Chandos 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 independent standalone substance misuse services.

We found the following areas of good practice:

- Chandos House provided a safe and caring place for people to recover from substance misuse. This was apparent throughout the service, and included flexibility admitting clients who were in immediate need and free after care. Staff worked collaboratively with clients to complete a holistic treatment plan. Clients set their own goals for treatment and discharge. Staff helped arrange funding extensions when clients needed a longer stay.
- Staff managed risk at the service through client assessment and ongoing discussion with clients. When risks were identified, staff supported clients to stay safe. Staff provided information on harm minimisation and overdose risk for clients who left or were discharged early. Health and safety checks of the premises were carried out regularly.
- The staff helped to create an atmosphere of safety and support that helped clients feel accepted and respected. Clients told us that they had open and honest discussions about equality and diversity within the house and that they felt safe and accepted there.
- The service had strong leadership from the manager. Staff told us they felt comfortable raising any

Summary of findings

concerns they might have, but they felt that the team worked well together. They also said that they had strong working relationships with other teams in the area.

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

- The quality assurance officer was new in post and had not had time to fully embed all of the governance procedures that they had started.

Summary of findings

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Chandos House

Services we looked at
Substance misuse services

Summary of this inspection

Background to Chandos House

Chandos House provides residential rehabilitation for up to 15 men in recovery from substance misuse.

The majority of placements are funded by local authorities. However, Chandos House occasionally takes self-funders.

The service is registered to provide accommodation for persons who require treatment for substance misuse and has a registered manager in post.

CQC has inspected the service under the Health and Social Care Act (2010) twice, in January and December 2013 when it was registered with the previous provider. The service was compliant at the last two inspections. This is the first inspection of the service under the new provider using the Health and Social Care Act (regulated activities) regulations 2014.

Our inspection team

The team that inspected the service comprised CQC inspector Lesley Whittaker (inspection lead), and one other CQC inspector.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

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

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 seven clients, four ex-clients and a carer
- spoke with the registered manager
- spoke with three therapists employed by the service provider and a volunteer
- reviewed feedback from the local authority and Public Health England
- attended and observed a therapeutic relapse prevention group
- looked at three care and treatment records, including medicines records, for clients and five staff records

Summary of this inspection

- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

All of the clients that we spoke with said that they received good care. They described staff as welcoming and caring. A carer said that the service was open to clients after they were discharged and said they felt that their relative was safe and supported there. Clients described the service as safe, caring and like a family. Clients told us they referred to current and former clients as the 'Chandos brothers'. They said that there was a range of activities that was personalised to their needs.

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:

- The environment of the house was pleasant and clean. There was access for people with mobility needs.
- The service used sessional workers to provide a balanced mix of professionals to clients during business hours, and an on call rota for emergencies.
- Staff used a Bristol-wide standardised form for assessing clients (the Bristol START assessment). Risks were discussed with clients in one to ones. Staff provided clients with harm minimisation advice and had links with local crisis and mental health teams.
- Staff had started to monitor and report incidents in a more structured way, and had an understanding of their duty of candour.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff assessed clients' needs in a holistic way, including their mental and physical health and their history of substance misuse. Clients were involved in setting their goals for treatment using the 'page a day course book' that each client kept.
- There was a mix of different staff providing a variety of therapies within the UK guidelines on drug misuse and dependence.
- Staff were employed on a sessional basis and were responsible for their own external clinical supervision. Staff said that the service had arranged supervision to start within the service, as well as a yearly appraisal process.
- Staff reported strong working relationships with other local services and commissioners.
- Staff had discussed how to meet the needs of clients with characteristics protected by the 2010 Equalities Act. Clients told us that equalities issues were discussed with them and they felt supported.
- Clients had clear discharge plans and were provided free aftercare from Chandos House.

Summary of this inspection

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were overwhelmingly positive about the service. They said it was a supportive and caring place where they felt part of a family.
- Staff had created an atmosphere where clients felt safe and respected. Clients were able to involve their families in their treatment. Chandos house staff also offered support to families

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Chandos House could admit clients who were at risk quickly and ensured that the service prepared clients for discharge.
- There were facilities to allow clients a wide range of therapeutic activities, private one to one therapy and facilities for them to make drinks and snacks.
- The service could meet client's dietary needs and staff could use a telephone translating service for clients that did not speak English as a first language.
- Clients were aware of how to make complaints and felt comfortable doing so. Staff were made aware of learning from complaints.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The philosophy of the service was displayed in communal areas and focused on recovery.
- The manager had highlighted a gap in governance procedures and had hired a quality assurance officer who was putting governance structures in place.
- There was high morale in the staff team and this was complemented by strong leadership from the manager.

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

- While gaps in governance had been identified by the provider, the new systems put in place were not fully embedded.

Detailed findings from this inspection

Mental Health Act responsibilities

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

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

The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health were to deteriorate, staff were aware of who to contact.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Chandos House was a large house with accommodation for clients over three floors. All bedrooms were shared except two single bedrooms, usually occupied by the clients who had been at the service longest. There was accommodation on the ground floor for clients with mobility needs and access to the communal spaces was available using ramps and a stair lift.
- All areas, including bedrooms with en-suites were well-maintained, clean and tidy. The house was in good decorative order.
- There was a housekeeper employed at the service who carried out health and safety checks. Records of these checks were available. There was no spill kit available but staff described using gloves and cloths to clear up any body fluid spills and disposing of these after use. The service arranged regular gas safety and fire checks.
- There was a very well-maintained outside garden area containing seating and pots of flowers, all grown from seed by the clients at the service.

Safe staffing

- The service had good staffing levels (29 total staff) and aimed for one member of staff to every four clients. On the day of our inspection, additional staff were on duty to ensure that the delivery of the service was not compromised.
- The service was not staffed overnight. However, there was an on-call system. We were told this was rarely used. If necessary staff would stay later until any problem was resolved. For example, we heard from one relative that staff had remained at the service until past midnight when they had been concerned for a client's well-being. Contact information and the name of people who could be contacted in an emergency was clearly displayed.
- Additional staff were available to cover sickness and annual leave. Clients told us that if a member of staff was sick or absent another staff member covered and if the planned activity could not be delivered an alternative was always organised.
- Staff at the service were employed on a sessional basis, with the majority of staff delivering specific groups or activities. This meant that a wide variety of different professionals were employed, including counsellors, massage therapists and a professional who delivered singing and dancing workshops. Some members of staff were employed by another organisation, for example, the Workers Education Association (WEA). All staff had Disclosure and Barring Service (DBS) checks. However, at the time of inspection the provider was unable to provide evidence of two references for some staff. We have since received copies of these references.

Assessing and managing risk to clients and staff

- All clients had been risk assessed prior to admission. Risk assessments were carried out by referrers using the Bristol START form. This was a multi-agency initial assessment form used by all drug and alcohol services in the Bristol area to provide comprehensive needs and risk assessment and reduce the need for repetitive assessments.
- In addition to the START assessment, staff routinely monitored and discussed risk. For example, during our inspection, we observed staff identify an increased risk for one client and put measures in place to increase

support. Counselling staff at Chandos House sent a copy of anonymised client notes to each other by email that contained up to date information about any increased risk. They called this the 'round robin'.

- We spoke with a relative of a client who told us how staff had responded to keep their relative safe when their risk increased. Clients were also involved in discussion of risk.
- Chandos House provided free aftercare to former clients. If a former client needed additional support they could potentially stay overnight at Chandos House. Clients living at the house were able to discuss this to help decide if it would be safe for the former client to stay.
- Clients who decided to leave before completion of treatment were given harm minimisation advice and warned of the risk of overdose. A local drug service taught clients how to respond to a drug overdose and provided Naloxone (a drug to reverse opiate overdose). Clients leaving in an unplanned way were able to take Naloxone with them. Clients told us that if they wanted to leave staff would liaise with their care manager.
- Staff were required to be aware of all service policies, for example the safeguarding policy. 26 out of 29 staff had completed all of their mandatory training.
- Medicines were stored in the staff office in a box file on a shelf that was labelled so that it was clear medicines were held there. The door to the staff office was often kept open. This meant that clients or visitors may have been able to access the medicines. We brought this to the attention of the manager, who ordered and installed a locked cabinet to put the medicines in. We visited the service to check this had been installed and a new system was in operation.
- Clients managed their own medicines. The pharmacy dispensed medicines into dossette boxes. Staff initially kept medicines safe for clients before assessing whether they were safe to manage their own medicines. Clients had a safe to store their medicines in their room. Staff checked weekly to make sure the clients were taking their medicines appropriately.
- There was a lone working policy to ensure staff were safe. They were able to ring other staff if necessary.

Track record on safety

- Chandos House had not been routinely monitoring incidents. However, a quality assurance officer had now been employed and begun to improve governance systems within the service. There was now a record of incidents from the previous three months. These incidents were shared in anonymised client notes sent to the clinical team. Further work was needed on this system to ensure all incidents were reported to all relevant bodies.

Reporting incidents and learning from when things go wrong

- The provider had not been notifying the Care Quality Commission (CQC) of all safeguarding concerns as required by their registration. For example, on the day of inspection, members of the police were on site interviewing a client about allegations of historic abuse that we had not been made aware of. The provider had an effective system in place to support clients raising allegations of historic abuse and was notifying the police and safeguarding team appropriately. They agreed that they would now notify CQC as well.
- Staff told us that they would be informed of incidents from the client updates called the 'round robin'. They said that they would seek support or advice as needed from the manager of the service.

Duty of candour

- Duty of candour is a legal requirement which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong.
- We spoke with staff that were aware of the need for them to be open and transparent when things went wrong. They said that they would direct clients and their relatives as appropriate to support if things did go wrong.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

Substance misuse services

- Clients' records contained a multi-agency assessment form which included details of their substance misuse history, treatment history, social circumstances and any mental health history. Clients could be referred to the local crisis or mental health team if necessary.
- All clients were registered with a GP and dentist on admission and supported to address any physical health issues. Records demonstrated that where necessary clients had been supported to attend hospital or other specialist services. This included testing for blood borne viruses.
- Clients were involved in developing their own treatment plans which were discussed and evaluated weekly. Clients showed us their 'page a day course book' (a collection of information sheets, tasks and goal setting sheets) which they worked through and the treatment goals they reviewed weekly. Clients developed goals which they discussed in group with the other clients. They received feedback and tips from other clients on how best to meet these goals.
- Clients we spoke with told us that their treatment plans were individual and that they decided the direction of their treatment and goals. One former client told us how he had been supported to maximise opportunities to re-establish contact with his children.

Best practice in treatment and care

- Psychosocial therapies were delivered in line with the UK guidelines on drug misuse and dependence. There was a structured therapeutic program in place and participation in this was a requirement of residence.
- Chandos House employed a range of different therapists and staff on a sessional basis. This meant that the service was able to provide a broad range of activities and therapies. All therapists employed had professional certificates and two therapists we spoke with described their on-going professional development.
- The service received performance information from their commissioners that gave them an overview of how effective their treatment was using the treatment outcome profile (a national measure of outcomes). We saw confidential feedback from commissioners and statistics from Public Health England. Clinical staff said they were not involved in audits as they were sessional workers.

Skilled staff to deliver care

- Staff were experienced in the field of substance misuse. Staff said that they were supported to develop professionally and also attended relevant conferences. They said that they had received an induction to the service and sourced clinical supervision outside of the service. The staff we spoke with did this as part of their own private practice and the service had arranged for group supervision as well as a line management procedure.23 out of 29 staff had signed to say they had read the policies of the service. This was a key part of their induction to the service. The service had also arranged for regular group supervision for the therapy staff to begin after the inspection.
- A program of staff appraisals had been started when the quality assurance officer had been recruited. At the time of inspection, six out of 30 staff had received appraisals. The service had planned to complete the rest of the appraisals by the end of December 2016.

Multidisciplinary and inter-agency team work

- Chandos House worked with a range of providers to deliver care to clients. Care managers were kept informed of clients' progress and of anything that may affect their treatment. During the inspection staff from the community mental health team visited the service to support clients in receipt of mental health treatment and staff said the teams worked well together.
- The service liaised closely with the local inpatient detoxification unit to ensure a smooth transfer of care for clients who had undergone medical detoxification. Chandos House was also able to work with the local alcohol service to support clients who could safely undertake community detoxification from alcohol but had no clients in receipt of this during our inspection.
- Staff communicated with each other by means of a 'round robin' email which was anonymised to initials and contained up to date information about clients. In addition to this staff on duty regularly caught up with each other. We saw an example of this during our inspection when staff were evidently aware of one client who was having a difficult day.

Equality and human rights

Substance misuse services

- Chandos House supported clients with protected characteristics under the 2010 Equalities Act. Clients told us that they were supported irrespective of their race, religion or sexuality. We observed diversity in the client group during our inspection.
- Minutes of a staff team meeting demonstrated that issues about equality had been discussed, in particular how to support clients' sexuality in an atmosphere that could sometimes be 'macho'. Staff also discussed how to challenge other issues of equality such as racism and sexism.
- Arrangements were in place to provide disabled access if needed. The chair lift was out of order on the day of inspection but the provider told us it would be repaired if a client needed it. Clients could access the kitchen and therapy rooms via the outside as the service had removable ramps to allow access.
- Blanket restrictions were in place at Chandos House and all clients had consented to these. These restrictions were in place to ensure the safety of clients in their first weeks of admission. For example, clients agreed not to leave the house alone and surrendered their mobile phones until they felt established in the house. Clients understood the restrictions were to keep them individually, and other clients, safe. Clients explained that the length of time they stayed on these restrictions was individual. They told us that if they were struggling and felt at risk of relapse, they could put themselves back on these restrictions. Clients understood these restrictions to be supportive and for their own benefit.

Management of transition arrangements, referral and discharge

- Chandos House worked with commissioners and other services to manage a smooth transition of care. Arrangements were in place to admit clients from the local NHS detoxification ward following completion of their treatment. The service also accepted clients straight from home or from other rehabilitation services.
- On referral, the service preferred clients to spend some time at the house as part of their assessment. This was to determine if it was suitable for both the potential client and the current client group.
- Discharge plans were clear and clients were able to tell us about their plans. One client told us they were in touch with support services in their home area, and planned to go back there. Other clients told us they were supported to move onto a 'dry house' in the local area.
- We met with clients who had left the service who described the on-going support they had continued to receive as positive and helpful.

Are substance misuse services caring?

Kindness, dignity, respect and support

- All the clients we spoke with at Chandos House spoke highly of the care they received. Clients told us that staff were extremely supportive and understanding and they felt respected. In addition to current clients a number of former clients came to the service on the day of inspection as they wanted to tell us about their positive experiences of the service.
- Clients told us they felt very safe at Chandos House. Some clients had been in several different treatment services and were very positive about their experience at Chandos House. They told us it was like a family and the current and former clients called themselves the 'Chandos Brothers'.
- We observed a relaxed and mutually respectful atmosphere at Chandos House during our inspection. We spoke with a group of clients and observed that they were gentle and respectful with each other. It was evident by the way in which they gave each other time to speak and spoke about their experience of the service; they felt the service had helped their personal growth.

The involvement of clients in the care they receive

- Clients told us they were in control of their own treatment. One client showed us their 'page a day course book' which they worked through. This contained a weekly goals planner. All the clients we spoke with told us their treatment was individualised.
- A representative from the care forum (a local non-profit organisation) attended the house every week to gather client's views and provide links to advocacy for them. Clients could also raise concerns and have input into the service through their daily house meetings.

Substance misuse services

- Some clients who had completed treatment chose to do further learning and then work at the service.

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

Access and discharge

- Chandos House was able to respond to a client's needs quickly if they needed admission. One former client of the service told us how he had turned up on the doorstep desperate and the service had arranged immediate admission.
- Clients were knowledgeable about their discharge plans. They were supported to develop a range of interests and activities in the community before they moved on. Chandos House also provided free aftercare for clients and we met with four clients who had benefited from this. All of the 43 clients that had been discharged in the year before the inspection had received a follow up within a week of being discharged.

The facilities promote recovery, comfort, dignity and confidentiality

- Chandos House was focused on recovery from addiction and all group activities were provided to address this in a holistic way. There were rooms that could be used for private one to one therapy. The service also had an allotment that clients could work on.
- The house itself had a range of communal areas, as well as facilities to make drinks and snacks. There were information leaflets available for local services and staff would signpost clients based their on needs.
- Clients had access to secure storage for their belongings.

Meeting the needs of all clients

- Chandos offered a range of therapies and activities to meet clients' differing needs. In addition to group therapy and individual counselling clients could attend a range of complementary therapy groups. During our inspection drumming and dancing movement therapy groups took place. Clients told us that they also enjoyed hula-hooping, singing group and cookery.
- Clients helped on the Chandos House allotment and in the garden. All clients had gym membership whilst living there.
- One client explained that it was very challenging to do some of the groups that took him out of his comfort zone but that it was very helpful.
- Staff had access to telephone translating services, should a client not speak English as a first language.
- Dietary preferences could be met as food was prepared onsite or could be ordered from local services. Clients said the food was of good quality.

Listening to and learning from concerns and complaints

- There were no reported formal complaints within the year before the inspection. Clients said they were aware of how to raise concerns and complaints. They felt that any informal concerns or complaints were listened to and acted on. These were recorded in the clients notes and shared as part of the 'round robin' to ensure that staff could be made aware of the learning that came from the complaint. There was a complaints procedure and clients and staff said they were aware of it.

Are substance misuse services well-led?

Vision and values

- Chandos House had a set, recovery based philosophy that was displayed in the house, as well as in information about the service. Staff and clients were able to tell us about this philosophy.

Good governance

- The service had appointed a quality assurance officer, who had started to implement a number of different governance procedures. For example, keeping an audit of staff files to ensure that relevant training documents and professional certificates were available for their staff. The quality assurance officer had also started an appraisal program and monthly governance meetings.
- Staff had access to the service's policies as well as national guidance documents that were kept in the staff office.

- Staff ensured that treatment outcome profiles (questionnaires to measure a client's progress) were completed and that this information was sent to local authorities and funding bodies. This information was used to show the performance of the service.

Leadership, morale and staff engagement

- The manager of the home provided strong leadership for the therapeutic aspects of the service and that staff had high morale. They said that they enjoyed working there and felt the service gave high quality care. All the staff we spoke with were passionate and enthusiastic about the service.
- Staff said they were not aware of any bullying or harassment within the staff team. They felt comfortable raising concerns with the manager if they needed to.
- Staff felt that the manager supported their ongoing learning and we spoke with members of staff that had represented the service at national conferences.
- The provider was unable to give us information about staff sickness or turnover. They said that the staff were independent contractors and they did not track this information.

Commitment to quality improvement and innovation

- The manager had highlighted a need for ongoing improvement in governance and had recruited a quality assurance officer to address those needs within the service.
- The manager received feedback from service commissioners with their performance that helped them ensure that quality was maintained. However, the service was not part of any research projects.

Outstanding practice and areas for improvement

Outstanding practice

During the inspection we were made aware of numerous occasions where the service had been flexible in their approach to ensure that clients were provided with care to meet their needs. This included offering admission when needed for clients who had been discharged (and providing this for free until funding could be arranged).

The employment of sessional staff enabled clients to receive a wide range of alternative therapies and activities not usually offered in this type of service.

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

The provider should continue to imbed the governance procedures relating to performance audits, staff supervision, appraisal and training that had begun at the time of this inspection.