Good

Bosence Farm Community Limited

Bosence Farm

Quality Report

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Cornwall
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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
1-139067008	Bosence Farm	Bosence farm	TR27 6AN

This report describes our judgement of the quality of care provided within this core service by Bosence farm. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Bosence farm and these are brought together to inform our overall judgement of Bosence farm.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	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 / Deprivation of Liberty Safeguards
We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

We rated Bosence Farm as good because:

- Clients felt safe and well cared for. The clients we spoke with were confident in the abilities of staff and felt that they worked with clients' best interests at heart.
- The environment was clean, welcoming and fit for purpose.
- Medicines were managed safely. At our previous inspection we found not all staff administering medicines had received training. At this inspection we found that all staff involved in medicines administration had received suitable training. Medicines policies and procedures had been reviewed by the clinical lead and updated. Medicines were stored and administered safely.
- All treatment at the service followed National Institute for Health and Care Excellence (NICE) guidelines in both the prescription of medicines and the delivery of psychosocial interventions including drug misuse in over 16s: opioid detoxification clinical guideline [CG52] Published date: July 2007 and Drug misuse in over 16s: psychosocial interventions. Clinical guideline [CG51] Published date: July 2007.
- Clients risk and treatment needs in relation to their recovery were assessed prior to admission and care was planned and delivered in line with this assessment. Specific assessments for blood born viruses were undertaken at point of admission.
- The provider recorded incidents and could demonstrate learning from these. Staff we spoke with understood safeguarding and referrals had been made to the safeguarding team.
- Clients in Bosence and the young Persons unit had a full activity program, including evenings and weekends. The key workers worked with clients to complete a comprehensive assessment of their individual needs and compiled a plan to maintain independence.
- The service was recovery focussed with discharge planning being built in to client plans from the outset. Early exit from treatment plans were also put in place early in clients stay to ensure those unexpectedly leaving the service were as safe as possible. These plans involved carers and relatives where appropriate. Links formed with local community support groups to enable clients to continue with support on discharge.
- Staff demonstrated an understanding of the impact care being provided can have on a clients' wellbeing. Clients were provided with emotional support at all stages of their treatment through group work, one to one work and peer support.
- The service used the same electronic note keeping system as the local community substance misuse service. This ensured that the service had immediate access to all previous assessments and care plans.

However:

- Some staff felt that there was a lack of positive leadership which was leading to low morale.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

Good

We rated safe as good because:

- There were enough staff to manage the service safely. The service had reduced its use of agency and used a pool of suitably qualified bank staff.
- The service gave feedback to staff and clients after incidents and acted on the outcome of investigations.
- All people undergoing opiate recovery were given instruction in the administration of Naloxone and were provided with this on discharge. This was carried out in such a way, that people did not feel it was suggesting that they are likely to relapse.
- The staff had up to date safeguarding training provided by the local authority and could explain the safeguarding process. Staff were trained in domestic abuse, stalking and harassment (DASH) assessments.
- The service had protocols for the identification of prohibited items and people were asked to sign contracts in relation to this.
- There was a well-equipped clinic in Boswyns, with a crash bag which was checked regularly.
- Staff informed clients of the effects and side effects of the medications they were being prescribed.
- The service had up to date environmental, fire and health and safety risk assessments which included plans for the management of identified risks. It also had an up to date ligature risk assessment which identified and managed risks.
- Boswyns and the young persons unit had good lines of sight and observation. Staff used observation to ensure the safety of clients.
- The physical effects of detoxification were monitored through the application of recognised assessment tools which were kept with medication charts.
- Boswyns was very clean and well kept throughout, with adequate furnishings for the use of clients. Clients rooms in Boswyns were clean and well furnished with ensuite facilities. One of the rooms was larger to accommodate disabled clients.
- The service had a clear admissions process regarding not mixing adults and young people under 18 years, unless a young person turns 18 while in treatment based on guidance from the local safeguarding authority.

Summary of findings

- The service used the same electronic note keeping system as the local community substance misuse service. This ensured that the service had immediate access to all previous assessments and care plans.

However:

- Bosence had some soft chairs in the lounge that were dirty as was the carpet on the staircase. The bedroom we looked in had broken hooks on the wall.
- Some staff told us that the rational for admissions were not always communicated. Some staff felt clients who were too high risk were being admitted to the service. This had the potential to lead to poorer outcomes for clients however this was not supported by evidence from outside referring agencies.
- Sleeping areas in Bosence were not segregated into male and female and bathrooms were shared. This could compromise people's privacy and dignity.

Are services effective?

Good

We rated effective as good because:

- Clients undergoing detoxification had their physical health checked on admission and throughout their treatment.
- Clients in Bosence and the young persons unit had a full activity program, including during evenings and weekends.
- The key workers worked with clients to complete a comprehensive assessment of their individual needs and compiled a plan to maintain independence.
- Handovers were conducted twice daily in each of the units. There was also a robust handover period for clients moving from the detoxification unit to the rehabilitation unit.
- Stakeholders feedback that they felt the service offered was very positive.
- Staff in the units were trained in the use of the Mental Capacity Act and those in the young persons unit also had a good understanding of the Children Act.
- The service had strong links with local commissioners, other healthcare providers and voluntary groups with an aim to developing services which provide the greatest opportunity for people to recover.
- The staff had access to and had completed training in equality and diversity to understand and adapt to the specific needs of clients. Staff received training from the Drug and Alcohol Action

Summary of findings

Team, including training in outcome rating scales (ORS) and session rating scales (SRS). Training in substance misuse and dependency and care planning and assessment were also provided.

However:

- The effects of high dose anti-psychotics were not monitored using a rating scale such as the neuroleptic early warning score (NEWS).
- We received feedback from referring agencies that clients felt that the level of activity in Boswyns could be greater.
- There was a lack of full team meetings in which to discuss clinical and service issues.

Are services caring?

Good

We rated caring as good because:

- Staff understood individuals needs and how these impacted on their substance misuse and demonstrated an understanding of the impact care being provided can have on a client's wellbeing.
- Clients knew who their key worker was and felt able to approach them with any issues or concerns.
- Clients were involved in discharge planning from the outset, including early exit from treatment plans to ensure those unexpectedly leaving the service were as safe as possible. These plans involved carers and relatives where appropriate. Staff made links with local community support groups to enable clients to continue with support on discharge.
- Clients were provided with emotional support at all stages of their treatment through group work, one to one work and peer support.
- Staff worked with clients to develop recovery plans which could be continued post discharge.
- Each client in each of the units had a named key worker.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- Clinical areas were easily accessible for clients with disabilities. Boswyns had a room which had been adapted to make it accessible to people with disabilities.
- All units within the service had a range of facilities available to aid recovery including art facilities, a pottery, gym equipment, group rooms and quiet spaces.
- Staff had access to private interview rooms.

Summary of findings

- All units had areas where people had access to hot drinks and food and a comfortable area in which to eat.
- There was a choice of food available in all units. In Bosence the clients were responsible forwritingtheir own menu and cooking of their own food.
- Outside space was available to clients in all units.
- Client mix was well managed. This was particularly evident in the young persons unit where genders were not mixed and clients at different points in their recovery were not mixed if it was going to be detrimental to one or more of the clients.
- Clients had good quality recovery and risk management plans.
- Clients had access to advocacy services such as independent domestic violence advocates.
- The complaints process was included in the induction process and clients knew how to complain.
- The service regularly sought feedback from service users.

However:

- We heard from stakeholders that clients felt the level of activity provided in Boswyns could be greater.

Are services well-led?

Good

We rated well-led as good because:

- The service was very well led at ward level by the registered manager and CEO.
- There was a commitment towards continual improvement and innovation.
- The service was very responsive to feedback from clients, staff and external agencies.
- There was learning from incidents.
- The service had been proactive in responding to clients concerns and complaints. There were creative attempts to involve clients in all aspects of the service.
- The service used key performance indicators set by commissioners to measure the effectiveness of the service.

However:

- Some staff told us that on occasions there was disagreement between clinical and managerial staff and there was a lack of positive leadership. This contributed to low morale amongst some staff. The registered manager had already identified that there was low morale amongst some staff and have been working to address this including planning a team day for after the CQC inspection had taken place which had been communicated to staff.

Summary of findings

- Concerns and complaints were not logged in a cohesive manner making it difficult to identify themes from which to learn and develop.

Summary of findings

Information about the service

Bosence Farm Community Limited is a provider of residential treatment for substance misuse. The service provides a residential detoxification service (called 'Boswyns') for up to 16 clients and a 'second stage' residential service (called 'Bosence') for up to 15 clients and the Bosence Young People's service.

The Bosence Young People's service was opened in April 2017 and provides treatment and support for up to eight young people who are experiencing substance misuse problems but whose complexity requires a more intensive treatment approach that cannot be met in their communities.

All three services are located on the same site, a short walk from each other along a private driveway. At the time of inspection, there were 13 clients at Boswyns, one at the young persons service, and 10 at Bosence. Both adult services accept male and female clients. The young persons service accepts either all male or all female groups of young people. The services are situated in a rural location between the towns of Camborne and Hayle in West Cornwall.

This service is registered by the CQC to provide the following services:

• Accommodation for persons who require treatment for substance misuse

• Treatment of disease, disorder or injury.

There was a registered manager. The provider has been inspected five times previously, in 2011, 2013, 2014, 2016 and 2017. Although not rated the service was sked to make some improvement, specifically that the provider should ensure that the dates when liquid medicines are opened are recorded and that the provider should ensure all staff complete mandatory training.

Our inspection team

The team that inspected the service comprised 2 CQC inspectors and a specialist advisor who works as a nurse specialist in substance misuse.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive inspection programme.

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited all three units at the service, looked at the quality of the ward environment and observed how staff were caring for clients;
- spoke with 12 clients who were using the service individually or as part of a focus group;
- spoke with the registered manager;

Summary of findings

- spoke with 7 staff members;
- received feedback about the service from staff from referring and receiving organisations;
- looked at 15 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.

What people who use the provider's services say

Clients spoke very positively about the service. They told us they felt safe and well cared for. The clients we spoke with were confident in the abilities of staff and felt that they worked with clients' best interests at heart. Clients told us they thought it was very positive that some of the staff had a personal history of substance misuse.

Areas for improvement

Action the provider SHOULD take to improve

- The service should continue to monitor the potential risk posed to people in Bosence due to the lack of gender specific corridors.
- The provider should continue with it's efforts to address the low morale amongst some staff.
- The provider should hold regular team meetings for staff in each of the units including all disciplines where issues can be raised and learning from incidents and complaints can be discussed.
- The provider should address the cleanliness of some of the soft furnishings in Bosence and ensure that all fittings are in good order.

Bosence Farm Community Limited

Bosence Farm

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Bosence farm	Bosence farm

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff received training in the Mental Capacity Act and could describe the application of the Act. Consent to treatment was sought on admission and the staff understood the impact of mental capacity.

There had not been any application under deprivation of liberty safeguards within the service.

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

The environment in Boswyns was of a good standard. It was a relatively new building having been opened in 2010. It was clean and well kept throughout, with comfortable furnishings. Clients rooms in Boswyns were clean and well furnished with ensuite facilities. One of the rooms was larger to accommodate disabled clients.

Bosence was less well kept. It was a converted farm house and barn. It had a homely feel including a wood burner in the lounge. The environment was generally clean. However, some of the soft chairs in the lounge were dirty as was the carpet on the staircase. The bedroom we looked in had broken hooks on the wall.

Environmental risk assessments were carried out regularly by the registered manager for each of the three units. Each risk assessment identified potential risks and had a plan for the management of those risks. Ligature risk assessments were also carried out for each of the three units, with each ligature identified being mitigated by a management plan. Bosence had the highest number of ligature points and as such did not admit people who had a history of suicide attempts or who were assessed as being at risk of ligaturing.

Single sex accommodation was not available across all three units. In Boswyns, the rooms were ensuite and adjoined a communal area. Therefore, clients would not find themselves isolated in an area away from view with people of a different gender. However, there was a small side corridor containing five rooms out of direct line of sight. The manager assured us that genders would not be mixed in this corridor.

The rooms in Bosence were all in a single corridor on the first floor of the building. There was no separation between male and female clients and the rooms were not ensuite. Consequently, clients were required to walk from their rooms to the bathrooms past rooms housing people of different genders. In the young person's unit genders were not mixed.

The provider was aware of this risk and had undertaken risk assessments to identify potential abusers and people who might be vulnerable to abuse and had taken reasonable steps to ensure that people are kept safe and are able to manage their own safety.

People were protected from fire. Fire safety audits were carried out as part of the environmental risk assessments. The units were equipped with fire extinguishers, fire alarms including visual alarms were present throughout the three units. There are fire wardens on site each day in each of the buildings.

Safe staffing

The service had sufficient staffing to safely run the service. Staffing levels varied across the three units. In Boswyns detoxification unit weekdays staffing allocation was the manager, clinical lead and or team leader, one nurse, one support worker, a minimum of two keyworkers, a chef and a cleaner. Monday to Thursday there was in addition one assessment and admission officer and one admissions support worker. At weekends there were three staff including at least one nurse. At night there were two members of staff including at least one nurse.

In Bosence rehab unit the weekday staffing was a minimum two keyworkers plus one support worker. At weekend there was one keyworker and one support worker. At nights there was one support worker with access to staff in Boswyns.

In the young persons unit, the weekday staffing was two Youth workers until 10pm. At the weekends there were two youth workers or support workers until 10pm. At night there was one support worker or youth worker with access to staff at Boswyns.

All established staff were up to date with their mandatory training. Those staff within their probationary period were working towards completing all mandatory training.

The service had stopped using agency staff, and used a group of regular bank staff to aid consistency for clients.

Assessing and managing risk to clients and staff

The service assessed and managed risk in a robust manner. A full risk assessment of clients was received from the referring agency prior to a screening assessment being undertaken by staff in the service. During the screening

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

assessment staff completed a further risk assessment and recorded it on the electronic note keeping system. On admission the risk assessment was further added to by staff.

Risk assessments were updated as clients' presentation changed. In Boswyns the maximum length of stay was six weeks with the average length of stay being four weeks. There was no expectation that risk assessments were updated other than to reflect changes.

At Bosence and the young persons unit risk assessments were updated at least monthly or when presentations changed.

We found that admissions were appropriate for the service. Some staff felt that on occasions people who had been assessed as being at too high risk for the service were admitted with the potential to undermine their recovery. However other staff felt as a service they adapted to the challenge of this and provided good outcomes. Referring agencies did not feel that inappropriate people were admitted to the service.

Within the Boswyns detoxification unit, risks associated with physical health were monitored by using physical health assessment tools related to the specific substance being detoxified from. The service screened people for blood borne viruses where this was considered necessary at the point of admission.

Early exit from treatment plans were put in place at the beginning of clients' stay to ensure those unexpectedly leaving the service were as safe as possible.

Safeguarding

Permanent staff completed safeguarding adult and children training. Two new members of staff who had recently finished their probation had training booked.

All the staff we spoke with could describe the safeguarding process and some had examples of when the safeguarding process for adults and children had been used.

Staff within the service were trained in domestic abuse, stalking and harassment assessments to aid in the detection and reduction of risks associated with domestic abuse.

There was a lack of clarity regarding the legal and safeguarding implications of mixing age groups within the young persons unit. Our inspectors discussed this with the manager of the service who sought advice from the local authority responsible for safeguarding. Based on the advice received the service re-wrote their admissions policy, safeguarding children's policy and absconding policy. The new policies showed the service was now clear about how to protect all clients using the service by not mixing adults and children except in rare situations where a client turned 18 during treatment.

Staff access to essential information

The service used the same electronic note keeping system as the local community substance misuse service. This ensured that the service had immediate access to all previous assessments and care plans.

Medicines management

Staff followed best practice in the management and storage of medication and all nursing staff had completed competency training in medicines management.

Prescribing followed National Institute for Health and Care Excellence (NICE) guidance. For example: Drug misuse in over 16s: opioid detoxification clinical guideline [CG52] Published date: July 2007 and Drug misuse in over 16s: psychosocial interventions. Clinical guideline [CG51] Published date: July 2007.

The service had a process by which all clients were trained in the administration of naloxone as part of their induction process. Once the training had been completed naloxone was added to the client's possessions so it was available to them on discharge. This practice reflects a national program to make naloxone accessible to as many people as possible to prevent death from accidental overdose. However, the provider had embedded it into the induction process in such a way as to remove any suggestion that relapse was expected.

Staff understood the controlled drug standard operating procedure and policy including how to manage controlled drugs in the rehabilitation unit where clients self medicated. All client rooms in the rehabilitation unit had locked medicine cabinets fixed to the wall. The young persons unit and Boswyns had locked controlled drug cupboards in the locked clinic room.

Medication compliance was audited by a visiting pharmacist from the clinical commissioning group on a monthly basis.

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

All prescribing was undertaken by a psychiatrist employed by the local community substance misuse service via a service level agreement. A psychiatrist was on site each day and also spent two mornings a week seeing community clients. The psychiatrist was supervised by the senior consultant for the community service.

Track record on safety

There have been no serious untoward incidents reported from this service in the last 12 months.

Reporting incidents and learning from when things go wrong

The provider used a paper and electronic incident reporting system. The manager had recently started compiling a comprehensive log of reported incidents, which was presented at the provider organisation health and safety committee. Learning was identified and discussed by the committed members.

The service did not have regular team meetings involving all disciplines, which limited the ability of the service to feedback learning to all staff. However, feedback was provided to staff who met as smaller groups and to individuals. This was effective, although did not allow for the level of discussion that a full team meeting would allow.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

The key workers worked with clients to complete a comprehensive assessment of their individual needs and compiled a plan to maintain independence. The assessments covered all aspects of clients' care and included a face to face assessment with a doctor prior to prescriptions being written. The care plans reflected the individual needs and risk of the clients as well as outlining their activity program. In the Bosence rehab unit, this included menu planning and cooking for the community. The care plans were updated monthly or in the event of a change in presentation.

Best practice in treatment and care

Clients in Bosence and the young persons unit had a full activity program, including in the evenings and at weekends. However, we received feedback from other agencies that clients felt the level of activity in Bosence could be greater.

Boswyns used National Institute for Health and Care Excellence (NICE) recognised medical and psychosocial approaches for the detoxification of people from substances. Medical interventions included the prescribing of methadone, and lofexidine for clients withdrawing from opioids. Clients withdrawing from alcohol were prescribed chlordiazepoxide and pabrinex. Psychosocial interventions were based on the completion of five evidence based modules, module one: dependence and relapse prevention, module two: addiction and recovery, module three: mental Health and module four: wellbeing. These modules were delivered by the keyworkers based on a Monday to Friday daily time table. Clients undergoing detoxification had their physical health monitored on admission and throughout their treatment using recognised rating tools. We found the recording of assessments, care plans and medical records to be of a good standard based on the review of four sets of notes and 11 medical records.

Bosence operated a 12-step program. This was provided by trained staff within the unit and through attendance at local 12 step groups in the community with whom clients could continue to engage post discharge.

The young persons unit was a relatively new service both locally and nationally. As such there was very little national guidance specific to young persons drug rehabilitation. The service had developed its own model of treatment based on established substance rehabilitation programs and approaches to working with young people. Each element of the program had a strong evidence base. However, combining them into a single service model was a new approach, the efficacy of which the service was monitoring.

Clients' records were comprehensive paper records that were securely stored.

Skilled staff to deliver care

The staff group comprised support workers, key workers and nurses, as well as youth workers in the young persons unit. Support workers were not registered professionals but received a combination of mandatory and additional training. Key workers were social workers or counsellors with a professional registration and all nurses were registered with the nursing and midwifery council.

Staff had access to relevant policies and procedures and could identify how to apply them.

Specialist training was delivered by the local drug and alcohol action team. Other training including the use of outcome rating scales and session rating scales, external trainers also delivered training on substance misuse and dependency and care planning and assessment.

Staff received supervision and appraisals from the team and clinical leaders. Team and clinical leads were in turn supervised by the registered manager. The manager kept a record of appraisal and supervision rates. All staff had received or were booked to receive their annual appraisal.

Multi-disciplinary and inter-agency team work

Handovers were conducted twice daily in each of the units. There was a robust handover period for clients moving from the detoxification unit to the rehabilitation unit. Boswyns had recently introduced a midday staff huddle, which was attended by all disciplines including the medical staff where immediate issues could be discussed.

However, there was no formal multi-disciplinary meeting where client care could be reviewed in depth by the whole team including medical staff and representatives from the community services.

There were good working relationships with community substance misuse services, which had improved recently due to the registered manager attending team meetings to

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

speak about how to improve communication. Workers from other services attended discharge reviews. The service had an aspiration to work more closely with the community mental health team.

The service works closely with local GPs.

The service performed positively against key performance indicators set by commissioners to measure the effectiveness of the service. These were reported quarterly to the local clinical commissioning group and the registered manager attended regular meetings with the drug and alcohol action team for Cornwall.

Good practice in applying the MCA

The staff all received training in the Mental Capacity Act, and could describe the application of the Act. Staff sought clients' consent to treatment on admission. Staff understood the impact of substance misuse on a person's mental capacity and how this could influence their ability to give consent.

There had not been any applications under deprivation of liberty safeguards within the service.

Good practice in applying the Children Act

Staff in the young persons unit understood the children's act and how to apply it. However, the service was considering working to a model which would allow people over the age of 18 to be admitted if they would benefit from mixing with a younger group of clients due to delayed emotional development. The staff were not clear about how this would impact the application of the children act. This was discussed with the service manager who sought advice from local safeguarding authorities who advised that under and over 18s should not be mixed. The service rewrote to all policies to state that under and over 18s will not be mixed.

Good

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, privacy, dignity, respect, compassion and support

Staff demonstrated a clear attitude of respectful, compassionate care. We saw them interact with clients in a way that showed they were dedicated to protecting clients' dignity as well as keeping them safe. The six clients we spoke with praised the staff highly, saying that they cared for them and wanted what was best for the client.

Through assessing clients appropriately, and working with them collaboratively, staff knew how to meet their clients' needs and they ensured that clients had access to other teams when they needed it.

Clients could have open discussions about their personal, cultural, social and religious needs with staff, as they knew staff would respect their wishes and help meet their needs. Staff were keen to promote a culture of respect and assured clients that they were safe to raise any allegations of discriminatory behaviour.

Involvement in care

Clients played a key role in developing their care plans, and creating personalised activity programs.

Staff had access to a range of communication tools to help clients communicate their wishes. Staff used these tools to involve clients in their care, and to give them information about their care in a way they could understand.

Staff routinely collected feedback from clients in a way they could understand, including using easy read surveys and other communication tools. However, there was a lack of collation and action planning based on the feedback.

On all three units, staff ensured that clients had access to independent advocacy and included the advocate in meetings as appropriate. This was important to help ensure clients had their voices heard. The unit staff also acted as advocates for clients in meetings with outside agencies

The service was recovery focussed with discharge planning being built in to clients plans from the outset. These plans involved carers and relatives where appropriate.

Are services responsive to people's needs?

Good

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

Access to the service was via community substance misuse services. More than 90% of clients were referred by Addaction Cornwall, funded by the local funding panel. There was no waiting list for Boswyns or Bosence at the time of our inspection. However, we heard from stakeholders that there can be a wait for Bosence at certain times of the year of up to four months.

Access to the young persons unit was appropriately restricted by the service not wanting to mix genders or admit clients if it might disrupt the recovery of existing clients. Discharge planning was evident from the point of admission.

The facilities promote recovery, comfort, dignity and confidentiality

All units within the service had a range of facilities available to aid recovery including art facilities, a pottery, gym equipment, group rooms and quiet spaces. The service had developed a model whereby they allowed a local potter to use the facilities in exchange for their time working with clients who wanted to learn pottery. Staff had access to private interview rooms where clients could meet in small groups or individually. Outside space was available to clients in all units.

Boswyns did not allow clients to have access to their own mobile phones, which was part of their contract. The public phone was in a public area, however where service users expressed a need to use private space to make a telephone call this was provided by use of the art room or counselling room.

All units had areas where people had access to hot drinks and food and a comfortable area in which to eat. In Boswyns and the young persons unit a chef prepared food and in Bosence unit, food was prepared by clients as part of their recovery.

Clients' engagement with the wider community

The service had strong links with local commissioners, other healthcare providers and voluntary groups with an aim to developing services which provide the greatest opportunity for people to recover. Local charities attended Bosence to teach the clients cookery skills and the service had employed a fundraising coordinator who is raising the profile of the service within the local community.

Meeting the needs of all people who use the service

Staff had training in equality and diversity. All established staff had completed this, those who had not were in a probationary period working under the supervision of other members of staff.

Clinical areas were easily accessible to people with disabilities in Boswyns and the young persons unit, Boswyns also had an adapted room, which was accessible to people with a disability. We found that Bosence was not easily accessible due to the nature of the building. However, the registered manager told us that whilst the service had limited disabled access, particularly to upstairs rooms, they had ramps and ground floor rooms where disabled service users may be accommodated. All ground floor areas could be accessed by disabled service users. The service provided easy to read material and had used interpreters in the past.

There was a choice of food available in all units. In Bosence, clients were responsible for writing their own menu and cooking of their own food. Staff were aware of the dietary needs of people from specific ethnic backgrounds such as halal and kosha.

Throughout the admission process, staff helped clients settle into the ward. Clients could spend time on the units before being admitted. Units had a detailed welcome pack and assigned staff to be key workers with clients.

Client mix was well managed. This was particularly clear in the young persons unit where genders and over and under 18s were not treated at the same time. Care was also taken not to admit clients who may disrupt the recovery of people further into their recovery.

Clients had access to independent advocacy services such as independent domestic violence advocates. Staff from the service advocated on behalf of clients when liaising with outside agencies. Staff took steps to help clients to stay engaged with their local religious community.

The registered manager and staff were aware of the specific needs of people from the LBGT community and felt able to adapt to meet those needs.

Are services responsive to people's needs?

Good

By responsive, we mean that services are organised so that they meet people's needs.

Listening to and learning from concerns and complaints

The service regularly sought feedback from service users. This happened via regular community meetings. There were client feedback surveys carried out and clients were informed about how to raise concerns as part of the induction process.

The clients we spoke with knew how to complain and staff dealt with complaints quickly. However, the service did not collate complaints to retrospectively pick up themes which could be used to develop the service. Due to the lack of a coherent log it was not possible to ascertain how many complaints had been received. Clients felt that they were listened to and their views respected.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Leadership

The service manager and chief executive were very visible across the service. Staff were particularly positive about the leadership provided by the team leaders and the clinical lead.

Some staff felt that feedback from the senior management was negative and that at times senior management undermined decisions made by other staff.

Vision and strategy

The service had a strong vision based on its' recovery focussed model and 12 step programme. The development of the young persons unit and the ability to use this facility for other specialist groups in the future demonstrated a forward-thinking strategy and a desire to offer a high quality service to young people in the county.

The provider was seeking to strengthen its board of directors bringing people who can add to the existing expertise at a senior level.

Culture

We received mixed feedback about the culture. Most people we spoke with were positive, citing the length of employment of many members of staff. However, some staff reported that morale was low, with issues such as staff not having a rest room to use during a long shift, requests for an away day or regular team meetings to discuss and address issues not being responded to by management. The registered manager informed us that the issues of a rest room had been addressed by management with the conference room and summer house having been offered and used by staff to have a break from their work. The registered manager had communicated to staff that a team day would be booked once the CQC inspection had taken place.

Relationships between the key workers and nurses did not appear fully cohesive, although this was not having an impact on the care provided.

Governance

Governance structures within the service had improved since our last inspection. Concerns form all three services including, complaints, incidents and clinical issues were taken to the monthly health and safety committee to be discussed. Issues could be taken from this group to the board of trustees for further consideration if deemed necessary. Decisions from the board and committee were fed back to staff via the registered manager. However, meetings in which to discuss learning were fragmented with different disciplines meeting separately, limiting the scope for multidisciplinary discussions.

Learning from incidents had improved with greater use being made of incident logs to aid learning through the identification of themes. However, the same principle was yet to be applied to complaints. Although the service responded positively to complaints and made changes from them, there was no log kept aiding the identification of themes and further development of the service.

The board of directors was being enhanced with a view to including people with working knowledge of substance misuse services. The rationale for this was that they would be better able to constructively challenge the management team.

The service performed positively against key performance indicators set by commissioners to measure the effectiveness of the service. These were reported quarterly to the local clinical commissioning group and the registered manager attends regular meetings with the drug and alcohol action team for Cornwall.

Management of risk, issues and performance

The service kept a robust risk register at a service level which was routinely updated and reviewed at committee level.

Across the service, individual risk assessments were robust and there was a culture of risk assessment and management. However, there was a lack of understanding of the potential risk posed by mixing age groups in the young persons unit. The service manager responded quickly to our concerns about this and addressed them appropriately following advice from the local authority.

Information management

Management of information was of a high standard. Paper records were stored securely on site. Electronic records where kept on a secure system also used by local addiction services.

Engagement

The service was responsive to feedback from clients, and external agencies. Partner agencies told us communication had been an issue in the past but that this had been

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proactively addressed by the service manager. The service used a client survey to gather feedback and had a 97% approval rating. All staff were surveyed as part of the stakeholder survey in 2017. The results of this had formed part of the strategic review and plans for development. However, some staff told us that they did not always feel listened to.

Engagement with local mental health services was described by staff as being a challenge at times, although efforts were being made to address this through meetings with local service leads.

Learning, continuous improvement and innovation

The development of the young persons unit demonstrated a desire within the service to grow and develop in response to need within the substance misuse field.

There was a commitment towards continual improvement and innovation. However, the service did not use any specific methodology for the identification and implementation of improvement projects.