

Treatment Direct Limited

Linwood House

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

Our rating of this location went down. We rated it as requires improvement because:

- Staff did not always monitor the physical healthcare needs of clients well. Physical health observations were not always carried out as prescribed by the doctor.
- The service did not always manage risk well. Client risk assessments were not thorough and risk management plans did not ensure that risks were mitigated and managed. Environmental health and safety checks were not always carried out when they were due.
- The service did not always ensure that where information could not be obtained about a client prior to starting treatment (such as access to a GP summary record) that risk assessments were undertaken and recorded to ensure the risks to starting treatment without this information had been assessed and mitigated.
- The service did not always provide effective care. Care plans were not always updated and they were not holistic and detailed.
- The service was not always well led. Our findings demonstrated that governance processes did not always operate effectively. Leaders did not ensure that all risks associated with the running of the service were mitigated and managed. Audits in place were not effective in making improvements.

However:

- The service provided a range of therapeutic treatments suitable to the needs of the clients.
- Managers ensured that staff received training, supervision and appraisal.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning and clients gave positive feedback about the service.
- The service was easy to access. Staff planned and managed discharge and had alternative pathways in place for people whose needs it could not meet.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Requires Improvement 	



Summary of findings

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Summary of this inspection

Background to Linwood House

Linwood House is a residential substance misuse service provided by Treatment Direct Limited, who have been the registered provider of this service since 1 October 2020. Linwood House is registered to provide residential alcohol and drug detoxification and/or rehabilitation to adults over 18 years of age.

At the time of inspection, the service could accommodate 51 clients over two floors, the site had recently undergone a significant programme of renovation and upgrade.

Linwood House accepted privately funded clients only, beds were not commissioned by other services.

They provide a medically monitored detoxification model which included both prescribing medications to support detoxification and the provision of therapies to clients. Clients typically remain at the service for around 28 days to begin treatment. Clients did not need to have started a detoxification programme before being admitted to the service.

The service was registered by the Care Quality Commission to provide the following regulated activities:

- accommodation for persons who require treatment for substance misuse
- diagnostic and screening procedures
- treatment of disease, disorder or injury

At the time of the inspection the service did not have a registered manager or a centre manager, cover was being provided by local centre managers and senior staff within the organisation. A new manager was due to start work following a successful recruitment process.

This is the first comprehensive inspection of this service since the new provider took over in October 2020. We undertook a focussed inspection in October 2021 and found the service was in breach of regulation 12 and was required to ensure that the premises used are always safe. The service has met this requirement.

We carried out this inspection to follow up from the previous focussed inspection. The inspection was prompted in part by notifications of concerns about patient safety by staff at the local acute hospital, these concerns included that a person using the service had sustained a serious injury. The information shared with CQC about the incident indicated potential concerns about the management of risk. This inspection examined those risks.

What people who use the service say

Clients said that staff treated them with kindness and compassion and that they did what they could to make them feel safe. They said that staff responded to incidents quickly during the day but that at night there were not always enough staff at work. Clients said that at night they sometimes had to wait for long periods of time for medication to be administered.

Most clients said the food was good quality, although some said it could be improved. Clients said that the range of activities at the centre was good but some said they would like to be able to access the local community more frequently.

Summary of this inspection

Most clients said that overall, the service met their expectations, but a small number said that it was not what they expected. The service gathered large amounts of data from people who had used the centre and feedback was overall very positive and the amount of people that successfully completed their treatment programme was high.

How we carried out this inspection

The team that inspected the service comprised of three CQC inspectors, a substance misuse nurse specialist advisor and an expert by experience.

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients;
- spoke with nine clients who were using the service;
- spoke with the senior managers based at or visiting the service;
- spoke with twelve other staff members; including support workers, therapists, administrative staff;
- attended meetings specific to client care and the running of the service
- looked at seven care and treatment records of clients;
- carried out a specific check of the medication management; and
- looked at a range of policies, procedures and other documents relating to the running of the service

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The provider must ensure that care plans are comprehensive, recovery orientated and updated in line with the provider's own policy (reg 9)
- The service must ensure that client risk assessments are undertaken and recorded as to whether it is safe to commence their treatment when a GP summary and/or risk history cannot be obtained for a client starting treatment. (Reg 12).
- The service must ensure that physical health monitoring checks and observations of clients are carried out as prescribed and include measurement of client's weight to monitor hydration and nutrition. (reg 12)
- The service must ensure that risk assessments and risk management plans meet the needs of all clients and are updated if risks change. (reg 12)
- The service must ensure that health and safety checks are carried out in line with its own requirements and that these meet a required level to ensure the service remains safe. (Reg 12)

Summary of this inspection

- The service must ensure that systems and processes are established and operated effectively to assess, monitor and mitigate the risks to people using the service. (reg 17)

Action the service SHOULD take to improve:

- The service should ensure that all medicines are accounted for and records reflect an accurate stock check.
- The service should consider a review of staffing levels to ensure they can meet the needs of all clients and that staffing is safe in the event of an emergency.
- The service should ensure that it demonstrates how the provision of same sex accommodation and communal spaces has been considered.
- The provider should ensure that CQC are notified of all incidents in line with registration requirements.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Residential substance misuse services

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

Are Residential substance misuse services safe?

Requires Improvement 

Our rating of safe stayed the same. We rated it as requires improvement.

Safe and clean care environments

All areas of the centre were safe, clean, well equipped, well furnished, well maintained and fit for purpose. The service provided mixed sex accommodation

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all areas of the centre and removed or reduced any risks they identified.

Staff could observe clients in all parts of the centre and there was extensive CCTV (Closed Circuit Television) coverage which allowed staff to monitor client activity from a central location where necessary.

The service provided mixed sex accommodation. Clients who use substance misuse services may be vulnerable to sexual exploitation. The provider told us that they had considered this and that risk was managed via all clients having access to ensuite bathrooms, CCTV, observations and risk assessments. Staff told us that the pre-admission process would identify risks to sexual safety. They felt that this was adequate to meet the needs of the client population accessing the service. There were no separate bedroom corridors for men and women and no women only day spaces.

Staff knew about any potential ligature anchor points and mitigated the risks to keep clients safe. Where the service was aware of the risks, staff told us that clients that were assessed as a considerable risk of suicide would be screened and either monitored more closely or referred to a different centre.

Staff made use of radios to alert each other in an emergency. There were no nurse call alarms in clients bedrooms but clients could be issued a radio if it was assessed as necessary. This was also dependent on staff being aware of all known risks which was not always possible due to the nature of the admission and assessment process.

Maintenance, cleanliness and infection control

Residential substance misuse services

The centre was clean, well maintained, well-furnished and fit for purpose. There had been a recent renovation programme completed to a high standard throughout.

Staff did not always make sure cleaning records were up to date, but we observed that the premises were clean.

There were gaps in health and safety checks, weekly fire alarm tests had not been recorded on two occasions. Weekly fire extinguisher checks were not recorded for a period of one month. Weekly fire door checks were not recorded during two months. Monthly emergency lights checks were only recorded for one month. This was a concern we had raised with the provider at our previous inspection of the service and improvements had not been made. We raised this concern with the provider whilst on site and they stated that they had recently appointed a new person to carry out these checks, some improvements were noted as a result of this appointment.

Staff followed infection control policy, including handwashing and in the management of the risk of Covid-19.

Clinic room and equipment

Clinic rooms were fully equipped, and the centre had access to emergency resuscitation equipment and emergency drugs that staff checked regularly.

Staff checked, maintained, and cleaned equipment.

Safe staffing

The service did not always have enough staff to meet the needs of all clients. The centre operated with two support staff during the night and there was one nurse working at the centre who worked during weekdays. All staff had received basic training.

Nursing and support staff

The service did not always have enough support staff to meet the needs of all clients. During January the centre ran at 77% occupancy but on 11 nights had two staff working, this was an average ratio of two staff to 39 clients. We were concerned that in the event of an emergency, such as the need for medical attention or evacuation, there were not enough staff to support clients effectively. Clients told us that there were not always enough staff at the service at night and that medication was not always provided in a timely way.

Staff were expected to carry out a well-being observation of each client at least every 2 hours.

Client's bedrooms were not alarmed, and radios were only given when a pre-assessed need was identified. This meant that clients had limited opportunity to call for help.

There was one full time nurse employed to work at the centre, who worked on week days during the day. This meant that there was sometimes no nurse on duty to support other staff. The service told us that they felt this was adequate for the care being provided to clients and that an agency nurse could be used if it was necessary but that it was infrequent.

Support staff were trained to administer medication and monitor clients to ensure that they were safely prescribed medication and supported.

Residential substance misuse services

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

The service had a 38% turnover rate over the last 12 months, but they were a small team. There were only a small number of vacancies at the time of the inspection, but the centre had vacancies for three night support workers.

Managers supported staff who needed time off for ill health. Levels of sickness were low.

Clients had regular one to one sessions with their named therapist.

We spoke to managers about how they made decisions about the grades and numbers of staff needed at any one time. They provided a written rationale which guided them and stated that staffing levels could be adjusted at any time depending on the number of clients and the complexity of cases.

Clients rarely had their therapy sessions or activities cancelled, even when the service was short staffed. Staff and clients told us that they were sometimes moved or the number of groups would be adjusted if they were short staffed.

Staff shared key information to keep clients safe when handing over their care to others within the service. Handovers were routinely carried out and documented and well attended by a range of staff. It was clear that staff knew clients well and we observed useful discussions about client's wellbeing and progress through treatment.

Medical staff

Staff had access to daytime and night time medical cover which was provided remotely either through video calls, telephone or email. This meant that an assessment of the person's drug or alcohol dependence level, healthcare and other needs was not undertaken face to face by a doctor before treatment started.

Managers could call locums when they needed additional medical cover.

Mandatory training

Staff had completed and kept up to date with their mandatory training.

The mandatory training programme was comprehensive and met the needs of clients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. All support staff had basic life support training and training in how to carry out physical health observations which included checking blood pressure and heart rate and monitoring the effects of withdrawal. All staff had received training to administer naloxone, which could be used in an emergency to reverse the effects of an opioid overdose.

Assessing and managing risk to clients and staff

Staff did not assess and manage risks to clients and themselves effectively. Risk assessments and risk management plans lacked detail. Care and prescribing commenced without discussion with GP's or other professionals involved in a client's care.

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The service achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate clients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour.

Assessment of client risk

The service did not ensure that risks to clients and themselves were managed effectively. The risk assessments completed did not explore risk in enough detail and adequate risk management plans were not always in place. For example, in the records we reviewed, one client disclosed that they had recently felt suicidal. This issue was not discussed or explored in any detail and there were only brief generic actions in place which did not appear to be specific to this client's needs.

Staff completed pre admission assessments with clients over the phone. On arrival at the service a further assessment of risk was completed by support staff which included undertaking physical health checks.

Following this, a further assessment was completed by a doctor. The doctor's assessment was carried out remotely and they did not complete an assessment in person.

Management of client risk

Staff did not always know about all risks for each client.

Clients were asked for consent to obtain their medical and drug history from their own GP before commencing on prescribed medicines for detox treatment. On occasions when the client's consent was not obtained, the course of treatment still commenced. Where consent was not given there was not a protocol in place for staff to follow to ensure that all risks presented by the client were known to the service to ensure that admission and discharge could be safely managed. This meant that in some cases the service did not have a record of a client's current physical healthcare needs, mental health needs and current medications.

Staff did not regularly review and update risk management plans. In four of the records we looked at, it was not clear that risk assessment or management plans had been regularly or routinely reviewed. One client's record showed that they had fallen and that they were at risk of falling but the risk assessment had not been updated because of the fall. Another client had needed to be warned about their behaviour more than once and this was not reflected in the risk assessment or management plan. Another risk assessment contained a male reference despite the client being female, this appeared to have been cut and pasted from another record.

However, handover meetings did give staff the opportunity to discuss any new or emerging risks to clients and it was clear this information was being discussed and shared during these meetings.

Staff followed procedures to minimise risks where they could not easily observe clients. They carried out regular walk around well-being checks and made use of extensive CCTV coverage to monitor clients' whereabouts. However, the opportunity to observe and respond to client's needs was reduced due to low staffing numbers at night.

Staff followed provider policies and procedures when they needed to search clients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

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There were a small number of centre rules that clients had to agree to abide by that were in line with guidance and expectations for a service of this kind. For example, clients had to agree to keep their mobile phone locked away but could use them on an evening and at the weekend to keep in touch with family and friends.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up to date with their safeguarding training.

Staff could give clear examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The management team were in the process of liaising with several local organisations including the local safeguarding team to ensure that good practice and communication was as it needed to be.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The provider had a recognised safeguarding lead and staff told us they were easily contacted for advice.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records, these were mainly all electronic.

Client notes were not always very detailed but the electronic system would be able to ensure that staff could find essential information that they needed to support clients. The electronic system that the centre used was easy to use and all staff that needed it had access. There were several fixed workstations and staff also had access to a tablet each which gave them flexibility to access the system from anywhere else.

Records were stored securely.

Medicines management

The service used systems and processes to prescribe, administer, record and store medicines but there was one inaccuracy in the counting of controlled drugs. Staff did not always regularly review the effects of medications on each client's mental and physical health.

Staff followed systems and processes when prescribing, administering, recording and storing medicines in all cases apart from in the counting of some of the controlled drugs. Records did not accurately reflect the level of stock stored in the controlled drugs cupboard. However, there was only one example of this kind of discrepancy.

Staff did not always review the effects of clients' medicines regularly as requested by the prescriber. For example, for one client the doctor had asked for blood saturation checks to be completed four times per day but on three days they were only taken once and on five days they were only taken twice, this was over a two-week period. Staff were instructed

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to escalate where saturation levels were below a certain level but on two occasions where this occurred there was no evidence that any escalation took place. Another client had been prescribed four blood pressure and pulse checks per day on the first three days after admission, they were completed seven times on day one, only once on day two and five times on day three.

We found issues in relation to the prescribing for one client where medication that was prescribed would not be able to be administered because of a lack of suitably qualified staff.

Staff provided specific advice to clients and carers about their medicines.

Staff followed current national practice to check clients had the correct medicines. They used an effective system to dispense the correct medicines to clients.

The service had systems to ensure staff knew about safety alerts and incidents, so clients received their medicines safely.

Track record on safety

The service had a good track record on safety.

There had been one serious incident at the service prior to the inspection where a client had suffered a serious injury during a fall. We were concerned that the service did not have an appropriate falls protocol in place.

Reporting incidents and learning from when things go wrong

The service did not notify CQC of all incidents.

Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

The service did not always report incidents appropriately to CQC as per their registration requirements. Following the inspection, the service shared data with us of 27 occasions where clients attended hospital for treatment by another healthcare professional during their admission to Linwood House.

CQC's registration regulations state that the registered person must notify the Commission without delay of the incidents which occur whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity. Only two of these 27 incidents had been notified to CQC at the time of the inspection. We will follow this up with the provider outside the inspection process.

Staff knew what incidents to report and how to report them internally. They used an electronic system which was then shared with the relevant people to ensure that they were reviewed and feedback was provided. Staff reported serious incidents clearly and in line with provider policy.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation when things went wrong.

Managers debriefed and supported staff after any serious incident. There were several useful meetings where discussion took place which enabled staff to support each other.

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Managers investigated incidents thoroughly. Clients and their families were involved in these investigations.

Staff met to discuss the feedback and look at improvements to client care. There were useful handover meetings and there was evidence that these were used to talk about clients progress. There were also examples of team meetings that took place on a regular basis where more generic improvements were discussed. For example, staff used feedback from clients to discuss the frequency, size and location of some of the groups that were available to clients.

Are Residential substance misuse services effective?

Requires Improvement 

Our rating of effective went down. We rated it as requires improvement.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all clients on admission. Staff developed individual care plans but they were not reviewed regularly or updated as needed. Care plans reflected clients' assessed needs, but were not always personalised, holistic and recovery oriented.

Support staff completed a mental health assessment of each client either on admission or soon after. All clients had their physical health assessed on or soon after admission. Physical health assessments did not include recording and monitoring of patient's weight.

These assessments were initially completed by support staff and then by a doctor via a video call. The doctor was responsible for setting the client's treatment plan.

Staff developed a care plan for each client but some of the care plans lacked detail and were generic. It was not always clear that staff regularly reviewed and updated care plans as client's needs changed through the treatment programme, for example following a one to one. Several care plans contained the same statements that were used in other records and they also contained complicated language which was not easy to understand. However, clients told us that they had regular sessions with a named key worker and that these discussions were taking place and there was evidence of this being discussed at daily handover meetings. It was clear that staff knew clients well, but this was not always documented well.

Best practice in treatment and care

The service provided some care and treatment interventions suitable for the client group, but these were not always consistently carried out. They supported clients to live healthier lives but did not ensure that they had access to good physical healthcare.

Staff provided a range of therapeutic and recovery orientated care and treatment suitable for the clients in the service. The core programme was a 12-step model as part of a therapeutic community which incorporated elements of cognitive behavioural therapy, supporting clients to make sustainable changes. This was provided through a range of groups, one to one sessions and therapeutic work that clients carried out in their own time. We observed several groups and they were well delivered and well attended. Everybody was encouraged to participate where possible and groups were clearly part of an overall programme.

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Meeting physical healthcare needs was variable. Staff identified clients' physical health needs and recorded them in their care plans, and the doctor gave advice on how physical health checks should be carried out. However, physical healthcare checks prescribed by the doctor as part of the detoxification at the service did not always take place.

Staff met clients' dietary needs and assessed those needing specialist care for nutrition and hydration. There were several clients at the centre at the time of the inspection that required specific dietary requirements which were being met.

Staff helped clients live healthier lives by supporting them to take part in programmes or giving advice. Clients were encouraged to take part in physical activity where it was appropriate. There was a well-equipped gym on site that appeared to be well used. There was a range of healthy options available at mealtimes and there were healthy snacks available whenever people wanted them.

Staff used recognised rating scales to assess and record the severity of clients' conditions and care and treatment outcomes. For example, we saw the use of the clinical institute withdrawal assessment (CIWA) being used on a regular basis. This tool is used to assess the severity of alcohol withdrawal.

Staff used technology to support clients. All staff had access to a tablet which gave them easy access to electronic recording systems.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. We saw examples of medication, care record and general compliance audits. However, these audits were not embedded and effective because we found areas of concern that the service had not recognised such as; the management of controlled drugs, environmental health and safety checks and the quality of risk assessments and risk management plans.

We saw evidence that centre managers were coming together to discuss operations across their respective sites and to discuss improvements.

Managers used some results from audits to make some improvements. For example, actions were put in place following a recent audit of wellbeing checks, staff were to be offered further support to understand the importance of the checks and to ensure that the checks were signed off by a senior member of staff. There was also evidence that auditing of some physical health checks was taking place, but we could not see any specific actions that related to these checks.

The centre gathered feedback from people that had been through treatment and the majority of this was positive. 97% of people said that they successfully completed treatment, and everybody said that they had either met all or some of their goals.

Skilled staff to deliver care

Clients did not have access to face to face assessment with a doctor, and had access to a nurse during their detoxification on week days. The centre staff team included or had access to some specialists required to meet the therapeutic needs of clients. Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

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Clients had access to some specialists to meet their needs. There were support staff, a therapist, senior support staff and senior therapist. However, the service employed one nurse who worked during the day time, and all contact with a doctor was provided remotely. The centre also had access to senior leaders on a regular basis and managers from other sites.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank and agency staff. Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through regular, constructive appraisals of their work. Staff told us they felt well supported and that a senior member of staff was available either in person or on the phone whenever they needed them.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. Staff came together on a regular basis to discuss clinical issues.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. There was a detailed range of well documented meetings for different disciplines and all staff came together on a regular basis.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were encouraged to take part in developmental training opportunities, for example all support staff were encouraged to complete the appropriate National vocational qualification to level three.

Managers made sure staff received any specialist training for their role. All staff had received training in the management of substance misuse.

Managers recognised poor performance, could identify the reasons and dealt with these.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit clients, however this did not include medical staff. They had some effective working relationships with staff from services providing care following a client's discharge and engaged with them at the early stages in the client's admission to plan discharge where the client consented.

Staff held daily meetings to discuss clients and improve their care. However, it was not clear how doctors would engage in this process and review a clients care on a routine basis.

Staff made sure they shared clear information about clients and any changes in their care, including during handover meetings.

Teams had effective working relationships with other centres in the organisation, shared good practice and reviewed each other's work through audits.

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Teams had effective working relationships with external teams and organisations in some cases. We saw evidence of work that staff were carrying out to build better relationships with local organisations which including staff at the local hospital and the local authority safeguarding team. However, the service did not always ensure that all professionals involved with a client were aware of their treatment and discharge. This meant that key risks for ongoing support were not always considered.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.

The service did not admit clients who were detained under the Mental Health Act. Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice if it was needed.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the providers policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for clients who might have impaired mental capacity.

Staff received and kept up to date with, training in the Mental Capacity Act and had a good understanding of at least the five principles.

There was a clear policy on Mental Capacity Act which staff could describe and knew how to access. Staff knew how to get advice about mental capacity if it was needed.

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision.

Are Residential substance misuse services caring?

Good 

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for clients. It was clear from our observations that staff were always considering the best interests of people using the service. Staff spend time thinking and talking about how they could ensure that they were doing everything they could to improve the lives of those using the services.

Staff gave clients help, emotional support and advice when they needed it. Clients frequently required the support of staff and staff provided this in a timely manner whenever they could.

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Staff supported clients to understand and manage their own care treatment or condition. They did this through frequent one to ones and by making themselves available throughout the clients' treatment journey.

Staff directed clients to other services and supported them to access those services if they needed help.

Clients said staff treated them well and behaved kindly towards them and others.

Staff understood and respected the individual needs of each client.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients.

Staff followed policy to keep client information confidential.

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided.

Involvement of clients

Staff introduced clients to the centre and all the facilities as part of their admission.

Staff involved clients and gave them access to their care planning and risk assessments. Clients feedback that they felt very involved in the planning of their treatment.

Staff made sure clients understood their care and treatment. They did this through the assessment and admissions process and during a clients stay through regular one to one contact and group work.

Staff involved clients in decisions about the service and to give feedback, when appropriate. Staff facilitated several different meetings with clients that gave everyone the opportunity to be involved in how the centre operated. For example, the service received feedback about the choices of food and was able to make changes that ensured everybody's needs were met.

The centre also regular received feedback from those that had been through episodes of treatment. Most people that gave feedback said that treatment met their needs and that they met their goals.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers where it was necessary and appropriate.

Staff helped families and carers to give feedback on the service.

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Staff gave carers support and information. The centre facilitated a weekly support group for those that are impacted by someone else's substance use. They also provided access to family and carer consultations where more structured support might be required.

Are Residential substance misuse services responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

The service was easy to access with a clear admission process. There were alternative care pathways and referral systems for people whose needs it could not meet. Staff sometimes liaised with services that would provide aftercare.

Bed management and admission

Staff had set up a process which gave them the opportunity to contact every client who was going to be admitted, prior to their admission. This meant that clients were well prepared for the journey and the process of being admitted to the centre, ensuring that it was as straight forward as it could be and that clients knew what to expect when they arrived.

Managers made sure beds were available for when clients needed them. Most clients stayed for a short period of time before returning to the community, therefore beds were continuously becoming available for new admissions.

The service accepted clients from all over the country. The provider operated a network of services and that gave different options but sometimes clients decided to travel long distances to stay at this centre.

Clients were moved between services only when there were clear clinical reasons or it was in the best interest of the client. We saw examples of clients being transferred to other centres when needs changed during their stay, for example if clients required more medical supervision or monitoring then they could be moved to a centre that was set up to provide this level of input.

Discharge and transfers of care

There were no delayed discharges from the centre. Episodes of treatment were well planned between clinicians and clients. If for any reason it was clinically necessary for someone to stay longer or be discharged early this was easily facilitated.

Staff supported clients to work towards planned discharge dates. They did this through the range of group work sessions, one to one sessions and encouraging clients to work through their own treatment plans and carry out actions where necessary.

Managers regularly reviewed length of stay for clients to ensure they did not stay longer than they needed to. Treatment plans were set during the assessment and admission process but if someone needed to stay for longer then this was easy to facilitate.

Residential substance misuse services

Facilities that promote comfort, dignity and privacy

The service provided mixed sex accommodation. The design, and furnishings of the centre supported clients' treatment. Each client had their own bedroom with an ensuite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of a good quality and clients could make hot drinks and snacks at any time.

Each client had their own ensuite bedroom, which they could personalise which they did although they were mostly only staying for short periods of time.

Clients had a secure place to store personal possessions. All bedrooms were secured by each client themselves so most personal belongings could be kept safe in their rooms. Some items could also be kept in a secure cupboard that clients needed to access with a member of staff.

Staff used a full range of rooms and equipment to support treatment and care. Rooms were well furnished with modern and clean furniture, there was a large easily accessed garden which also had separate cabins which were used for groups and quite space where required. The centre had a well-equipped gym which clients were able to use once a clinician agreed that it was safe for them to do so.

The service had quiet areas and a room where clients could meet with visitors in private. Although at the time of visiting the centre was not allowing visitors inside the building due to the ongoing risks associated with Covid-19. This was a policy that clients knew in advance and all agreed to before deciding to carry out their treatment at the centre.

Clients could make phone calls in private. Clients were encouraged to use their phones only on an evening and at specified times during the weekend.

Clients could make their own hot drinks and snacks and were not dependent on staff. There was a well-stocked kitchen area on each floor of the centre which everyone could access without any support from staff.

The service offered a variety of good quality food. We saw a variety of healthy snacks which were available throughout the day. The menu offered a range of options and people were able to give feedback to staff about the food and it was clear that the centre took this feedback on board and made changes where necessary.

Clients' engagement with the wider community

Staff supported clients with activities outside the service, such as work, education and family relationships.

Staff helped clients to stay in contact and maintain relationships with families and carers. Time was set aside on an evening and weekend for clients to contact families and carers. Due to the length of stay the programme of activities kept clients occupied throughout each week day, groups, one to one's and personal work for example.

Meeting the needs of all people who use the service

The service met the needs of all clients – including those with a protected characteristic. Staff helped clients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. However, it was made clear that clients would need to be able to engage independently in the programme of treatment.

Residential substance misuse services

Staff made sure clients could access information on treatment, local service, their rights and how to complain. There was information about how clients or families and carers could complain to the service and we saw evidence that clients made use of this method of feedback.

The service did not have information leaflets available in other languages as people being assessed or admitted to the centre would need to be able to take part on group work sessions which were only spoken in English, therefore English would need to be a client's first language for them to be able to attend the centre.

The service provided a variety of food to meet the dietary and cultural needs of individual clients.

Clients had access to spiritual, religious and cultural support where it was required.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Clients, relatives and carers knew how to complain or raise concerns. We saw examples of complaints that the centre had received, and these were well dealt with and well documented and complainants had received feedback in all cases.

Staff also ensured that clients could give feedback about the quality of the service through several less formal routes. For example, there were weekly community meetings which clients could attend to discuss practical issues about their experiences. We saw examples where feedback from these meetings was quickly acted on. This was in relation to the timings and range of food options. Staff took steps to ensure that client's feedback was taken on board and changes implemented as a result.

The service clearly displayed information about how to raise a concern in client areas. Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. They feed this back through a range of different staff meetings. Therapists and support staff met separately on a weekly basis and then all staff came together for a meeting once a month. These meeting were well attended and well documented.

Staff protected clients who raised concerns or complaints from discrimination and harassment.

The service used compliments to learn, celebrate success and improve the quality of care. A detailed survey was completed by each client that completed treatment. Data in relation to these surveys was made available to staff.

Are Residential substance misuse services well-led?

Our rating of well-led went down. We rated it as requires improvement.

Leadership

Residential substance misuse services

Leaders had the skills, knowledge and experience to perform their roles.

Although at the time of our inspection there was no registered manager in place or permanent centre manager. However, managers from other centres and senior leaders in the organisation were on site throughout the week and the centre appeared to be well supported. The new registered manager came into post shortly after our inspection.

Managers had a good understanding of the services they managed and were visible in the service and approachable for clients and staff. Leaders at the service had made a number of improvements since taking over this location, they had the capability to make the required changes to improve client care.

Clients and staff knew who managers were and could approach them with any concerns.

However, it was not clear how medics provided clinical leadership to staff working within the organisation.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied to the work of their team.

Culture

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Governance

Our findings from the other key questions demonstrated that governance processes did not always operate effectively at team level and that performance and risks were not always managed well.

There were governance processes in place to support the running of the service and the delivery of care. However, the governance processes were not effective in making sustainable improvements to care delivery and ensuring patient safety.

Information sharing with GP's was not always in place on admission and discharge from the service. There was not a policy in place to guide staff in how to assess the risk of clients continuing with treatment where their history and health conditions were not known to the service.

The service did not always have clear policies in place to ensure that staff had access to guidance in how to meet people's needs safely. For example, a falls protocol in place was not dated, there was no planned review, it did not contain guidance for staff to follow in the event of a fall, and was not clear who completed it and when it was due for review. Staff we spoke to did not know about the protocol and told us that it was only created after a client fell and had a serious injury. The service's risk management policy stated that clients accessing the service were at high risk of falls, yet the guidance to support staff was not in place.

Management of risk, issues and performance

Residential substance misuse services

Teams had access to the information they needed to provide safe and effective care but they did not always use that information to good effect. Leaders had not recognised all the risks associated with the service and ensured that they were managed and mitigated.

The service had a risk register which was reviewed and updated monthly. Risks were graded based on the likelihood and seriousness of each risk. Examples of some high risks were noted to be; centre security, clients needing to contact staff, controlled drugs, frail/weak clients, missing service users and issues surrounding environmental safety. The risk register did not include all the significant risks associated with the running of this type of service. For example, staffing and access to medical and nursing support was not identified as a risk to client's care .

Leaders had not ensured that mitigations for risks identified were effective and embedded. For example, the mitigation for the management of frail/weak clients was stated as 'staff to monitor as per plan'. However we noted during the inspection that there was not a falls protocol in place to mitigate this risk.

Audits were in place at the service, but were not effective in identifying risks, as several concerns identified during the inspection had not been rectified. For example, cleaning checklists were incomplete, there were gaps in environmental health and safety checks and concerns in relation to observation and physical healthcare checks had not been acted upon. We had some concerns relating to the management of medications which had not been picked up on the provider's audit.

Client's records were not updated in a timely manner and documentation was not of the expected standard.

We raised some of these concerns at our previous inspection of the service and leaders had not taken timely action to rectify them.

Information management

Staff collected and analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Staff collected and analysed data about outcomes and performance.

Managers engaged with local health and social care providers to ensure that the centre worked well with local organisations and that there were suitable working relationships in place so that teams could work well together.

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

Treatment of disease, disorder or injury
Accommodation for persons who require treatment for substance misuse
Diagnostic and screening procedures

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Care plans were not always updated and they were not holistic and detailed.

Regulated activity

Treatment of disease, disorder or injury
Accommodation for persons who require treatment for substance misuse
Diagnostic and screening procedures

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
The service did not always ensure that where information could not be obtained about a client prior to starting treatment (such as access to a GP summary record) that risk assessments were undertaken and recorded to ensure the risks to starting treatment without this information had been assessed and mitigated.
The service did not manage risk well. Client risk assessments were not thorough and risk management plans did not ensure that risks were mitigated and managed.
Environmental health and safety checks were not always carried out when they were due.
Staff did not not monitor the physical healthcare needs of clients well. Physical health observations were not carried out as prescribed by the doctor.

Regulated activity

Treatment of disease, disorder or injury
Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

The service was not always well led. Our findings demonstrated that governance processes did not always operate effectively. Leaders did not ensure that risks associated with the running of the service were mitigated and managed. Audits in place were not effective in making improvements.