

# Sanctuary Lodge

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

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

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

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

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

### Overall summary

#### We found the following areas of good practice:

- All areas of the service were visibly clean and well maintained. The service had employed an extra housekeeper to help maintain standards of cleanliness.
- The service had appropriate arrangements for managing medication. We checked 18 client treatment records and saw appropriate arrangements were in place for recording the administration of medicines.
- Staff completed comprehensive assessments of clients prior to admission. We reviewed five client care records and found that each record contained an assessment of clients' needs.
- The service offered psychological therapies recommended by the National Institute for Health and Care Excellence.
- Staff assessed clients' capacity to consent to treatment, prior to admission. If a client was intoxicated when they arrived for admission, staff waited until the following day, before completing admission paperwork.
- We observed staff attitudes and behaviours when interacting with clients. We found staff to be kind, caring, and respectful at all times and treated clients with dignity and respect.

# Summary of findings

- Families and carers were involved in clients' care. We spoke to 3 families and carers who told us that staff kept them informed of any changes and invited them to care reviews.
- Clients told us that the food was of good quality. The service had a chef who cooked all food fresh on the premises. Clients told us they had a choice of food.
- Clients had access to activities throughout the week, including weekends. The service had a full activities programme.
- Staff were able to maximise their time on direct care activities. Staff told us that the majority of their time was spent working with the clients rather than undertaking administrative tasks.
- Staff morale and job satisfaction was high. Staff told us how much they enjoyed working within the service and they felt the work was very rewarding.
- We had concerns regarding compliance with the Department of Health mixed-sex accommodation guidance. Bedroom corridors contained a mixture of male and female bedrooms. There were no locks on the bedroom doors so clients could not lock the door to maintain their safety, privacy, and dignity.
- The service did not have an alarm call system in place. Staff did not carry personal alarms. Staff would be unable to summon assistance quickly if a client or staff required assistance in an emergency
- Staff were not up to date with mandatory training. We reviewed the services training matrix and found that the mandatory training compliance rate for the past 12 months was 69%.
- Staff completed care plans for clients. However, care plans were not person centred, and lacked detail.
- Staff did not always handle complaints appropriately. The complaints folder did not contain investigations into the complaints. We did not see evidence in two complaints records that staff had thoroughly investigated all aspects of the complaints.

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

- There were ligature anchor points in the bedrooms, bathrooms and in communal areas. The service had completed a ligature risk assessment. However, it did not identify individual ligature anchor points or say how staff would mitigate identified risks.

# Summary of findings

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# Sanctuary Lodge

**Services we looked at**

Substance misuse services;

# Summary of this inspection

## Background to Sanctuary Lodge

Sanctuary Lodge is a detoxification and rehabilitation facility that can support up to 25 clients requiring a medical detoxification and rehabilitation programme. All patients fund their rehabilitation privately. The service does not take NHS funded patients. The provider admits both male and female clients. At the time of inspection the provider had 22 clients.

### Regulated activities

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

The registered manager was Taner Hassan who also acted as the controlled drug accountable officer.

We last inspected the service on 13 October 2016. Following this inspection we issued the following requirement notices:

- Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment: Risk assessments did not record and plan for all identified risks. Staff did not update these in line with the provider's policy. This was a breach of regulation 12
- Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment: The

provider had not carried out a ligature risk assessment for the environment and had not identified all potential ligature risks. This was a breach of regulation 12

- Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. Medicines management processes were complicated and unsafe. There were a high number of medication errors identified. This was a breach of regulation 12
- Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance: The provider had not taken action to rectify issues that staff identified in clinical audits. This was a breach of regulation 17
- Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance: Managers did not always investigate incidents thoroughly to assess, monitor, and mitigate the risks relating to the health, safety, and welfare of service users. They did not identify lessons learned from incidents. This was a breach of regulation 17
- Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing: Staff were not supervised in line with the provider's policy. Some staff had not had supervision for three months. The provider's policy was every six weeks. This was a breach of regulation 18.

The service had taken action to rectify the regulation breaches identified in the previous inspection.

## Our inspection team

Lead inspector: Lee Sears

The inspection team comprised of two inspectors and one specialist advisor with experience of working in substance misuse services.

## Why we carried out this inspection

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

# Summary of this inspection

## How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with three clients
- spoke with three carers
- spoke with the registered manager and the lead nurse
- spoke with three other staff members employed by the service provider, including therapists and support workers
- looked at 18 care and treatment records, including medicines records, for clients
- observed medicines administration at lunchtime
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We interviewed three clients and three carers. Clients told us that they felt the staff were very caring and compassionate towards them. They said staff treated them with dignity and respect. Clients also told us that they thought the therapeutic programme was excellent and that the food was very good and there was plenty of

choice. Carers told us that they felt their loved ones were well supported and cared for. They told us they were kept informed of any changes in need. Carers also told us they thought the family and carers group was very good and made them feel they were involved in their loved ones' care.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- There were ligature anchor points in the bedrooms, bathrooms and in communal areas. The service had completed a ligature risk assessment. However, it did not identify individual ligature anchor points or say how the risk of these could be mitigated.
- We had concerns regarding compliance with the Department of Health mixed-sex accommodation guidance. Bedroom corridors contained a mixture of male and female bedrooms. There were no locks on the bedroom doors so clients could not lock the door to maintain their safety, privacy, and dignity.
- The service did not have an alarm call system in place. Staff did not carry personal alarms. Staff would be unable to summon assistance quickly if a client or staff required assistance in an emergency.
- Staff were not up to date with mandatory training. We reviewed the service's training matrix and found that the mandatory training compliance rate for the past 12 months was 69%.

However, we also found the following areas of good practice:

- All areas of the service were visibly clean and well maintained. The service had employed an extra housekeeper to help maintain standards of cleanliness.
- Staff had completed a risk assessment of each client upon to admission. We reviewed five client records in which we saw evidence that staff updated these on a weekly basis.
- The service had appropriate arrangements for managing medication. We looked at the medicine administration records for 18 people who used the service. We saw appropriate arrangements were in place for recording the administration of medicines.

### Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff completed comprehensive assessments of clients prior to admission. We reviewed five client care records and found that each record contained an assessment of clients' needs.

# Summary of this inspection

- Clients received a physical examination upon admission. Care records showed there was ongoing monitoring of physical health problems.
- The service offered psychological therapies recommended by the National Institute for Health and Care Excellence.
- Staff received an appropriate induction. We checked the personnel files of five staff. Each of these contained an induction checklist which highlighted that staff had completed their induction.
- Staff assessed client's capacity to consent to treatment, prior to admission. If a client was intoxicated when they arrived for admission, staff waited until the following day, before completing admission paperwork.

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

- Staff completed care plans for clients. However, care plans were not person centred, and lacked detail.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff attitudes and behaviours when interacting with clients. We found staff to be kind, caring, and respectful at all times and treated clients with dignity and respect.
- The admission process informed and orientated clients to the ward area. Staff allocated the new client a buddy who was a fellow client who had been at the service for a period.
- Families and carers were involved in clients' care. We spoke to three families and carers who told us that staff kept them informed of any changes and invited them to care reviews.

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

- Clients had some involvement and participation in care planning and risk assessment. However, it was not always clear how much involvement clients had in their care plan.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:



# Summary of this inspection

- The service had a full range of rooms and equipment to support treatment and care. The service had various different rooms that they used for group therapy as well as smaller rooms for individual therapy.
- Clients told us that the food was of good quality. The service had a chef who cooked all food fresh on the premises. Clients told us they had a choice of food.
- Clients had access to activities throughout the week including weekends. The service had a full activities programme.
- The service had made adjustments for people requiring disabled access. There were bedrooms on the ground floor that staff could use if they admitted someone with disabilities.
- Clients knew how to make a complaint. Staff gave clients information on how to complain at the start their admission.

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

- Staff did not always handle complaints appropriately. The complaints folder did not contain investigations into the complaints. We did not see evidence in two complaint records that staff had thoroughly investigated all aspects of the complaints.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- The service did not have an appropriate system in place to monitor mandatory training compliance. Although the service kept records of when staff last completed training courses, this did not generate an overall compliance percentage.
- Senior staff were not aware of ligature anchor points. The service did not have a sufficient risk management plan in place to mitigate the risk of ligatures.
- Senior staff were unaware of Department of Health guidance on mixed sex accommodation. The service was not able to demonstrate how they would mitigate the risks of mixed sex accommodation.

However, we found the following areas of good practice:

- Staff knew who the senior managers in the organisation were. Staff told us that senior managers visited the service quite frequently.

# Summary of this inspection

- Staff were able to maximise their time on direct care activities. Staff told us that the majority of their time was spent working with the clients rather than undertaking administrative tasks.
- Staff were reporting incidents appropriately. We reviewed the incident log which showed that staff were reporting incidents and that managers were investigating these appropriately.
- Staff morale and job satisfaction was high. Staff told us how much they enjoyed working within the service and that they felt the work was very rewarding.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were trained in The Mental Capacity Act 2005. Staff compliance with Mental Capacity Act training was 100% both face to face and e-learning for the past 12 months. Staff were able to demonstrate knowledge on the mental capacity and potential issues around capacity.
- Staff assessed clients' capacity to consent to treatment, prior to admission. However, if a client was intoxicated upon arrival for admission and demonstrated their capacity was impaired, staff waited until the following day before completing any paperwork.
- Staff told us they would support clients who lacked capacity to make decisions in their best interest by holding best interest decision meetings.
- Clients had access to an independent mental capacity advocate.
- The service did not use Deprivation of Liberty Safeguards.

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

- The ward layout did not allow staff to observe all areas. However, the service used closed circuit television to mitigate the risks that this posed.
- We found ligature anchor points throughout the service (a ligature anchor point is anything which a person could use to attach a cord, rope or other material for the purpose of hanging or strangulation). There were ligature anchor points in the bedrooms, bathrooms and in communal areas. These included window and door handles, window restrictors, wall lights, and shower pipes. The service had completed a ligature risk assessment. However, the risk assessment did not highlight any ligature anchor points or their location and it did not contain a risk management plan as to how the service would mitigate the risks of these ligature points. We found evidence within the care records that the service had admitted clients with a recent history of attempting suicide.
- The service had undertaken an environmental risk assessment. Staff completed this on a weekly basis. We checked the environmental risk assessments for the past three months. We found staff completed these appropriately and any issues identified were acted upon and completed.
- We had concerns regarding compliance with the Department of Health mixed-sex accommodation guidance. The provider was unable to demonstrate they had considered the Department of Health guidelines. Care records showed that the service admitted vulnerable female clients with a history of abuse. Bedroom corridors contained a mixture of male and

female bedrooms. There were no locks on the bedroom doors so clients could not lock the door to maintain their safety, privacy, and dignity. The service did not have a female only lounge.

- Overall, clients' bedrooms provided ensuite facilities. Twenty out of the 21 bedrooms were ensuite so clients did not have to share bathroom facilities.
- The service had a fully equipped clinic room. This contained equipment for monitoring clients' physical health. The service also had emergency resuscitation equipment, which they kept in the main reception area; ensuring ease of access for all staff.
- All areas of the service were visibly clean and well maintained. The service had employed an extra housekeeper to help maintain standards of cleanliness. We checked the cleaning records and found that staff were cleaning the environment regularly.
- The service did not have an alarm call system in place. Staff did not carry personal alarms. Staff would be unable to summon assistance quickly if a client or staff required assistance in an emergency.

### Safe staffing

- The service had a staff establishment of one whole time equivalent qualified nurse and six support workers. The service also had five whole time equivalent therapists and one part-time therapist. The service had a sickness rate for the previous 12 months of 3.8%. This equated to a loss of 14 shifts through sickness.
- The service had a staff turnover rate of 24% for the past 12 months. The service had an active recruitment policy and they had recently recruited new staff who were awaiting pre-employment checks before commencing employment.
- The service had estimated the number and grade of staff required based upon the number of clients the

# Substance misuse services

service accommodated and the therapeutic programme in place. The manager was able to increase staffing numbers to meet the needs of the service, where appropriate.

- The service maintained safe levels of staffing. We checked the duty rotas and found there were sufficient staff on most shifts to meet the needs of the service. However, we found that during the month prior to inspection there were three shifts that did not have the full complement of staff due to sickness. We did not find evidence that this had effected client safety. Staff told us that they could increase staffing numbers if the service required this for issues such as increased client observation or higher activity levels.
- The service had a low rate of bank and agency use. The service used one agency to cover support worker staff shortages. The service used two particular staff on a regular basis to provide continuity of care for clients.
- The service had recruited a qualified nurse. The nurse was currently working two days a week. However, this was due to increase to five days a week.
- There was enough staff so clients could have regular individual time. We spoke to three clients who told us they felt they were able to have regular time to speak with therapists. Clients told us they met therapists once a week for individual time and could request to see them more often if required. However, they told us support staff were often very busy and so did not always feel they could ask them for individual time.
- The service did not cancel activities due to staffing issues. Staff told us that if a therapist was sick then they would amalgamate groups so clients would still have appropriate therapy time.
- The service had adequate medical cover during the day. The doctor was contactable by phone throughout the day and would attend the unit in the evenings. If the service was admitting a patient who required a medical detoxification, they would be admitted between 16:00 and 17:00 so they would not have to wait to see the doctor. Staff would complete initial baseline physical observations and withdrawal assessments when patients are admitted and report these to the doctor. The doctor would then conduct a telephone assessment. The provider had access to a local GP service which provided routine physical healthcare. However, staff told us that it could be difficult to get appointments. Staff contacted the ambulance service if there was a medical emergency.

- Staff were not up to date with mandatory training. The service's training and development policy did not state how often mandatory training courses should be renewed. Senior staff told us staff should update mandatory training courses annually except medication competency training, which staff should update every six months. We reviewed the services training matrix and found that the mandatory training compliance rate for the past 12 months was 69%. This was below the service's key performance indicator target for mandatory training of 90%. However, information submitted by the provider following the inspection conflicted with previous information. This stated that e-learning course were renewed every three years. The training Matrix did not always reflect different figures for face to face and e-learning courses so we could not get accurate training figures.

## Assessing and managing risk to clients and staff

- The service did not use restraint or seclusion to manage client behaviour.
- Staff completed a risk assessment for each client upon admission. We reviewed five client records and saw evidence that staff updated these on a weekly basis throughout the client's stay. Staff updated risk assessments following incidents or if there was a change of risk.
- The service had introduced a new risk assessment tool. This covered a range of risks, including risk of aggression, self-harm, suicide, vulnerability, and self-neglect.
- The service had restrictions around the use of mobile phones. Clients were only allowed to use the mobile phones at certain times of day. This was to support clients in engagement with the therapeutic recovery programme. However, staff told us that if clients requested to use their phone outside these times, they would facilitate this where possible.
- There were policies and procedures in place for the use of observations and searching clients. Staff placed clients on an increased level of observation for the first 24 hours following admission. Staff increased the clients' observations if they presented at risk of aggression, self-harm, or suicide. Staff searched clients upon admission and prior to and on return from leave if staff suspected that they might have contraband items in their possession. Clients agreed to this as part of their treatment contract.

# Substance misuse services

- Staff had received training in safeguarding vulnerable adults and children. We reviewed the training records and found compliance with face-to-face safeguarding training was 100%. We spoke to six members of staff who were able to explain how they would respond if they had concerns about clients' safety and well-being. The manager was the safeguarding lead for the service.
- The service had safe procedures for children visiting. The service did not allow children onto the main ward area. However, there was a room downstairs, which staff could use if families visited with children.
- The service had appropriate arrangements for managing medication. The service had improved the medication management processes since the last inspection. Medication errors had significantly reduced. We looked at the medicine administration records for 18 people who used the service. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them. When people were prescribed a reducing dose of medicines the quantity administered was recorded on the medicines administration record and the samples we checked were accurate. Staff allowed some clients to self-administer a limited range of medicines after an initial assessment period. The doctor signed a form to say a client could self-administer and this was kept in the client records. However, when we checked the records, staff had been using the wrong form, and only two clients had a self-administration contract within their files. Patients stored some medication, for example inhalers used for the treatment of asthma and vitamin tablets, in their bedrooms. The provider had not installed lockable storage in clients' rooms to allow safe storage of these medicines. However, the provider told us, and evidence showed, that lockable storage had been ordered for installation in bedrooms.

## Track record on safety

- The service had not had any serious incidents in the last 12 months. The service had not had any adverse events in the past 12 months.

## Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents and what they should report. We reviewed the incident log for the past

12 months as well as incidents the service had notified to the Care Quality Commission. This showed that staff were reporting incidents appropriately and in line with the provider's policy.

- Staff were open and transparent and explained to clients if something had gone wrong. Incident reports showed that when staff had made a medication error, they had informed the client of what had happened and made sure they sought appropriate medical attention.
- Staff received feedback from investigations into incidents. The manager shared information during handovers and team meetings. We reviewed the minutes of both the support workers and therapy team meeting minutes. These showed staff discussed incidents and the action plans from investigations during team meetings. However, despite finding evidence of incidents being discussed, we did not find evidence that managers were sharing lessons learned from incidents during the support workers' meetings. Staff told us they discussed lessons learned during handovers and debriefs.
- Staff told us they were offered a debrief following serious incidents. However, as there had been no serious incidents in the past 12 months, we did not find evidence of this.

## Duty of candour

- Staff were aware of the responsibilities under the duty of candour. Staff told us they had a duty to be open and honest at all times. Staff told us that if something had gone wrong, they would explain this to the clients. For example, if staff made a medication error, they would inform the client, issue an apology and arrange for them to see the doctor to discuss any potential effects this could have. However, we did not see evidence of duty of candour within the provider's response to complaints. We reviewed complaints records which showed the provider offered refunds when clients were dissatisfied with care they received; but did not record they had apologised or accepted responsibility for any failings.

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

## Assessment of needs and planning of care

# Substance misuse services

- Staff completed comprehensive assessments of clients prior to admission. We reviewed five client care records and found that each record contained an assessment of clients' needs. Staff used information obtained during the assessment to formulate a care plan.
- Clients received a physical examination upon admission. Care records showed there was ongoing monitoring of physical health problems. Staff registered clients with a local GP practice on a temporary basis. The GP monitored any ongoing physical health issues.
- Staff completed care plans for clients. However, care plans were not person centred, and lacked detail. The electronic record system had a drop down box for staff to identify individual needs, and a free text box to document how they would meet their needs, which staff often left blank. Any new staff or bank or agency staff would not be able to see how they were supposed to meet clients' needs and would be unable to provide the appropriate support necessary.
- Since the last inspection, the service had introduced an electronic system for recording client information. This was accessible by all staff including bank and agency staff. Staff also kept paper backup files with essential information such as care plans and risk assessments.
- Staff were using recognised rating scales to assess and record severity and outcomes. Staff used the Clinical Institute Withdrawal Assessment for alcohol rating scale tool. This is a 10 item rating scale used in the assessment and management of alcohol withdrawal. Staff also used the Clinical Opiate Scale. This is an 11 item scale used to rate common signs and symptoms of opiate withdrawal.
- Staff participated in clinical audits. These included auditing care plans and risk assessments as well as completing medication and controlled drugs audits. Staff completed the audits, using a red, amber, and green rating. Staff acted on any issues identified within the audits in a timely manner.

## **Skilled staff to deliver care**

- The service employed a range of staff disciplines. This included a registered nurse, support workers, and therapists. All staff had appropriate skills and qualifications.
- Staff received an appropriate induction. We checked the personnel files of five staff. Each of these contained an induction checklist which highlighted that staff had completed their induction. Staff had a six-month probationary period at the start of employment. Staff files also contained information on three monthly and six monthly reviews to assess staff competency.
- Staff received specialist training for their role. Staff had received training in auricular (ear) acupuncture. Staff used this alternative therapy for helping people undergoing detoxification from substance misuse.
- Managers addressed poor staff performance promptly and effectively. We saw evidence that managers had taken action to deal with poor staff performance in relation to medication management. Managers dealt with this appropriately and in a timely manner.

## **Multidisciplinary and inter-agency team work**

- Staff followed National Institute for Health and Care Excellence guidance for treating opioid detoxification and alcohol dependence when prescribing medication. We checked the medication records for all clients and found that staff were using detoxification programmes recommended by the National Institute for Health and Care Excellence.
- The service offered psychological therapies recommended by the National Institute for Health and Care Excellence. The service employed a team of therapists who provided therapies such as cognitive behaviour therapy, dialectic behaviour therapy, and the 12 step model of recovery.
- Clients had access to physical healthcare. Staff registered clients with the local GP service on a temporary basis. The GP provided physical healthcare support and could refer to specialists when required.
- Staff assessed and met clients' nutrition and hydration needs. We reviewed the care records which showed staff had assessed nutritional needs due to diabetes or allergies.

- Staff regularly attended team meetings. There were monthly meetings for the support worker staff and therapy staff. We reviewed the minutes of three months of staff meetings. During these meetings staff regularly discussed incidents and complaints.
- There were effective handovers within the team. Staff completed a handover at the end of each shift. Staff shared information on clients' presentation throughout the day and following any changes in needs or risks.



# Substance misuse services

- There were effective working relationships with teams outside of the organisation. The service had good relationships with local health services including mental health and the local GP service. The service also had good relationships with local authority teams.

## Good practice in applying the Mental Capacity Act 2005

- Staff were trained in The Mental Capacity Act 2005. Staff compliance with Mental Capacity Act training was 100% both face to face and e-learning for the past 12 months. Staff were able to demonstrate knowledge on the mental capacity and potential issues around capacity.
- Staff assessed clients' capacity to consent to treatment, prior to admission. However, if, when a client arrived for admission, they were intoxicated and lacking capacity, staff told us they would take the assessment prior to admission as consent to treatment and if a client arrived intoxicated and was willing to stay than this would be in implied consent. Staff waited until the following day before getting them to sign paperwork to consent to admission.
- Staff told us they would support clients who lacked capacity to make decisions by holding best interest decision meetings. Staff said they included everyone involved in the client's care. However, clients tended to have capacity throughout their admission so they had not had to do this.
- Staff knew where to get advice regarding the Mental Capacity Act. Staff told us they sought advice from the manager or the safeguarding lead.
- The service had not made any Deprivation of Liberty Safeguards applications.

## Equality and human rights

- The service provided equality and diversity training for staff. However, staff compliance with this training was only 35%.
- The provider was able to meet the needs of clients with disabilities. However, they were not able to provide personal care if this was required as the service was not registered to provide this activity. Staff were able to support clients with their lifestyles and could access support for clients' spiritual, cultural and faith needs.

## Management of transition arrangements, referral and discharge

- The service had a community house, which they used as a transition step from treatment to the community. Clients moved from Sanctuary Lodge to the house where they lived independently, but were still able to access the therapy programme. Clients were then discharged back to the community. Clients could come back and attend the after care group once discharged.
- The service had introduced post-discharge support and service alumni (an alumni is a former member of a group, company, or organisation). Clients could continue to attend the service once a week to attend a support group following discharge. Clients could also maintain contact with the service by telephone should they need additional support.

## Are substance misuse services caring?

### Kindness, dignity, respect and support

- We observed staff attitudes and behaviours when interacting with clients. We found staff to be kind, caring, and respectful at all times and treated clients with dignity and respect.
- We spoke with three clients who told us that staff were kind and caring and understood their needs. Clients felt that they were supported well by the staff and that staff treated them with respect.
- Staff understood the needs of the clients. We spoke to care staff who were able to explain how they were meeting individual clients' needs.

### The involvement of clients in the care they receive

- The admission process informed and orientated clients to the ward area. Staff allocated the new client a buddy who was a fellow client and had been at the service for a period. The buddy supported clients in getting to know the therapy, the environment, and the therapy programme.
- Clients had some involvement and participation in care planning and risk assessment. Care records showed clients had an active role within risk assessments. However, care plans lacked detail and the extent of client involvement was not always clear. All care plans had been signed and agreed by clients.
- Clients had access to an advocacy service. The service displayed information on noticeboards for a local advocacy service that clients could access if required.



# Substance misuse services

- Families and carers were involved in clients' care. We spoke to three families and carers who told us staff kept them informed of any changes, and invited them to care reviews. The service also held a family group once a week on a Sunday so families could attend and receive support.
- Clients were able to give feedback on the service. Staff held a weekly community group in which clients were able to feedback on the service or make suggestions for improvements. We reviewed the minutes of three community meetings. These showed that the service was acting on suggestions made by clients.

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

## Access and discharge

- The service had a bed occupancy rate for the past six months of 92%. The service admitted nationally so there were no out of area placements.
- Staff only moved clients between services if there were sufficient clinical reasons to do so such as, to maintain an appropriate mix of clients on the unit.
- Staff discharged clients at an appropriate time of day. Care records showed that family or carers were involved in the planning of discharges. Staff arranged discharges at a time that was convenient to all.

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

- The service had a full range of rooms and equipment to support treatment and care. The service had a variety of different rooms used for group therapy as well as smaller rooms for individual therapy.
- The service had quiet areas and rooms available so clients could meet visitors. There was a garden space outside as well as rooms located within the service where clients could see visitors.
- Clients had access to outdoor space. The service had a garden area that contained various outbuildings. There was a gym and a covered smoking area.
- The service allowed people to use their mobile phones. However, clients could only use their mobile phones at certain times of day. Staff told us that this was to encourage clients to attend the therapeutic programme.

- Clients told us that the food was of good quality. The service had a chef who cooked all food fresh on the premises. Clients told us they had a choice of food. Each menu had options for vegetarians and other dietary requirements. Clients had access to snacks and hot drinks throughout the day and night.
- Clients were able to personalise their rooms. Staff told us that clients could bring in personal items for their bedrooms. However, we did not see much evidence that clients had brought in items to personalise their rooms.
- Clients did not have somewhere secure to store their possessions in their bedrooms. However, clients' valuables were stored in lockers within a storage cupboard. Staff monitored access to the storage room to maintain the security of clients' possessions.
- Clients had access to activities throughout the week including weekends. The service had a full activities programme. Activities at weekends included a family group, and time out to visit the nearby town.

## Meeting the needs of all clients

- The service had made adjustments for people requiring disabled access. There were bedrooms on the ground floor that staff could use if they admitted someone with disabilities. The service had a lift to enable clients with mobility difficulties to access the first floor to attend the clinic and therapy rooms.
- The service did not have leaflets available in different languages. However, staff told us that if this was required, they would be able to access these.
- The service had access to an interpreter. Staff told us they did not use a particular service but would arrange for an interpreter, if required, for clients whose first language was not English.

## Listening to and learning from concerns and complaints

- The service had received four complaints in the last 12 months. The service had partially upheld three of these complaints and one was still under investigation. None of the complaints had been referred to an ombudsman.
- Clients knew how to complain. Staff gave clients information on how to complain at the start their admission. We spoke to three clients who told us they knew the complaints process and would feel confident to complain if required.
- Staff did not always handle complaints appropriately. The complaints folder did not contain investigations

# Substance misuse services

into the complaints. We reviewed two complaints records; however we did not see evidence that staff had thoroughly investigated all aspects of the complaints. Staff responded to complaints in an appropriate timeframe, however, responses did not detail the outcome of investigations, with the exception of agreeing to provide a refund for the cost of treatment.

- Staff received feedback on the outcome of complaints. We reviewed staff meeting minutes in which we saw evidence that staff discussed complaints regularly.

## Are substance misuse services well-led?

### Vision and values

- Staff were aware of the organisation's visions and values. Staff we spoke to explained how the work they did reflected the service's vision to provide a contemporary cutting-edge treatment programme, of the highest calibre, by ensuring they used latest guidance and research to improve care and treatment.
- The team's objectives reflected the organisation's visions and values. Team objectives were based around improving the knowledge and skills of staff to meet the service's vision.
- Staff knew who the senior managers in the organisation were. Staff told us that senior managers visited the service quite frequently.

### Good governance

- The service did not have an appropriate system in place to monitor mandatory training compliance. The service kept records of when staff last completed training courses. However, this did not generate an overall compliance percentage. This did not always differentiate between courses that were face to face or e-learning so we could not get an accurate compliance rate. At the time of inspection, managers were unaware of the compliance rate for mandatory training.
- The service had appropriate systems in place to monitor staff compliance with supervision and appraisals. The manager kept records of when staff had received supervision, and their annual appraisal. This included their supervision compliance rate for the previous year.

- Staff were able to maximise their time on direct care activities. Staff told us the majority of their time was spent working with the clients, rather than undertaking administrative tasks.
- Staff were reporting incidents appropriately. We reviewed the incident log which showed staff reported incidents and managers were investigating these appropriately. Managers identified lessons learned and shared these with staff.
- Senior staff were unaware of the risks posed by ligature anchor points. The service did not have appropriate ligature risk management plan in place to reduce the risks posed by ligature anchor points.
- Senior staff were unaware Department of Health guidance on mixed sex accommodation. Senior staff had not given consideration as to how they would mitigate the risk posed by having mixed sex accommodation.
- Staff participated in clinical audits. Senior support workers and the registered nurse completed these. Staff informed managers of any issues identified.
- Managers kept a safeguarding log which contained details of all safeguarding concerns, and referrals. The folder contained email printouts of communication regarding safeguarding concerns, as well as summaries of issues raised that staff had discussed within the team.

### Leadership, morale and staff engagement

- The service had a sickness and absence rate of 4%. This represented 14 days of sickness over the past year.
- Staff knew how to use the whistleblowing process. Staff told us that they would be confident to raise concerns and these would be taken seriously and dealt with appropriately.
- Staff morale and job satisfaction was high. Staff told us how much they enjoyed working within the service and they felt the work was very rewarding. Staff told us they felt very supported by senior managers and there was excellent team working and mutual support from colleagues.
- Staff were offered the opportunity to give feedback on services and input into service development. Staff told us that they could make suggestions to improve services during team meetings. We reviewed the minutes of team meetings which showed that managers had acted on suggestions made by staff.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure they minimise the risk posed by ligature anchor points. The ligature risk assessment must identify all risks and how these are to be managed.
- The provider must ensure that they assess the risks posed by mixed sex accommodation. The provider must ensure they have plans in place to minimise these risks.
- The provider must ensure that staff are compliant with mandatory training and that appropriate systems are in place to monitor compliance.

- The provider must ensure that clients are able to maintain their privacy and dignity when in their bedrooms.
- The provider should review staff access to alarms for use in an emergency.

### Action the provider **SHOULD** take to improve

- The provider should ensure that care plans are person centred and detailed.
- The provider should ensure they investigate complaints thoroughly and then record the outcomes appropriately.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

- Clients were unable to lock their bedroom door to maintain their privacy and dignity.

**This was a breach of regulation 10 (2)(a)**

#### Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- The provider had not ensured the environment was safe for clients presenting with risk of self-harm or suicide. The environment contained multiple ligature anchor points and the ligature risk assessment did not include all risks, or state how such risks were to be managed.
- The provider had not assessed the risks posed to clients by providing mixed sex accommodation or put in place plans to manage these risks.
- Staff did not have access to an appropriate alarm system to summon assistance in an emergency.

**This was a breach of regulation 12 (2)(a)(b)**

#### Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

## Requirement notices

- The provider had not ensured staff were up to date with mandatory training and did not have sufficient processes to monitor compliance.

**This was a breach of regulation 18 (2)(a)**