prior to admission. Only clients at low risk of physical complications received detoxification treatment. There were no clients receiving detoxification treatment at the time of our inspection.
- We looked at the care records of six people in treatment. All clients had holistic and comprehensive risk assessments that staff reviewed and updated weekly. These were thorough and detailed. Staff documented identified risks clearly in the records and transferred this information to care plans.
- 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.
- Francis House offered a blood borne virus (BBV) service (testing for viruses such as human immunodeficiency virus (HIV) or hepatitis). Staff screened all relevant clients on admission for BBV and the general practitioner carried out testing.
- We observed an example of excellent management of a high-risk situation. A client who had been feeling suicidal over a weekend had been risk managed to a very high standard. The documentation and communication around this situation was very clear and thorough. The client themselves told us they had felt safe, supported and genuinely cared for through the distressing situation. There had been good liaison with the community mental health team throughout.

# Substance misuse/detoxification

- On initial assessment, the clients' general practitioner confirmed their medication. Staff asked clients to bring a minimum of 21 days medication with them in clearly named packaging. This was to ensure a safe transition into the service with no delays in receiving medication.
- Francis House received medicines management support from the local pharmacy. This was to ensure compliance with requirements of the Medicines Act 1968 and the Misuse of drugs Act 1971 and their associated regulations.
- The service stored medication in relation to substance misuse securely. This included controlled drugs. The local general practitioner prescribed medication. Four different pharmacies dispensed the medication. There were clear procedures for the administration of medicine. Due to previous incidents, the service changed their staff shift system to ensure two members of staff were available to dispense at all times. Medication was not prepared prior to administration time and staff did not physically touch the medication during dispensing.
- The service stored all medication in a cabinet supplied by the pharmacy. Controlled medication was stored in a double-locked cupboard in the cabinet. Support workers completed audits to ensure clear monitoring of the system. A monitored dose system (MDS) was used which meant the medication was not mixed and made it easy to identify when dispensing. The system incorporated the 'five rights' of medication administration: right person, right medication, right time, right dose and right route.
- There were clear policies and protocols for supporting people with detoxification. There was nobody on a detoxification regime at the time of our inspection. However, all safety measures were in place with regard to safe monitoring.
- Staff completed screening tools to monitor clients receiving detoxification treatment. They were the clinical opiate withdrawal scale (COWS) and subjective opiate withdrawal scale (SOWS). Staff completed these tools before every dose of medication they administered.
- We looked at 14 medication administration record (MAR) sheets. Staff had completed them all correctly. All the MAR sheets had a photograph of the client to reduce the risk of error. Re-ordering of medication occurred on a regular 28-day cycle.
- Francis House documented all adverse events, adverse drug reactions, incidents, errors and near misses. Staff contacted the NHS helpline, out of hour's doctor or the client's own general practitioner for guidance in the case of this. Staff investigated all errors fully and informed the relevant people.

## Track record on safety

- There had been five serious incidents reported between March 2015 and November 2015. Two involved overdose of medication, one aggression towards another client, one allegation of sexual assault and one self-harm. The manager and local authority safeguarding team had investigated and taken appropriate action.
- Clients we spoke with told us they felt extremely safe in Francis House, and they had confidence that the staff managed risk quickly, professionally and discreetly.

## Reporting incidents and learning from when things go wrong

- Francis House had a clear policy and procedure for reporting incidents. It clearly 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 then had the responsibility for the investigation and any outcomes following this, for informing the directors and their team and for maintaining the incident file securely.
- Staff we spoke with could confidently explain the incident reporting procedures. Learning had taken place from incidents and improved practice through this. For example, following medication errors the provider ensured two members of staff dispensed medication.

**Are substance misuse/detoxification services effective?**

# Substance misuse/detoxification

(for example, treatment is effective)

## Assessment of needs and planning of care

- There were 14 clients receiving care at Francis House at the time of our inspection. We looked at six care records and all contained thorough, clear, comprehensive and holistic assessments. Each had several individual care plans, which staff regularly reviewed and updated.
- The relevant external case manager, the person who made the referral into the service, provided a community care assessment prior to admission, for example the local authority social worker.
- 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. Francis House made sure there was enough information pre-admission to make a decision to admit. If information was not robust or admission details were unsafe, admission would not take place.
- Staff thoroughly assessed and monitored closely clients' physical health. The general practitioner completed the initial assessment for physical health. Staff reported any physical health concerns to the general practitioner. All assessments were carried out within 24 hours of admission. Clients were not prescribed detoxification medication until an assessment had taken place.
- Care plans were individualised and reflected the needs of the clients. Clients were involved in the writing of their care plans. Staff discussed risks and preferences with the clients and the care plans allowed for these where appropriate. Clients received copies of the care plans for their records.
- All care records were in paper form at the time of our inspection. The service used locked cabinets to store the records safely.

## Best practice in treatment and care

- 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.

- The General Practitioner was responsible for the prescribing and overall clinical management of detoxification. Staff followed management plans and liaised closely with the general practitioner throughout all the detoxification period.
- The service provided psychological therapies in line with guidance on the treatment for substance misuse. 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, participate in drama workshops or creative writing and to experience equine assisted therapy.
- Clients we spoke with were enthusiastic about the programme offered at Francis House. All said they had benefitted from the treatment.

## Skilled staff to deliver care

- There were ten substantive staff members at Francis House. These consisted of a registered manager, a clinical team leader, a therapeutic team of qualified addiction therapists, a support team day and night plus office staff. The office staff supported Francis House from the administration office in Bournemouth. The service also provided university placements to students studying relevant subjects. For example, counselling, psychology and addictions.
- All staff we spoke with demonstrated a very high level of skill, knowledge and dedication in substance misuse management. All staff had received a robust induction and training in addition to their statutory requirements. The service demonstrated commitment to the staff by supporting and encouraging personal and professional development.
- Staff were skilled in identifying all risks around detoxification. They could identify actions to take in the case of a physical deterioration in the patient. The

# Substance misuse/detoxification

provider had clear procedures in place for over a 24-hour period, which ensured should a client deteriorate at any time they could access medical support quickly and safely.

- From June 2015, all new staff started care certificate training with Bournemouth council. The provider had also committed to a yearly training plan. This included training in mental health, controlled drugs, mental capacity, nutrition and group therapy.
- Fifty-six per cent of permanent staff had an appraisal in the last 12 months. Those that had not had an imminent date planned for this within the same calendar year.
- One hundred per cent of 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.

## **Multidisciplinary and inter-agency team work**

- The team maintained close contact with relevant agencies and an emergency plan put in place in case of crisis. The team then held regular review meetings with relevant stakeholders to make sure clients' achieved their recovery goals. Francis House regularly requested feedback from the client, their care managers and family where applicable to continue improving.
- Clients' needs were discussed with the general practitioner as and when required. There was good co-ordination prior to discharge between the service and relevant agencies.
- The team had access to the community mental health team (CMHT). This was to support clients with secondary mental health problems. These links gave access to the crisis team in case of deterioration of mental state or risk behaviour. Francis house were continually striving to improve links further with these agencies.
- Francis House held three house meetings per day in the morning, lunchtime and afternoon. This was to monitor the day's progress and to be proactive before problems arose. Staff completed the handover book twice each day 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. Communication was very good between the house and wider team.

## **Adherence to the MHA**

- Francis House 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 basic 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.
- The team were planning to increase their level of Mental Capacity Act training in the next year. Staff could identify where policies relating to mental capacity were located.

## **Are substance misuse/detoxification services caring?**

### **Kindness, dignity, respect and support**

- We observed that all interactions between clients and staff were respectful, warm and courteous.
- Clients felt respected and not judged. Family members received the same level of support and kindness throughout the duration of the treatment.
- All staff we spoke with had excellent knowledge of the individual needs. There was a genuine impression of warmth throughout the staff team.
- Procedures were in place to ensure privacy and dignity. These procedures included how to obtain supervised urine samples for testing discretely.



# Substance misuse/detoxification

- All staff were dignity champions. They had made a commitment through the national dignity council to uphold clients' dignity in all situations. The manager planned to ensure all new staff were trained in dignity and respect.

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

- Clients told us they had been involved in their care and treatment throughout their stay. Records showed us goals set in the care plan were set in collaboration between the staff and client. Care plans reflected goals and aspirations. At each review, there was clear involvement throughout. A comprehensive welcome pack was given to clients and they were made clear on all house rules. For example no telephone contact was allowed in the first week of admission, visitors must stay with clients at all times, and about respecting each other.
- Francis House sought feedback often to ensure they were meeting the needs and concerns of clients. A daily book was available for comments and there was a weekly community group. Staff used quantitative and qualitative questionnaires quarterly and at the end of treatment. Managers and staff formed action plans using this data.
- Family members were involved in the treatment process when this was appropriate. For clients wishing to have family involvement, family meetings and family visits became part of the care plan.

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

## **Access and discharge**

- Pre-admission assessments were extremely thorough, robust and clear. They outlined clearly the terms of accessing treatment. Clients were clear about 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.
- The service provided treatment based on group and individual therapy for a minimum period of 28 days. Second stage aftercare was also available for 12 weeks.

There was the opportunity to access a six-bedroom house on completion of treatment, if funding was available. Clients could live there for up to six months and return to Francis House for support, groups, re-integration and volunteering.

- In the last 12 months, there were 79 discharges from the service. Forty-two successfully completed their treatment, eight transferred to another service and 29 self-discharged. There were no clients that 'did not attend' follow-up sessions. All those who had successfully completed their treatment received follow up in the first seven days.
- Some clients told us they had self-discharged. However, when they hit a crisis the Francis House team had welcomed them back and given them another chance. They told us this non-judgemental approach and open-door access had increased their trust in the service. These admissions were sometimes unfunded in an emergency.

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

- The environment provided a homely, comfortable warm atmosphere. It was very clean and welcoming. There were several rooms to talk in private and there was good soundproofing.
- Clients could receive visitors within strict boundaries. There was a policy and agreement in place. This ensured privacy, comfort, safeguarding and no disruption to therapy.
- All double rooms had privacy screens separating the beds.
- Clients had access to their own personal belongings including mobile phones. They signed an agreement around appropriate use.
- Clients told us the food was very good. There was lots of choice and they catered for all dietary needs. There was hot and cold drinks available 24 hours a day. Clients were encouraged to eat healthily and could access snacks throughout the day outside of mealtimes.

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



# Substance misuse/detoxification

- All clients who received treatment at Francis House were vulnerable with varying complex needs. Care plans took into account individual diversities and needs. Policies and procedures were compliant with the Equality Act 2010.
  - The physical layout of the building meant there was only disabled access for people with minor disabilities. However, those with more severe physical disabilities could receive their treatment in one of the other two Streetscene locations nearby.
  - Staff planned activities daily. This information was on display. Clients we spoke with were pleased with the activities programme and told us they felt
  - It was clear during our inspection that individual needs and wishes varied distinctly. Although there was a structured therapy regime for all, the team had analysed feedback over the years and offered opportunities and activities outside of this to meet the diverse needs of individual clients.
  - Activities offered included walks, shopping trips, gym, tai chi, shopping trips, access to places of worship, external self-help groups, fellowship meetings, voluntary work opportunities and various activities in the local community. Clients told us they found engaging in these activities alongside the structured group work was a positive balance.
  - Francis House also offered Equine Assisted Therapy at the time of our inspection as a therapeutic activity. This form of therapy was known to be helpful for people with addiction problems to help support recovery.
  - Clients told us they found it relaxing and calming to do the gardening. The clients and staff were very proud that the garden had recently won the 'Southampton in Bloom' award.
  - Staff recently supported a client to access a Buddhist centre. We saw excellent examples of where staff had organised information and leaflets for clients who spoke different languages. This included the Alcoholics Anonymous 12 steps book. Staff provided a Dictaphone for a person who had writing difficulties and another had accessed a Sikh temple. We saw an example where staff supplied separate kosher meals for someone who followed the orthodox Jewish religion
  - The team had also arranged social worker and occupational therapy support for a client with a head injury. In addition, staff assisted an older client to obtain a walking frame to support their mobility and dignity when they refused to use a wheelchair.
  - The provider told us they planned to use 'skills for care common care and strategic equality and diversity principles', and to incorporate them into all areas of the organisation. This was to make sure all felt respected, empowered and not discriminated against. They further told us they planned to adjust their programme and premises further where possible. This was so people with dual diagnosis, sex workers, domestic abuse survivors and those with physical needs could better access treatment.
  - Staff were booked on diabetes and autism training courses. Staff received training, which covered client's needs, proactively arranging training about the use of legal highs.
  - Francis House used the services of five local advocacy services. Information about advocacy was available throughout the building. Clients we spoke with told us they knew how to access advocacy and other support should they need it. For example, MORPH advocacy, sexual health advice, blood borne virus advice, citizen's advice bureau and NHS Quitters stop smoking service.
- ## **Listening to and learning from concerns and complaints**
- Francis House had a clear complaints procedure. The manager initially dealt with any complaints received. The chief of staff received any complaint that the manager was not able to resolve. There had been two formal complaints in the last 12 months. These were complaints from clients about another client's behaviour. This resulted in the other client being moved to another location.
  - 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.

# Substance misuse/detoxification

- People were encouraged to raise concerns either in private or in the community meeting. We saw records of these. They also have the opportunity to give feedback through satisfaction questionnaires and completion questionnaires.
- Staff attempted to resolve issues before they escalated. Concerns and feedback raised which resulted in changes, included access to gym, more creative days out and greater access to mobile phones and the internet.

## Are substance misuse/detoxification services well-led?

### Vision and values

- The values of the service are to empower, give choice, increase self-esteem, protect from harm and treat people with dignity and respect.
- Staff understood the overarching principles of the organisation and the main objectives of the work the service carried out. They were proud of the service provided and of their team.
- Staff told us the principal objective of the staffing teams was the rehabilitation of clients. Staff we spoke with said that they agreed with this objective and it helped lead to positive outcomes.
- Staff and clients knew the senior managers. They regularly visited the service.

### Good governance

- Streetscene had robust and thorough policies and procedures across all three locations. The provider made sure staff worked to these policies and followed them clearly and consistently. There was a clear strategic business plan and risk register. All three registered managers worked closely together to ensure consistency in their services.
- Investigations following incidents were prompt and thorough. Managers identified lessons arising from incidents and took steps to ensure that change in practice was embedded based on learning from incidents. Staff knew how to report incidents promptly. Incident records were up to date.

- Senior managers reviewed clinical audits carried out by staff. These were in a variety of meetings to make sure that they responded to issues and improved quality; including daily multidisciplinary team meetings and a monthly clinical governance meeting open to all members of the multidisciplinary team. They then discussed these at board level. During 2015, the service had carried out various clinical audits. These covered medicine administration records, medical reviews, care plans, and risk assessments. Staff used an audit to analyse clients' care records.
- Staff received mandatory training across a wide range of areas of practice and most staff were up to date with this training. Some training provided was role specific. Those staff who had not yet received the necessary training had a planned date.
- There were very good systems in place that ensured staff received mandatory training as well as more role specific training for professional development. This was a good example of the service promoting professional development and responding to demand on the service.
- There were clear systems in place to ensure all clients received regular medical reviews.

### Leadership, morale and staff engagement

- Streetscene staff were passionate about the service. The commitment, innovation and leadership demonstrated by the chief executive of the charity was a major influence in this. The huge dedication and drive of the three registered managers contributed to this.
- The registered manager and all staff were committed to the people who used the service, offering unfunded crisis admissions to former clients and fundraising to be able to offer a service to people who were unable to access statutory referrals or funding.
- Morale was very high. Staff told us the home manager was supportive and that working conditions were very good. Staff said that they enjoyed working at Francis House and that their main satisfaction was helping people to recover.
- Staff said that they knew how to use the whistle-blowing process and they felt confident in raising concerns with senior management.

# Substance misuse/detoxification

- There were many opportunities for staff development and several staff members identified this as a positive feature of the organisation.
- 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 teams and management.
- Managers and staff were working with Bournemouth University on a digital addiction programme. This involved working with a PhD student to design and implement a database specifically for Streetscene. This would then move them from a paper-based system to a computer-based system.

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

- We saw plans to update the recruitment protocol for 2016It included competency questions that mirrored the Care Quality Commission's inspection and regulation methods.
- The provider was working with Bournemouth University on a digital addiction programme. This involved working with a PhD student to design and implement a database specifically for Street Scene. This would move them from a paper-based system to a computer-based system.

# Outstanding practice and areas for improvement

## Outstanding practice

- Francis House were excellent in encouraging the clients to engage in the community. Outside activities aimed to increase social skills and integration into the community. This was evident in winning the 'Southampton in Bloom' award.
- There was a real commitment and positive regard towards the clients admitted to Francis House. The provider went above and beyond to ensure the safety, comfort and support of the clients and created a culture of learning and improvement from listening to the client's voice.
- The service also enthusiastically carried out fundraising activities in order to raise the profile and offer admissions to those otherwise unable to access the service through the usual statutory pathways, and accepted emergency admissions for former clients.
- The provider offers extensive learning opportunities outside of statutory training.
- All staff were 'dignity champions'. They had made a commitment through the national dignity council to uphold clients' dignity in all situations. The manager of the home was working to ensure that all new staff did the same.

## Areas for improvement

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

- The provider should ensure that an automated external defibrillator is available in a medical emergency and staff receive training to use it.