

# Abbeycare Newmarket

## 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 

### Overall summary

We rated Abbeycare Newmarket as good because:

- The service employed sufficient staff to administer and oversee detoxification safely, including two staff overnight.
- The service had good medicines management procedures including safe storage and handling of medications.
- Staff completed thorough risk assessment prior to and on admission, and these were reviewed and updated weekly.
- Staff completed a thorough medical and psychosocial assessment on admission to the service. This included blood and liver function tests.
- Staff completed personalised and holistic care plans with clients and updated these weekly at one to one sessions.
- The service offered a range of therapies that included cognitive behavioural therapy groups, one to one therapy and complementary therapies.

# Summary of findings

- The service provided access to four mutual aid support groups per week.
- The consultant held a weekly clinic to monitor and review any physical health problems.
- Clients spoke highly of staff and their knowledge, skills and compassion.
- Care plans were personalised, recovery focussed and clients were involved in setting goals Staff supported clients to maintain relationships and to build recovery focussed support systems by attending mutual aid support groups.
- Staff morale was good and staff told us that they worked well as a team and supported each other.
- Staff took part in weekly medication audits and regular care records audits and the outcomes were discussed at clinical governance meetings.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Good	

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# Summary of findings

## Contents

<b>Summary of this inspection</b>	Page
Background to Abbeycare Newmarket	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8
<hr/>	
<b>Detailed findings from this inspection</b>	
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Overview of ratings	11
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Good 

# Abbeycare Newmarket

## Services we looked at

Residential substance misuse services

# Summary of this inspection

## Background to Abbeycare Newmarket

Abbeycare Newmarket is a residential service which provides a twenty-eight day programme for people dependent on drugs or alcohol. The programme is designed to support people with their addiction from detoxification through to aftercare support. The service accepts self-referrals and has a number of beds funded by the NHS. The service accepts male and female clients.

The location was registered with the CQC in January 2013. At the time of inspection, the service had a registered manager and a nominated individual.

The service is registered to provide accommodation for persons who require treatment for substance misuse and treatment of disease, disorder or injury.

At the time of inspection seven people were accessing the service for treatment.

Abbeycare Newmarket was last inspected in June 2018. Following the last inspection, we told the service that it must take the following action:

- The provider must ensure that ligature risk points are identified.

We found that this action had been fully met.

## Our inspection team

The team that inspected the service comprised an CQC inspector and a Specialist Advisor Nurse.

## Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health 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.

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients;
- spoke with four clients who were using the service;
- spoke with the registered manager;
- spoke with four other staff members;
- looked at four care and treatment records of patients;
- looked at five medication records and 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.

# Summary of this inspection

## What people who use the service say

People using the service told us that they were benefitting from treatment at the service and the range of therapies and activities. They spoke highly of staff and the compassionate, non-judgemental way they were treated.

People told us that the involvement of their families in discharge planning and the positive effects of mutual aid increased their confidence for the future.

# 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 employed sufficient staff to administer and oversee detoxification safely, including two staff overnight.
- Staff compliance for mandatory training was 97% with most sessions having a completion rate of 100%.
- The service had good medicines management procedures including safe storage and handling of medications.
- Staff completed thorough risk assessment prior to and on admission, and these were reviewed and updated weekly.
- Naloxone was available on site in case of an overdose and was provided to clients on leaving the service. Naloxone is an opiate antagonist that provides short term reversal of an opiate overdose.
- Staff completed observations on all clients following admission, with the frequency dependent on assessed risk.

Good



### Are services effective?

We rated effective as good because:

- Staff completed a thorough medical and psychosocial assessment on admission to the service. This included blood and liver function tests.
- Staff completed personalised and holistic care plans with clients and updated these weekly at one to one sessions.
- The consultant prescribed medication as described by Department of Health guidance, drug misuse and dependence: UK guidelines on clinical management (2007) for alcohol and opiate detox. This included intra-muscular injections of Pabrinex for clients undergoing alcohol detoxification to reduce thiamine deficiency.
- The service offered a range of therapies that included one to one therapy, cognitive behavioural therapy groups and complementary therapies.
- The service provided access to four mutual aid support groups per week.
- The consultant held a weekly clinic to monitor and review any physical health problems.
- Staff received supervision every six weeks in line with the provider policy and the senior therapists also received external supervision.
- The service had a Mental Capacity Act policy in place and the consultant completed a capacity assessment on admission.

Good



# Summary of this inspection

## Are services caring?

We rated caring as good because:

- Clients spoke highly of staff and their knowledge, skills and compassion.
- Care plans were personalised, recovery focussed and clients were involved in setting goals. Clients told us that staff listened to them and that their treatment was individualised.
- The service encouraged clients to provide feedback during weekly community meetings and by completing a questionnaire on completion of treatment.
- The service offered family therapy sessions once every two weeks.

Good



## Are services responsive?

We rated responsive as good because:

- The service was well furnished and comfortable with a sufficient number of rooms to deliver treatment.
- The communal lounge had a kitchen area where clients could make hot and cold drinks at all times. Clients made their own breakfast and lunch using the kitchen area.
- Staff supported clients to maintain relationships and to build recovery focussed support systems by attending mutual aid support groups.
- The service was accessible to clients who used a wheelchair or had restricted mobility. Clients could access spiritual and religious support in the community.

However,

- Clients told us that the quality of the catered evening meal had declined and we saw that this had been raised with the provider in community meetings.

Good



## Are services well-led?

We rated well-led as good because:

- Leaders had a good understanding of the service, client group and had the relevant skills and knowledge to perform their roles.
- Staff morale was good and staff told us that they worked well as a team and supported each other.
- The service implemented an equality and diversity policy that supported staff and clients, and protected against discrimination.
- Staff took part in weekly medication audits and regular care records audits and the outcomes were discussed at clinical governance meetings.

Good



## Summary of this inspection

- Clients had the opportunity to provide feedback as part of weekly community meetings, and actions were reported at the following meeting and on the 'You said, we did' board in the lounge area.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards.
- The service had a Mental Capacity Act policy in place that was appropriate to the client group.
- The consultant completed a capacity assessment as part of the admission assessment process. Clients

admitted to the service who lacked capacity due to the influence of drugs or alcohol had their admission process halted until they were able to consent to the treatment contract.

## Overview of ratings

Our ratings for this location are:

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

# Residential substance misuse services

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

## Are residential substance misuse services safe?

Good 

### Safe and clean environment

- The service was located in a building with numerous blind spots and ligature risk points (something that people might tie something to in order to harm themselves). The provider had completed a thorough environmental risk assessment, including ligature points. The provider mitigated against these risks by completing an in-depth risk assessment of everyone using the service prior to admission and during their stay, and completing observations of clients during their initial detoxification.
- The service complied with same sex accommodation guidance by providing lockable, en-suite bedrooms for all clients.
- Each bedroom had a call panel for clients to request assistance from staff if required, and an emergency alarm cord pull in the bathroom.
- The service had a clinic room that was clean and fully equipped. Staff monitored the temperature of the room and medication fridge, and kept controlled drugs in a locked cupboard.
- The clinic room contained emergency medication and an emergency bag in case of medical emergency. These were checked on a weekly basis.
- The clinic room contained a sink for hand washing with infection control information clearly displayed.

- The service was clean, comfortably furnished and well maintained. Housekeeping staff cleaned communal areas and bathrooms daily.

### Safe staffing

- The staffing team was made up of a registered manager, therapists, recovery workers, and housekeeping staff. The service employed a consultant psychiatrist who attended all client admissions and visited the service for weekly health checks or more frequently to administer medication intra-muscularly.
- The service employed sufficient staff for clients to receive weekly one to one sessions with their named keyworker and to oversee detoxification safely. Two staff members were on site overnight in case of incidents.
- The service could plan for staff absence and had regular bank staff to cover any vacancies and absence.
- All staff were required to complete 11 mandatory training sessions that included medicines management, first aid, equality and diversity, safeguarding and detoxification safety. Mandatory training compliance was 97% with eight sessions having been completed by all staff.

### Assessing and managing risk to patients and staff

- We reviewed four care records and found that staff had completed a thorough risk assessment prior to and on admission to the service. Risk assessments were reviewed and updated on a weekly basis and any risks identified had a risk management plan in place.
- Staff completed observations on all clients following admission. The frequency and duration of observations was set dependent on assessed risk, with the lowest risk clients observed hourly for the first 72 hours.

### Safeguarding

# Residential substance misuse services

- Staff were aware of how and when to make a safeguarding referral if needed, with 100% of staff having completed safeguarding adults training and 99% having completed safeguarding children training.
- The service had not made any safeguarding referrals in the past year and there were not any occasions where the need had arisen.

## Staff access to essential information

- The service used paper based client records. Records were kept in a locked cabinet in the staff room to ensure confidentiality was maintained.

## Medicines management

- Medications were supplied by a local pharmacy and delivered to the service.
- The clinic room was kept locked at all times and controlled drugs were locked in a cabinet. The service had a controlled drugs accountable officer.
- Naloxone was stored in the clinic room in case of client overdose, and was available to clients on leaving the service. Naloxone is an opiate antagonist that provides short term reversal of an opiate overdose.

## Track record on safety

- The service had not recorded any serious incidents over the past nine months.
- The service had recorded four incidents, two of which were medication errors.

## Reporting incidents and learning from when things go wrong

- Staff reported any incidents to the registered manager who logged these, and we saw where medication errors had been logged.
- Staff discussed any incidents and learning outcomes or areas for improvement in monthly team meetings.

## Are residential substance misuse services effective?

(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

- We reviewed four client records and found that they all had a thorough assessment completed. The provider had a central admissions team who completed a telephone assessment prior to admission. On admission to the service the consultant and a recovery worker completed a joint medical and psychosocial assessment. This included a urine drug screen and breathalyser test.
- Clients provided consent to contact their GP on referral so that the service could request a health summary prior to admission. The consultant completed a full health assessment on admission including blood and liver function tests.
- The service provided thorough monitoring of physical health problems and the consultant held a weekly clinic to monitor all clients' physical health.
- We reviewed four client records and saw that they all had a personalised and holistic care plan completed. Staff updated care plan goals weekly.

## Best practice in treatment and care

- The service followed good practice in managing and reviewing medicines including following British National Formulary recommendations.
- The consultant prescribed medication as described by Department of Health guidance, drug misuse and dependence: UK guidelines on clinical management (2007) for alcohol and opiate detox. The detoxification protocol in place followed national guidance.
- The consultant administered intra-muscular injections of Pabrinex for clients undergoing alcohol detoxification to reduce thiamine deficiency, in line with National Institute for Health and Care Excellence guidelines.
- The service offered access to blood borne virus screening and vaccination.
- The service supported clients to live healthier lives by offering three sessions of either gym or swimming per week to improve physical health.
- The service offered a range of therapies including group and one to one therapy, cognitive behavioural therapy groups, mindfulness and 12 step work sessions. The service also employed two holistic therapists who offered massage and reflexology sessions.
- Mutual aid support groups were held four times per week, including both Alcoholics Anonymous and Narcotics Anonymous.

# Residential substance misuse services

- The service used outcome scales including Clinical Outcomes in Routine Evaluation and Christo to measure outcomes.

## Skilled staff to deliver care

- The service had a range of staff to meet clients' needs, including a consultant psychiatrist, therapists and holistic therapists.
- Staff were skilled and understood the needs of their client group.
- Staff received an induction to the service and access to relevant specialist training including training for non-qualified staff to observe administration of medication.
- Staff received supervision every six weeks in line with the provider policy and the two senior therapists also received external supervision. We noted that the registered manager had not received formal supervision for over four months, however the manager told us they received regular telephone support from senior managers.
- All staff had received an annual appraisal.

## Multi-disciplinary and inter-agency team work

- The service held monthly team meetings where staff discussed any client issues arising, incidents and lessons learned.
- The service had good working relationships with local health services including GP, pharmacy and hospital.
- The service worked closely with referring agencies and we saw evidence of where regular update reports were provided to referring agencies.

## Good practice in applying the MCA

- All staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards.
- The service had a Mental Capacity Act policy in place that was appropriate to the client group.
- The consultant completed a capacity assessment as part of the admission assessment process. Clients admitted to the service who lacked capacity due to the influence of drugs or alcohol had their admission process halted until they were able to consent to the treatment contract.

## Are residential substance misuse services caring?

## Kindness, privacy, dignity, respect, compassion and support

- We observed staff interactions with clients that were caring, respectful and supportive.
- We spoke with four clients who told us staff were helpful and compassionate. Clients told us that staff had a collective knowledge about addiction that they felt was beneficial to their treatment.

## Involvement in care

- We reviewed four care plans and found that they were all personalised, with the client involved in setting their goals. Clients told us that their treatment was individualised and that staff listened to their choices.
- Staff provided a welcome pack to clients on admission that gave information about the service and a weekly timetable of activities. Clients were allocated to a 'buddy' on arrival to help them settle in.
- The service held weekly community meetings where clients could raise any issues for discussion. Clients were allocated as house leader on a weekly basis to raise any concerns from other clients at the meeting and allocate tasks.
- Clients were encouraged to give feedback about the service by completing a questionnaire on completion of treatment. Clients had scored the service as good or outstanding in the previous year.

## Involvement of families and carers

- The service allowed family and friends to visit every Saturday after the first week of treatment, unless the client had a dependent child in which case they could visit more regularly from admission onwards.
- The service offered family therapy sessions once every two weeks.

# Residential substance misuse services

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

Good 

### Access and discharge

- The service could accommodate up to 14 clients. Seven clients were in treatment at the time of inspection.
- The service had 78 successful completions of treatment in the previous nine months.
- Clients could extend their stay if they felt further treatment was required.

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

- Clients had their own en-suite bedroom, with access to their room at all times.
- The service had a sufficient number of rooms including a group room, clinic room and a complementary therapy room. There was a large and comfortably furnished communal lounge and dining room with a kitchen area attached.
- Clients had access to the kitchen area at all times where they could make hot and cold drinks as well as snacks.
- The service had a garden for clients to access fresh air and a designated smoking area.
- The service provided a catered evening meal and clients made their own breakfast and lunch. Clients told us that the quality of the evening meal had declined, and we saw that this had been raised in the weekly community meetings. This was fed back to the provider at the time of inspection.

### Patients' engagement with the wider community

- Staff supported clients to maintain relationships with family and friends where appropriate.
- Clients attended mutual aid support groups to help build recovery focussed support systems.

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

- The service was located on two floors and had a lift installed so that it was accessible to clients with reduced mobility and wheelchair users.

- Clients could access religious and spiritual support in the local community.

### Listening to and learning from concerns and complaints

- The service had not reported any complaints since the previous inspection.
- Information about how to complain was included in the welcome pack, and clients we spoke to were aware of how to complain.

## Are residential substance misuse services well-led?

Good 

### Leadership

- The registered manager was based at the service and was visible and approachable for staff and clients.
- Leaders had a good understanding of the service, and the skills and knowledge required to perform their roles.

### Vision and strategy

- The provider based the service on the values of dignity, privacy, choice, safety, realising potential, equality and diversity. We saw how staff embodied these values throughout their work.

### Culture

- Staff told us that they worked well as a team and felt supported and respected by their colleagues.
- Three members of staff had left the service over the past year and sickness levels were low at 5%.
- The service implemented an equality and diversity policy that supported both staff and clients, and protected against discrimination based on protected characteristics.
- The service had introduced an employee of the month reward scheme to recognise staff success.

### Governance

- The service had completed all the actions required following the previous inspection.
- Staff took part in weekly medication audits and regular care records audits. These were discussed at clinical governance meetings.

# Residential substance misuse services

- The manager had oversight of staff training, appraisal and supervision.

## Management of risk, issues and performance

- The provider had a business continuity plan in place in case of adverse events that would affect the running of the service.
- The service had a risk register in place to monitor ongoing risks.

## Information management

- Staff had access to the relevant technology required to do their job. Client records were paper based and were stored in a locked cabinet in the staff room to maintain confidentiality.

## Engagement

- Clients had the opportunity to provide feedback on the service as part of the weekly community meetings. Actions were reported at the following meeting and on a 'You said, we did' board in the communal lounge area.
- Provider senior managers did not visit the service on a regular basis, however the manager told us that they were easily accessible by telephone and provided support when asked.