

Cranstoun - City Road

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

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

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.

Summary of findings

Overall summary

We rated Cranstoun City Road as **good** because:

- The service had made improvements since the last inspection. All staff received appropriate training to safely meet the care and treatment needs of clients. Regular environmental checks including fire safety, were carried out regularly and recorded. Robust arrangements to recruit and train a planned future intake of volunteers were being implemented. All clients had early exit plans in place.
- The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Incidents were appropriately investigated and shared lessons learned with the whole team. When things went wrong, staff apologised and gave clients, or their families, honest information and suitable support.
- The service had enough staff with the right qualifications, skills, training and experience to keep clients safe from avoidable harm and abuse and to provide the right care and treatment. Robust recruitment procedures and high staff take up of mandatory training meant that clients were protected from the risks of receiving unsafe care or treatment.
- Managers appraised staffs' work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. A programme of specialist training was planned for all staff over the coming 12 months.
- Client records were clear, up-to-date and available to all staff providing care. The service ensured that all clients were comprehensively assessed before starting their treatment, including their physical and mental health needs. The prescribing professional always met with clients face-to-face before prescribing any medicines.
- Personalised, holistic care plans were in place for each client. The service assessed and managed the risks associated with clients care and treatment. Only clients whose care and treatment needs could be safely met were admitted to the service for detoxification. Where client risk changed, assessments and management plans were updated to reflect this.
- The service provided care and treatment based on Department of Health Drug misuse and dependence: UK guidelines on clinical management and evidence of its effectiveness. Clients detoxification medication regimes followed best practice guidance. Physical health monitoring recommended by national guidance was carried out by staff.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support clients with dual diagnosis and those who lacked the capacity to make decisions about their care. The service prescribed, gave, recorded and stored medicines well. Clients received the right medication at the right dose at the right time.
- Staff of different professions worked together as a team to benefit clients. The staff team liaised with other stakeholders, including the clients' GPs, the referring agency and secondary services the client would be receiving support from post discharge. Clients' housing, money and employment needs were assessed and staff supported clients to access other agencies to help support them. There were links with local debt management and advocacy services.
- The service had robust systems to assess and review referrals which meant that clients could access the service when they needed it. The service worked well with other stakeholders and providers to facilitate transfers of care. Staff routinely followed up clients four weeks after discharge to check on their progress.
- Staff cared for clients with compassion. Feedback from clients confirmed that staff treated them with compassion and respect. Staff provided emotional support to patients to minimise their distress. Staff involved clients in decisions about their care and treatment.
- The service had suitable premises and equipment and looked after them well. The premises had a range of private and communal spaces to facilitate individual and group work programmes.
- The service took account of patients' individual needs. Staff demonstrated an in-depth knowledge and understanding of clients' protected characteristics and

Summary of findings

potential vulnerabilities. The service had arrangements in place to support transgender clients including a bedroom of single occupancy on the same floor as their self-identified gender. One bedroom on the premises had been adapted to allow wheelchair access.

- The service ensured that clients received regular, varied and nutritious meals to meet their needs and improve their health. The service made adjustments for clients' religious, cultural and other preferences.
- The service had leaders at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Leaders were visible and approachable to staff and clients. Leaders promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

- The service had robust governance systems that collected, analysed and used appropriate information to monitor the performance of the service and drive improvement. The service had effective systems for identifying risks, planning to eliminate or reduce them. The service treated concerns and complaints seriously, investigated them and learned lessons from the result. The service was committed to improving services by learning from when things go well and when they go wrong.

However:

- Whilst the service had made communication devices available to staff so they could stay in contact whilst working in different parts of the building, on the day of our inspection one temporary member of staff was not aware of this and was not using the device, which could compromise their safety and the safety of clients.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse/ detoxification	Good 	

Summary of findings

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Good 

Cranstoun City Road

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to Cranstoun - City Road

Cranstoun City Road provides care and treatment to men and women who require a medically monitored detoxification from drug and alcohol misuse. The service has 24 beds available for treatment, 10 of which were occupied at the time of our inspection. Clients are admitted for between 10 and 14 days on average, dependent upon their individual treatment plan. Following detoxification, the majority of clients are discharged to a rehabilitation setting or a supported living service.

Cranstoun City Road is registered to provide accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury.

There was a registered manager in place at the time of inspection.

The service received referrals from London and nationally from various organisations.

The service was last inspected in June 2017. We found concerns about the quality and safety of the service. We issued the provider with three requirement notices. At this inspection we found the provider had made improvements.

Our inspection team

The team that inspected the service comprised two CQC inspectors, an assistant inspector and a specialist advisor with experience of working as a nurse in substance misuse services.

Why we carried out this inspection

We inspected this service to find out whether Cranstoun City Road had made improvements since our last inspection in June 2017. Following the inspection in June 2017 we issued three requirement notices.

- The provider must ensure they carry out and keep records of the specified environmental, fire alarm and fire safety checks in line with their policies and procedures in order to minimise or mitigate risks to clients and staff.

- The provider must ensure that volunteers and sessional staff receive appropriate training to enable them to undertake their duties safely and effectively.
- The provider must ensure that clients have early exit plans.

The requirement notices related to:-

- Regulation 18 HSCA (RA) Regulations 2014 Staffing
- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

How we carried out this inspection

Since July 2018 the CQC has powers to rate substance misuse services.

This was an unannounced comprehensive inspection as part of our routine programme of inspection and in part as follow up to our inspection in June 2017 where we issued three requirement notices.

Summary of this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the physical environment
- spoke with three clients
- spoke with the registered manager
- spoke with nine other staff members; including the medical lead doctor, a specialist registrar doctor, nurses who were non-medical prescribers, four psychosocial team members, a sessional worker and administration staff
- looked at six care and treatment records
- observed the admission of a client to the service
- observed a group meeting for clients
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients were extremely positive about the care and treatment they received. They felt safe and well cared for.

Feedback from client surveys was also positive. Clients said that staff were always there for them to talk to and felt very supported during their detoxification programme.

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 rated safe as **good** because:

- The service had made improvements since the last inspection. All staff received appropriate training to safely meet the care and treatment needs of clients. Regular environmental checks including fire safety, were carried out and recorded. Robust arrangements to recruit and train a planned future intake of volunteers was being implemented. All clients had early exit plans in place.
- The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Incidents were appropriately investigated and shared lessons learned with the whole team. When things went wrong, staff apologised and gave clients, or their families, honest information and suitable support.
- The service had enough staff with the right qualifications, skills, training and experience to keep clients safe from avoidable harm and abuse and to provide the right care and treatment. The service provided mandatory training in key skills to all staff and made sure everyone completed it. 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. Robust recruitment procedures meant that clients were protected from the risks of receiving unsafe care or treatment.
- The service prescribed, administered, recorded and stored medicines well. Clients received the right medication at the right dose at the right time.
- The service assessed and managed the risks associated with clients care and treatment. Only clients whose care and treatment needs could be safely met were admitted to the service for detoxification. Where clients risks changed, assessments and management plans were updated to reflect this. Staff kept appropriate records of clients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service had suitable premises and equipment and maintained them well.

However:

- Whilst the service had made communication devices available to staff so they could stay in contact whilst working in different

Good



Summary of this inspection

parts of the building, on the day of our inspection one temporary member of staff was not aware of this and was not using the device, which could compromise their safety and the safety of clients.

Are services effective?

We rated effective as **good** because:

- The service ensured that all clients were fully assessed before starting their treatment, including their physical and mental health needs. The prescribing professional always met with clients face-to-face before prescribing any medicines. Personalised, holistic care plans were in place for each client.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Clients detoxification medication regimes followed best practice guidance for example they followed the Department of Health Drug misuse and dependence: UK guidelines on clinical management sometimes known as the Orange book guidance. Physical health monitoring recommended by national guidance was carried out by staff whilst clients were undergoing detoxification.
- The service made sure staff were competent for their roles. Managers appraised staffs' work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. A programme of specialist training was planned for all staff over the coming 12 months.
- Staff of different professions worked together as a team to benefit clients. Doctors, nurses and other healthcare professionals supported each other to provide good care. The staff team liaised with other stakeholders, including the clients GP, the referring agency and secondary services the client would be receiving support from after completing their detox and leaving Cranstoun City Road.
- Staff always had access to up-to-date, accurate and comprehensive information on clients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support clients with dual diagnosis and those who lacked the capacity to make decisions about their care.

Good



Summary of this inspection

- The service ensured that clients received regular, varied and nutritious meals to meet their needs and improve their health. The service made adjustments for clients' religious, cultural and other preferences.

Are services caring?

We rated caring as **good** because:

- Staff cared for clients with compassion. Feedback from clients confirmed that staff treated them with compassion and respect. Staff provided emotional support to clients to minimise their distress.
- Staff involved clients in decisions about their care and treatment.
- Staff spoke passionately about providing excellent care and treatment and told us they would not hesitate in raising concerns. Clients felt safe and were comfortable telling staff if there were any issues, this was reflected in the service user feedback forms.
- Clients felt fully involved in their treatment. Clients had regular one-to-one sessions with their keyworker and could approach staff at any time for support.
- For clients who required an interpreter this was provided by the service. Staff had made appropriate arrangements so they were able to support a client whose first language was not English.
- Clients' housing, money and employment needs were assessed and staff supported clients to access other agencies to help support them. There were links with local debt management and advocacy services.

Good



Are services responsive?

We rated responsive as **good** because:

- The service had robust systems to assess and review referrals which meant that clients could access the service when they needed it. Discharge planning started at the point of referral, which meant that clients were not delayed in leaving the service once they had completed their detoxification programme.
- The service worked well with other stakeholders and providers to facilitate transfers of care. Staff routinely followed up clients four weeks after discharge to check on their progress.
- The premises had a range of private and communal spaces to facilitate individual and group work programmes.

Good



Summary of this inspection

- The service took account of patients' individual needs. There was a floor of the building that was designated a female or male according to client mix. The services recovery model included clients of the same gender sharing bedrooms for peer support.
- Staff demonstrated an in-depth knowledge and understanding of clients' protected characteristics and potential vulnerabilities. Staff spoke informatively of the specific support that had been provided to clients who had experienced domestic abuse, had engaged in sex-work and those who were homeless. The service had arrangements in place to support transgender clients including a bedroom of single occupancy on the same floor as their self-identified gender. One bedroom on the premises had been adapted to allow wheelchair access.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Are services well-led?

We rated well-led as **good** because:

- The service had leaders at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Leaders were visible and approachable to staff and clients.
- Leaders promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had robust governance systems that collected, analysed and used appropriate information to monitor the performance of the service and drive improvement.
- The service had effective systems for identifying risks, planning to eliminate or reduce them.
- The service engaged well with staff, clients and stakeholders to plan and manage services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong. A serious incident where a client had died had been robustly investigated and an action plan put in place. This had been fully implemented. A specialist training programme had been developed which was planned for delivery in the coming 12 months.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training in the Mental Capacity Act (2005). Staff we spoke to had an understanding of the basic principles of the Act and how it applied to the clients. Staff gave an example of how a clients' cognition had been affected by long term substance misuse. They had regularly assessed and reviewed the client's capacity in relation to specific decisions. Subsequently, the client had been referred for a specialist assessment by the local authority.
- At the time of our inspection, no clients were subject to a best interest decision or deprivation of liberty safeguards.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse/ detoxification	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Substance misuse/detoxification

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

Are substance misuse/detoxification services safe?

Good 

Safe and clean environment

- The premises were visibly clean and had comfortable furnishings.
- At the last inspection in June 2017, we told they provider they must carry out and keep records of environmental, fire alarm and fire safety checks in line with their policy and procedure. During this inspection we found this had improved. Staff were completing environmental and security checks on a twice daily basis at shift handover and maintained records of these.
- Fire safety checks including fire evacuation drills were taking place regularly. We found a gap in recording of the monthly drills between April 2018 and July 2018. The manager told us that the drills had taken place, but were not recorded as the service had been in the process of switching from paper to electronic records.
- Staff were issued with portable alarms. On the day of our inspection one temporary staff member was not aware that portable alarms were available and had not been issued with one. Personal alarms were also given to clients who were vulnerable to summon assistance from staff. There were wall mounted alarms in the communal areas.
- The premises had one bedroom which was accessible for wheelchair users. Improvements had been made to the building including the installation of a stair lift to allow service users with mobility issues to access bedrooms and communal areas.

- The environment was clean and well maintained. Whilst on inspection there were fire doors being installed and redecoration taking place. The service employed domestic staff to help maintain cleanliness and the service users undertook chores around the house as part of their recovery. Whilst this was not compulsory, staff encouraged service users to participate. Cleaning rotas were in place and completed daily.
- Hazardous cleaning products were kept locked away and only used by the housekeeping staff. The provider kept a list of the Control of Substances Hazardous to Health Regulations (2002)(COSHH) cleaning products.
- Staff adhered to infection control practices such as hand washing and disposal of clinical waste in designated bins. One member of staff had completed infection control level 3 training.
- The service had a fully equipped clinic room with all the equipment necessary to undertake physical healthcare observations from clients. The clinic room was visibly clean and tidy. Medications were securely stored in accordance with the providers policies including the storage of controlled drugs. Clinic keys were kept with the qualified nurse on shift at all times. The clinic room was appropriately equipped with emergency medicines and equipment that were regularly checked by staff. Emergency medicines available on site, included Naloxone. Appropriate arrangements were in place for the safe disposal of sharps and clinical waste.

Safe staffing Nursing staff

- The service had established safe staffing levels and ensured these were implemented. The minimum staff working during the day was a qualified nurse, non-medical prescriber and two support workers. At

Substance misuse/detoxification

night there were two support workers and a qualified nurse. Staffing levels were adjusted according to occupancy and client need. Where a client required one-to-one support bank relief or agency staff would be employed by the service.

- In addition, the provider employed a chef, a housekeeper and two administrators. The manager was also a non-medical prescriber.
- Agency and bank staff received an induction to the service on their first shift. Qualified nurses from the agency would shadow a regular member of staff for the entire shift to familiarise themselves with the service and completed a competency assessment for the administration of medicines.
- The service employed a team of sessional workers who facilitated the group work programme for clients. All sessional workers received an induction to the service when they commenced their role.
- At the time of inspection, the provider did not have any volunteers at the service, but was in the process of recruiting them. A staff member to lead on their recruitment and training had been identified.
- There were systems in place at the point of recruitment to ensure that all staff underwent disclosure and barring service (DBS) checks. These were renewed every three years and held centrally at the providers head office. Records available on site showed that all staff had a valid disclosure and barring service check. The service had a robust recruitment process in place including an employment gap checklist, references and checking of qualifications and professional registrations for qualified staff.

Medical Staff

- There was a consultant psychiatrist available on site and available on call out of hours. In addition, a specialist trainee doctor was on site three days each week.

Mandatory training

- Staff had received and were up to date with mandatory training. Take up of mandatory training by staff was 100% at the time of our inspection. Mandatory training included both safeguarding adults and children training, fire safety awareness, confidentiality and basic life support.

Assessing and managing risk to clients and staff

Assessment of client risk

- We looked at the care and treatments of six clients undergoing detoxification at the service. These showed that for each client, a range of information relating to risk had been gathered and reviewed prior to their admission. This included information from their GP. A comprehensive risk assessment addressing a range of physical and mental health issues was available for each. For all of the clients, this had been, or was in the process of being completed as part of the admission process. For all clients this was reviewed as risks changed or emerged.
- The provider had systems in place to monitor clients physical and mental health while they were undergoing detoxification. Staff had the skills and knowledge to recognise the side effects of alcohol and/or opiate withdrawal and knew how to support people when they were experiencing them, including review by medical staff. A range of recognised tools were used to monitor withdrawal symptoms. Staff understood that clients may have other underlying physical or mental health needs which required treatment or management alongside their detoxification. These factors were reviewed on admission and regularly thereafter.
- The service had clear policies and procedures that identified clients whose needs could not be safely met by the service and should not be offered a service. We saw that staff followed these. The service did not accept clients who were at high risk of suicide as the environment was not suitable for clients who might harm themselves.

Management of client risk

- Of the six care and treatment records we looked at, a risk management plan was present or was in the process of being completed for each client. Risk assessment and management plans were reviewed and updated as client needs changed. Records demonstrated that physical health monitoring, including blood pressure, pulse and respiratory rate had taken place during each client's detoxification, in line with National Institute of Health and Care Excellence (NICE) guidance.
- At the last inspection in June 2017 we told the provider that they must ensure that all clients had early exit plans. An early exit plan is when a client decides to

Substance misuse/detoxification

withdraw from treatment. At this inspection we saw this had improved. We found across all the client records we looked at that there were early exit plans in place. If a client was considered vulnerable or at risk at the point of leaving the service, staff would contact the police to undertake a welfare check. During this inspection we saw that staff reminded clients of their goals to remain drug/alcohol free and the risks associated should they relapse.

- Staff we spoke to were able to tell us how they would respond to a client who became physically unwell. There was always a qualified nurse on the premises who they could escalate concerns to. In an emergency staff would call 999 for an ambulance to assist them.
- We found that all clients were checked by staff hourly as a minimum. When a client required more frequent observations then staff would facilitate this. The manager and administration staff told us that they were able to increase staffing numbers on shift for clients who needed one-to-one support, for example where clients needed help with mobility or to observe for seizures.
- Staff had received training in the use of Naloxone, a medicine that can reverse the effects of an opiate overdose.
- The provider offered smoking cessation advice and the clients could not smoke inside the premises. An outside smoking area was accessible to clients to the rear of the building.

Use of restrictive interventions

- The service had “house rules” in place to ensure the safety and well-being of clients. This included restrictions on the types of liquids they could bring onto the premises. This was to ensure that alcohol and illicit drugs were not brought into the service. Clients understood these restrictions and consented to regular checks of their personal items to ensure no contraband items were present.

Safeguarding

- Staff had undertaken safeguarding training for both adults and children. Staff understood the procedure for reporting safeguarding concerns and could give examples of clients they had supported who were vulnerable. The manager told us that they would contact the local safeguarding team from the client’s home area to make referrals or seek advice regarding safeguarding concerns.

- The provider had clear procedures for children visiting the premises, this included the staff contacting social services prior to a visit. Visits were planned and staff were in attendance throughout. Children visiting the service did not have contact with other clients during their visit.

Staff access to essential information

- Staff kept information securely across both paper and electronic records. There were administrators in post to support staff with managing care records including referrals and discharges and recruitment processes. Information was locked away securely in accordance with the providers policies.

Medicines management

- The service was able to administer naloxone in accordance with national best practice guidance (Drug misuse and dependence: guidelines on clinical management, Department of Health [DH], 2007).
- Staff had received training in detoxification and withdrawal.
- At the last inspection in June 2017 we told the provider that they should ensure that staff transport medicines safely from the pharmacy to the service location. During this inspection we found that this had improved. All medicines were delivered in secure bags by the pharmacy staff and signed for by staff. An audit trail was in place so that medicines were reconciled.
- Regular audits of the medication stored on the premises were undertaken by the registered manager and the outcome of these audits were discussed in the monthly clinical governance group. Where discrepancies were found these were investigated by the manager.
- Prescription pads were stored securely on the premises.

Track record on safety

- Over the last 12 months between 1 August 2017 and 31 July 2018 there had been 99 incidents recorded, an average of eight per month. The provider had categorised the incidents and looked at themes. Thirty-two of these incidents were related to health and safety, specifically falls due to seizures. The risk of seizures amongst clients who are withdrawing from drugs and alcohol is higher.

Substance misuse/detoxification

- There had been 12 incidents across the same time period of related to drug administration. The manager told us that all medicines errors were investigated and recommendations were made to prevent recurrence in the future.
- There had been one serious incident at the service which involved the death of a client in November 2017. This incident was investigated and an action plan with recommendations had been completed. All staff we spoke to were aware of the incident and the lessons learnt. The provider had reviewed and made changes to its procedures as a result of learning from the incident. There had been no Coroners recommendations to the provider relating to this death. The provider had remained in contact with the client's family following their relative's death, sharing information and offering support.

Reporting incidents and learning from when things go wrong

- We found that the service had taken steps to share findings from investigations with clients and their families where appropriate.
- Staff were aware of how to report an incident and since the last inspection a new electronic incident reporting system had been introduced.
- All incidents were reviewed on a daily basis by the manager or the manager deputising in their place.
- The registered manager ensured that notification of incidents to the Care Quality Commission were appropriately made in a timely fashion.
- We saw that incidents and learning from them, was discussed in handovers, team meetings and in the monthly clinical governance meeting.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We looked at the care and treatment records of six clients. These demonstrated that a doctor or non-medical prescriber had comprehensively assessed

the client, face-to-face, before they prescribed medicines to the client and if any subsequent changes were made to the detox medicines regime outlined on admission.

- All admissions were planned. Clients received a comprehensive assessment within an hour of admission. The prescriber undertook a joint assessment with support staff. This included a mental and physical healthcare assessment and assessment of the clients current and historic substance misuse. The doctors and non-medical prescribers asked clients about previous detoxifications and what had worked for them, this allowed flexibility with their treatment whilst still following best practice guidance for medical detoxifications.
- Care plans identified client needs and goals and their care and treatment whilst undergoing detoxification and starting recovery. Care plans were personalised and covered a range of other needs including health and social factors.
- The service offered a recovery based model for clients who entered the service this included group work and one-to-one sessions. The groups included preparing for rehab, recovery capital, healthy lifestyle, managing anxiety, self-esteem and relapse prevention. There were gender specific groups and preparing for discharge groups.

Best practice in treatment and care

- Doctors and non-medical prescribers were aware of appropriate guidance relating to detoxification and followed this. The doctor and non-medical prescriber followed detoxification medicines regimes recommended by the National Institute for Health and Care Excellence (NICE). Dose reduction schedules took into account the clients assessed needs. Rapid or accelerated detoxification regimes were not provided.
- Whilst the service did not offer Blood borne virus (BBV) testing on site, BBV testing by the clients GP or other stakeholder was required by the provider as part of the pre-admission information.
- Staff supported clients with onward referral to access groups in the community.

Substance misuse/detoxification

- We saw that client care and treatment records including the use of recommended tools including Severity of Alcohol Dependence Questionnaire (SADQ) and the Clinical Institute Withdrawal Scale (CIWA) to assess a client's dependency on alcohol and/or drugs.
- Clients were offered groups to support a healthier lifestyle which highlighted the issues relating to substance misuse. The manager told us that meals were provided which had "hidden vegetables" in to help the nutritional needs of the clients.
- The service worked with commissioners and referrers to ensure that a client's care pathway and discharge plans were clear. For example, we found that most clients went on to use substance misuse rehabilitation services or supported housing. The service had developed good links with these partner agencies.

Good practice in applying the MCA

- Staff had received training in the Mental Capacity Act (2005). Staff we spoke to had an understanding of the basic principles of the Act and how it applied to the clients. Staff gave an example of how a client's cognition had been affected by long term substance misuse. They had regularly assessed and reviewed the client's capacity in relation to specific decisions. Subsequently, the client had been referred for a specialist assessment.
- Staff were aware of how to access the local authority if a client required a best interest decision assessment.
- At the time of our inspection, no clients were subject to a best interest decision or deprivation of liberty safeguards.

Skilled staff to deliver care

- The staff team included the full range of specialists required to meet the needs of clients. Staff were suitably qualified and experienced. They had the right skills and knowledge to meet the needs of the client group.
- Staff received a comprehensive induction when commencing their employment. The induction included a range of topics including: an introduction to alcohol and drug awareness and harm reduction, reporting incidents and safeguarding, confidentiality and responding to a seizure.
- In addition to mandatory training, staff were able to access specialist training appropriate to their role. For example, some qualified nurses had completed non-medical prescriber training, which meant that with appropriate supervision, they could prescribe some medicines to clients. In addition, specialist training was being planned for staff that would address maintaining boundaries and conflict resolution.
- Staff received regular supervision that was recorded in line with the providers policies. Staff we spoke to said they received supervision regularly. Non-medical prescribers received specific supervision regarding the prescribing of medications by the consultant psychiatrist who had a specialist background in substance misuse issues.
- Staff received annual appraisals and poor staff performance was managed promptly by the manager.

Multi-disciplinary and inter-agency team work

- The team held regular and effective multidisciplinary meetings. There were handovers at the beginning and end of each shift to discuss each client's presentation and progress. The manager and consultant psychiatrist met weekly to discuss referrals, admissions and discharges for the service.

Are substance misuse/detoxification services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- We observed that when interacting with clients, staff were discreet, respectful and responsive. They provided clients with the support they needed when they needed it.
- Feedback from people who use the service was continually positive about the way staff treat people. Clients think that staff go the extra mile and the care they receive exceeds their expectations.
- Staff were described as 'kind', 'friendly' and 'understanding' by clients. Clients told us that staff were always respectful and responsive to their needs, as well as being pro-active at times when the client was struggling with treatment. We were also told that staff were always available for clients to speak to.
- Staff supported clients to understand and manage their treatment effectively. Staff at the service would take the time to talk to clients, for example, about why they were

Substance misuse/detoxification

having treatment and what could help if they felt overwhelmed. Clients told us that staff reminded them of their reasons for detoxification and targets daily. Staff worked with the clients to help build self-confidence including support with personal appearance and hygiene.

- People's emotional and social needs were highly valued by staff and are embedded in their care and treatment. Staff would direct clients to other services such as debt management services including money advice services, advocacy as well as housing charities. Staff told us they would actively encourage clients to contact other services upon their discharge.
- Staff recognised and respected the totality of people's needs. They always took client's personal, cultural, social and religious needs into account. For example, dietary needs such as halal, vegan and vegetarian were catered for. We found that Muslim clients could attend Friday prayers as requested.
- Staff were passionate about providing excellent care and treatment and told us they would not hesitate in raising concerns about abusive behaviour and attitudes towards clients. We found that clients felt safe and would feel comfortable in telling staff of any issues.
- Staff were aware and followed the providers policies relating to confidentiality. Staff told us that they were also mindful of supporting clients to only share appropriate information with each other. In group sessions, we observed staff consistently reiterating the need for confidentiality and a 'what is said here, stays here' idea. Clients consented to the provider sharing information with relevant third parties during the admission process.

Involvement in care Involvement of patients

- We found that clients were oriented to the service and were given information on what help they would receive. Clients were shown around the service and were also buddied up with other clients who had been there longer.
- Clients told us that staff communicated with them effectively about their care and treatment and would take every opportunity to talk to them and discuss any

questions they had. We saw that a client who had limited understanding of English could access a translator so that they could communicate with staff effectively.

- Clients could provide feedback on, and contribute to the day to day running of the service at weekly community meetings. We found that staff took on board feedback and acted upon it. There was "you said, we did" information displayed on a notice board in the lounge.

Involvement of families and carers

- Due to the treatment model, families and carers were not actively involved in the treatment clients. However, clients could contact their families when they wanted to. We found staff were always willing to accommodate these requests.

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

Good 

Access and discharge Access, waiting times and discharge

- The service did not have a waiting list at the time of our inspection. The average occupancy rate between 1 August and 31 July was 75%. The average wait for a bed was between three and five days with the longest wait being ten days. The service accepted referrals from local commissioners including social services and community mental health teams. A range of commissioners' spot purchased beds at the service. At the time of our inspection, the majority of clients were from the London region.
- The service had a clear system for screening and assessing referrals. This ensured the client met the providers criteria for clients they could safely treat.
- Admissions were only accepted Monday to Friday between 11am and 3pm, this was to ensure that a non-medical prescriber was available to assess the client.

Substance misuse/detoxification

- The average stay for a client was 14 days for a drug detoxification and between 10 days for an alcohol detoxification. When a client had poly-substance misuse issues or more complex physical or mental health issues the length of stays could be longer.

Discharge and transfers of care

- Between 1 August 2017 and 31 July 2018, the provider accepted 407 clients into the service; 329 completed treatment. Clients were usually either discharged back to their community address or to a second stage residential rehabilitation setting to consolidate their abstinence.
- Data showed that 12% of clients either “dropped out” or “disengaged” from treatment. The provider monitored how many client treatments were “terminated by the service” and this represented just under 3%. The manager told us there was a high percentage of clients who disengage with their treatment initially, only to return in the future to try again.
- Staff planned for patients’ discharge from the point of initially receiving a referral. Staff supported clients when they transitioned between services. The service had robust systems in place to share information with other stakeholders, including the clients GP, the referrer and follow on services that would be supporting the client to maintain their abstinence in the future.
- Staff would follow up all clients routinely four weeks after discharge to establish how they were progressing.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had five bedrooms for single occupancy and 10 bedrooms which were double occupancy. The manager told us that the sharing of bedrooms was part of the model of care at the service which aimed to promote peer support.
- There was a floor of the building that was designated a female or male according to client mix. Bedrooms were not shared by males and females. Clients could request a single room if this best suited their individual needs.
- Clients had somewhere secure to store their possessions.
- Staff and clients had access to the full range of rooms and equipment to support treatment and care, including a clinic room, group rooms and a therapy room.

- There were quiet areas within the building and a room where clients could meet visitors. Clients had access to outside space.
- The food was of a good quality and reflected client preferences as well as their cultural and dietary needs. Clients could make hot drinks and snacks whenever they wished.

Patients’ engagement with the wider community

- Where appropriate staff would support clients to maintain contact with their families and carers. Staff told us that families did not visit often due to the nature of the service and often clients came into treatment not wanting their families to be involved.
- Staff facilitated visits to the local shops and cafes to encourage service users to access the community.
- Staff worked with clients to identify their educational or employment goals and included these in care plans.

Meeting the needs of all people who use the service

- Staff demonstrated an in-depth knowledge and understanding of clients’ protected characteristics and vulnerability. For example, they spoke informatively of the specific support that had been provided to clients who had experienced domestic abuse, who had engaged in sex-work and those who were homeless.
- The service had arrangements in place to support transgender clients including a bedroom of single occupancy on the same floor as their self-identified gender.
- One bedroom on the premises had been adapted to allow wheelchair access.

Listening to and learning from concerns and complaints

- The service had a complaints policy in place. Clients knew how to make a complaint and staff knew their responsibilities in relation to dealing with complaints.
- The service received only two complaints from August 1 2017 to 31 July 2018. One of these complaints was upheld and the other was not.
- Outcomes from complaints were discussed in team meetings and clinical governance groups to ensure learning could be shared.

Substance misuse/detoxification

Are substance misuse/detoxification services well-led?

Good 

Leadership

- The manager and consultant psychiatrist provided clinical leadership for staff. Both were suitably skilled and experience for their leadership roles. The manager was a non-medical prescriber with extensive experience in the area of substance misuse. Both the manager and the consultant psychiatrist had been involved in the update of the “orange book” guidance which outlines best practice guidance in the treatment of substance misuse.
- The service had a clear recovery model and based this on the client’s individual needs and goals. Staff understood the treatment model and worked to support the client’s goals.
- Senior staff were able to demonstrate knowledge of the depth and breadth of the service provided.
- Staff told us that the manager was extremely visible and approachable.

Vision and strategy

- Staff worked consistently to provide high quality non-judgemental care that met the needs of a diverse client group, in line with the providers vision and values.
- Through team meetings and clinical governance meetings staff were able to feedback ideas for the development of the service. The service had undergone significant change in the last two years particularly the increase of the number of beds and the increased number of admissions for alcohol detoxification and the provision of national beds.
- The manager was aware of their local budget, and was able to access administrative staff to support them in their role.

Culture

- Staff we spoke to felt respected and supported. Overall all the staff we spoke to spoke positively of their experience of working for the provider. There was a low level of sickness across all disciplines of staff. Staff did not report feeling stressed. Staff were proud to work for

the service and the manager told us that many clients who were successful in their treatment would come back and volunteer to give something back to the service.

- Annual staff appraisals included a discussion regarding learning needs and opportunities for career progression.
- The team told us they worked together well and overall, staff we spoke with said they were able to raise concerns without fear of reprisal.

Governance

- We saw that improvements had been made to governance systems. There were systems and procedures to ensure that the premises were safe and clean; there were enough staff; staff were trained and supervised; clients were assessed and treated well; referrals and waiting times were managed well; incidents were reported, investigated and learned from.
- There was a clear framework of what must be discussed at team and governance meetings. Learning from incidents and complaints, was shared and discussed. Staff had implemented recommendations from the review of a recent death.
- The manager undertook regular audits of the environment, medicines and care plans. The results would be feedback through clinical governance meetings and any issues addressed in a timely way.
- At the last inspection in June 2017 the provider had not identified that building security checks, fire alarm checks and fire drills were not being undertaken. At this inspection we found that this had improved. The premises had fitted fire doors and made improvements following recommendations from a fire safety inspection and had identified a refuge area in case of evacuation. We found that the staff were undertaking building security checks at shift handovers and conducting regular fire tests and evacuation drills.

Management of risk, issues and performance

- The service had an operational risk register in place. The risk register was updated and added to by the manager of the service when risks were identified. The executive board of directors had oversight of the risk register and relevant policies and a business continuity plan were in place to mitigate and manage risk. The risks matched those that were raised by staff.

Substance misuse/detoxification

- Sickness and absence rates were monitored by the manager on a weekly basis. The service had a number of bank relief staff familiar to the service who were employed to cover staff sickness.

Information management

- There were administration staff in place who worked to support frontline staff. The service used a combination of both paper records for example, security checklists and admission paperwork as well as secure electronic notes. Staff were able to access information they needed without delay. Staff were clear about the importance of confidentiality and this topic was covered in their induction to the service.
- The manager had access to information they needed to monitor the quality and effectiveness of the service.

Engagement

- Information for clients was clearly visible in communal areas of the building.

- Clients were routinely asked at discharge to complete a feedback form. Between 1 August 2017 and 31 July 2018, the service received 23 feedback forms. Twenty-two out of 23 forms were extremely positive about all aspects of the service.
- Clients and staff said that the manager and executive team were visible and approachable.

Learning, continuous improvement and innovation

- The service encouraged staff and clients to make suggestions regarding the development of the services therapeutic programme. As a result, a range of alternative therapies were available to clients, including acupuncture, Indian head massage, shiatsu, reflexology and reiki.
- The service identified the learning needs for staff through regular clinical governance and team meetings and had developed a programme of specialist training to be implemented over the next 12 months to address: maintaining boundaries, conflict resolution, trauma training and Chronic Obstructive Pulmonary Disease (COPD).

Outstanding practice and areas for improvement

Outstanding practice

The service offered a wide range of activities including reiki, yoga, acupuncture, group work, individual sessions and support groups with Alcoholics Anonymous (AA) and

Narcotics Anonymous (NA) delivered by staff who were highly experienced in the care of clients who were undertaking detoxification. This range of activities served to enhance the experience of detoxification for the client.

Areas for improvement

Action the provider SHOULD take to improve
Action the provider SHOULD take to improve:

- The provider should ensure that all staff, including temporary staff, are aware of and use portable communication devices to ensure the safety and well-being of clients and staff.