Closereach

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

Closereach has been inspected twice previously, in 2013 and 2016. The comprehensive inspection in September 2016 did not fully comply with CQC policy and guidelines for inspection activity; consequently the report was not published.

We will undertake a further comprehensive inspection in the near future.

In July 2017 we carried out an unannounced, focussed inspection of this location to check on a number of issues that had come to our attention through the information we hold about the provider.

At this inspection we found the following areas of good practice:

- Mental Capacity Act training was in place and all staff were up to date with it.
- Clients told us that staff always knocked before entering and that they were made aware their

Summary of findings

bedrooms would not have locks on the doors before they entered the service. The provider had updated their privacy and dignity policy and all new staff were required to read this during their induction.

- Clients told us that they were happy with the activities provided at the service and meaningful activities were being provided. Clients could request specific activities. Staff and clients recorded activities on a board in the communal corridor.

However,

- The showers were dirty and mouldy and you could see over and underneath the shower cubicle door. The environment was generally untidy and not well-maintained.
- Although risks for clients were identified there were not always associated risk management plans for staff to follow when caring for and supporting clients and no records of actions to be taken in the event of either planned or unplanned discharge. The provider had not checked that staff were completing and updating the required risk assessments, risk management plans, care plans and medication files which would ensure the safe care and treatment of clients.
- Clients physical health needs were not being supported or monitored appropriately throughout their stay.
- The mission statement for the service was displayed on a communal notice board. However, when we spoke to clients and staff, they did not know what the service's shared vision and values were.
- Some medication management processes were not robust. We found that the staff team, including the manager, did not have a thorough understanding of medication systems and processes. However, medicines were stored safety and a new fridge had been purchased to store medication when needed.

Summary of findings

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Closereach 1-117277887

Services we looked at
Substance misuse services;

Summary of this inspection

Background to Closereach

Closereach is an 18 bed substance misuse rehabilitation service for men. Closereach has a mirror service in a different location, called Longreach, for female clients. Both locations admit clients who had completed detoxification (detox) predominantly from Broadreach House (same provider). However, they did admit clients from other detox services.

The service provides a 12-24 week long programme where clients learnt strategies for maintaining their recovery and set goals. The length of programme is a minimum of three months, with an option for a further three months.

The majority of clients are funded by community drug and alcohol services and by local authorities.

The service is registered to provide accommodation for persons who require treatment for substance misuse and the registered manager had worked across both Longreach and Closereach. However, at the time of our inspection a new manager was in post specifically for Closereach and was awaiting their registration interview with CQC.

Closereach has been inspected twice previously, in 2013 and 2016. The comprehensive inspection in September 2016 did not fully comply with CQC policy and guidelines for inspection activity; consequently the report was not published.

Our inspection team

The team that inspected the service comprised CQC inspector, Katharine Segrave (inspection lead), one inspection manager, a pharmacist and one other inspector.

Why we carried out this inspection

In July 2017 we carried out an unannounced, focussed inspection of this location to check on a number of issues that had come to our attention through the information we held about the provider.

During the same week as the inspection of Closereach we also inspected two other locations (Broadreach and Longreach) which are registered under this provider. Separate reports have been published for Broadreach and Longreach.

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?

However, as this was a focussed inspection we looked at specific areas of care in response to information we held about this provider.

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

During the inspection visit, the inspection team:

Summary of this inspection

- visited this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with four clients
- spoke with the manager of the service
- spoke with two staff
- spoke with the health co-ordinator of the service
- reviewed nine care records
- reviewed twelve prescription and administration charts
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients told us they were involved in their care planning. They told us that they had a copy or could obtain a copy of their care plan if they wished. They said their goals were achievable and they understood why they were in the service.

Clients spoke positively about the staff and described them as brilliant, approachable, friendly and helpful. Clients told us that staff knocked before entering their rooms and that they were happy with the amount of privacy they experienced.

They said they enjoyed the food and felt healthy. Clients said they liked the activities and explained they could request activities by submitting a special request form. Clients told us there were good relationships with each other. Clients shared rooms and showers but those we spoke with said this was not a problem for them. They said clients got on well with each other and supported each other like a family.

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 found the following issues that the provider needs to improve:

- The showers were mouldy, not private and required some renovation and the general environment was unclean and not well maintained.
- Staff had not always provided risk management plans explaining how clients should be supported with identified risks in their care plans.
- Staff had not risk assessed planned and unplanned discharges.
- Medication management processes were not robust. Staff were not following protocols for homely remedies and were logging their administration in two separate places. Staff had not recorded the reasons for clients using medication, if they did not come from Broadreach. Staff signatures for administering medication were not up to date. No emergency medicines were kept and staff had not risk assessed their need. The medication audits in place had not identified or addressed these issues.
- The service had designated a 'safer' bedroom for clients at increased risk of self-harm. However, this room had ligature points and was not safe for clients at risk of self-harm and could provide false assurance.

However;

- Portable appliance testing (PAT) testing was up to date.
- With the exception of medicines required for immediate symptomatic relief such as asthma inhalers, clients did not self-administer their medication. Clients said they preferred staff to administer their medication at set times.

Are services effective?

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

- Staff had not recorded vital information about clients, especially their physical health in their care records.
- Staff had not planned for clients' physical health needs. This meant staff did not know how to respond to some risks associated with a client's physical health.

However;

- Clients had been involved in their care planning and either had their own copy or had access to a copy of their plan.
- Clients had set achievable goals with the staff at the service.
- Clients had access to a psychiatrist when needed.

Summary of this inspection

- Staff were now up to date with their Mental Capacity Act training.

Are services caring?

Since our last inspection we have received no information that would cause us to re-inspect this key question.

Are services responsive?

We found the following areas of good practice:

- Clients told us they liked the food and it made them feel healthy.
- Clients were happy with the activities provided at the service and could request specific activities of their choice.
- Clients were made aware that they would be expected to share rooms and that there were no locks on their doors before they were admitted to the service. All staff had access to a privacy and dignity policy in the staff manual which had recently been updated.

However;

- The pay phone was situated in a communal corridor which impacted on the privacy of the clients' calls.

Are services well-led?

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

- Staff did not know what the service's shared vision and values were.
- The manager did not carry out effective audits to check that staff were completing and updating the required risk assessments, risk management plans, care plans and medication files to ensure the safe care and treatment of clients.

However;

- Staff described a cohesive, respectful, hard- working, passionate and honest team. Staff enjoyed coming to work.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had been trained in the Mental Capacity Act and Deprivation of Liberty Safeguards. The training was mandatory and to be repeated every three years. All staff were up to date with their training.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The service had designated one bedroom as a 'safer' room for clients presenting with a risk of self-harm. However, this room had ligature points and could not be considered safe for those at risk of self-harm. Some clients currently being treated in the service presented risks of self-harm.
- Clients were responsible for cleaning the environment. There was a list of therapeutic duties on a communal board. The manager told us that a cleaner also came in once a week. There were four communal shower units for 18 clients. The showers were dirty and mouldy. Closereach showers had been reported to maintenance. We followed this up with the estates manager who said they would action this as a priority.
- The rooms were musty smelling and sparsely decorated. There was condensation on the windows in the communal lounge. Paint was peeling from the walls in some of the rooms and the age of the building showed through any previous decoration. One client complained that the smoking area was dirty. The tables were unclean and there were cigarette butts on the floor.
- The manager carried out weekly maintenance checks. These checks were recorded in the maintenance file in the office. Staff logged any maintenance issues and recorded the date, however, there was nowhere to record when the maintenance issue had been resolved.
- The estates manager visited Closereach twice a week to make checks and carry out repairs. The estate manager told us they had a schedule of decorating two rooms per year.
- Records showed that all appliances were portable appliance tested (PAT) annually. PAT testing was carried out by the estates manager who told us he carried out monthly visual checks on top of annual checks. The estates manager carried out PAT testing on equipment brought in by clients before giving back to them. The estates manager held a log of when equipment was due to be tested. There was a faulty equipment register and a log of annual equipment tests for all locations.
- Fire extinguisher inspections were carried out. We saw fire safety certificates which were in date. Staff carried out fire alarm checks every week and an external fire company carried out additional checks every 6 months.

Safe staffing

- The service was not staffed between 11.00pm and 7.00am but there was a counsellor on call. One member of staff said they had never been called while they were on call and there had not been any incidents.
- Clients told us that activities were rarely cancelled.
- Staff were up to date with mandatory training which included training on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Assessing and managing risk to clients and staff

- We reviewed nine records of care during our inspection. Staff told us that all clients were risk assessed and their risk reviewed every six weeks or sooner if their risk changed. Clients were sometimes transferred to Broadreach where there were nurses on duty 24 hours per day if they needed a higher level of support or monitoring.
- Risk assessments were completed on tick box standard forms resulting in a limited exploration of health risks or how those risks would be mitigated. Out of nine care plans reviewed, only one had a risk management plan linked to their initial risk assessment.

- One client had been identified as having a significant physical health risk but there was no risk management plan for this. Staff did not know the type of health risk the client had and there was confusion amongst the team about what medication the client should be taking and when. Staff could not tell us when the client's medication had last been reviewed. This client's GP notes stated that the client's health risk must be monitored daily. However, when we reviewed their monitoring sheet, three days had passed since the last check. Staff told us that the gaps in monitoring were due to the care co-ordinator for this client being away on holiday. We asked that staff carry out a check as soon as possible which they agreed to do. On checking we noted that staff had carried out the monitoring and had recorded an unusual reading but no action had been taken in response to this. We asked the manager to address this and they arranged for the urgent care team to visit that evening.
- Staff had not acted upon known risks, client information and care recommendations provided in clients' discharge papers/ documents from the clients' detox provider to Closereach. For example, we identified a range of concerns outlined in a client's discharge paperwork, including their suicidal feelings that could have informed the treatment plan at Closereach. There was no evidence that these risks had been discussed with the client. The manager told us that these had not been followed up because the client had not raised them with the Closereach staff.
- The risk assessment used for unplanned discharges listed who the provider should contact in the case of an unplanned discharge but there was no evidence of the consideration of the individual risks for each client based on their mental and physical health and previous known risks.
- The staff at Closereach operated a general observations policy, checking on each client before the last member of staff left the building at 11pm.
- We reviewed twelve prescription and administration charts during our inspection. The health co-ordinator was responsible for the storage and reconciliation of medication. Staff ordered, labelled and stored medicines appropriately. Staff recorded when they had administered medicines on internally produced medicines administration records (MARs). Clients signed a 'medicines contract' to allow staff to manage their medicines.
- A new fridge had recently been installed. However, the fridge had not been used in line with manufacturer's instructions and the temperature had been recorded incorrectly so it was unclear whether medicines had been stored safely. The manager rectified this during our inspection and issued instructions for staff to follow when monitoring the fridge temperatures correctly. We were told that there had been no requirement to store any medicines in the fridge during this time.
- Staff kept medication folders in individual client folders. There was a photograph of the client at the front of each file to enable staff to be certain they were giving the medication to the correct client. There was a list of staff signatures on each file to allow an audit trail to identify who had administered medication if required. These were not all up to date.
- Staff stored medications that required additional safety measures to handle such as anti-retrovirals appropriately and staff wore gloves to administer these as in line with a control of substances hazardous to health (COSHH) protocol.
- Staff stored all medication in a locked cupboard with the correct name of the client on the container and in the correct packaging, apart from one client's medicines which had been removed from the original packaging by the detox provider. The health care co-ordinator had checked this with the nurse at the detox unit and they had verified that all of the medications were correct. Staff had ordered a new prescription for the client and we were told that the medicines would be stored in the original packaging.
- Staff documented the reasons why medication was used on the transfer form from the detox provider. There was not a system for logging the reasons for using medications if the client had not been admitted via the detox provider. We discussed this with the health care co-ordinator who told us that this would be changed immediately.

Substance misuse services

- There was limited information about the physical and mental health conditions of clients. In some files staff had downloaded information sheets from NHS websites providing details of health conditions such as asthma. This was not consistent in all files.
- The provider had a system for medicines reconciliation for clients transferring from the detox facility. Staff at the detox facility logged in the clients' files, what medicines were being transported with them, then medicines were locked into the boot of the taxi transporting the client from the detox provider to Closereach. On arrival at Closereach two staff checked the medication was correct and signed a record in the medicines file to verify this.
- Clients were temporarily registered with the local GP on admission. There were letters on file that showed the GP was advised of the prescribing and health needs of the client. The provider had a system for re-ordering medicines; the health care co-ordinator did a weekly stock check of the medicines and would order new supplies when there were ten days of supplies remaining.
- The medicines management processes at Closereach were not robust. In one file, staff had given a client paracetamol as a homely (non- prescribed medicine), for 17 consecutive days for a cough before they were seen by a GP. The service protocol stated that homely medicines should not be given for more than three consecutive days. Breaching this could lead to a risk of clients not receiving appropriate medical interventions in a timely manner. One client was prescribed PRN (as required) medication that had been recorded on an incorrect form. Staff had administered two doses daily of a client's medication instead of three daily during May and June. Staff had not recorded a reason on the file why the medication was not being given in the prescribed manner. There were gaps in recording in medicines records, where there were gaps no omission codes had been entered so it was not possible to tell why the medicines had not been administered. Staff had filed one client's discharge from detox paperwork which detailed their medicines and health needs in their case folder not their medicines folder. This was rectified during the inspection.
- Staff recorded homely medicines in two separate locations. Staff had administered the medicine but then not recorded this appropriately on the medication chart. This could lead to extra doses of homely medicines being administered. The health care co-ordinator said that this would be reviewed immediately.
- All staff had been trained in medicines administration, this was online training.
- Clients were encouraged to manage their long term conditions and were supported to attend reviews, for example we saw evidence of an asthma review that was re-booked by staff due to non-attendance.
- The location did not store emergency medicines and there was no risk assessment of their need. One person was recorded as allergic to peanuts, another to penicillin and hornet stings. Staff did not know what symptoms either person may demonstrate or the degree of sensitivity of their allergy.
- The provider explained that it had recently stopped any self-administration of medication, unless the item was an inhaler or topical creams. Clients told us they felt it was safer for them not to self-administer their medication and preferred having set medication times.

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

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

- We reviewed nine records of care. The service relied on information about a client being present in their referral documents. One person had been in the service four days and we could not find any information about them at Closereach. Staff told us that they were awaiting information from Broadreach. We asked why an assessment had not been completed on admission but were told that it was routine practice to wait for information. The manager rectified this situation before the end of our inspection the day.
- Care records showed that information about client's physical health was present in their admission forms. One client care record we reviewed contained

information about physical health problems including allergies. However, we saw that the other care plans did not describe any treatment for physical health problems.

- Care records included client agreements, consents and contracts. Staff and clients told us they wrote care plans together and reviewed them every six weeks. Clients had all signed their contracts. Staff also consulted the care managers that arranged for the clients to come into treatment when devising clients' care plans. Clients told us their care plans were recovery oriented and they had been involved in writing them. Clients said their care plans were personal and individual and contained their own goals that were updated over time. When we reviewed care plans, we saw some examples of clients' own words being included in their care plans but in general, care plans had been written about the client. Care plans were brief, generic and consisted of a list of goals and plans for how they would be achieved. One care plan had been updated following multi-disciplinary team discussions about clients.

Best practice in treatment and care

- Clients with mental health problems had access to a psychiatrist as needed. The psychiatrist offered one session a week and a call out service as required. The care plan also included information about the client consulting with their GP.

Multidisciplinary and inter-agency team work

- Staff completed a handover between the support worker who worked in the evenings and the day time staff. Staff held daily team meetings.

Good practice in applying the MCA (if people currently using the service have capacity, do staff know what to do if the situation changes?)

- Staff told us they had completed a day course in the Mental Capacity Act and Deprivation of Liberties Safeguards in 2016. This was mandatory training. Staff were aware of situations that might cause clients to lose their mental capacity such as if their mental health deteriorated.

Are substance misuse services caring?

Since our last inspection we have received no information that would cause us to re-inspect this key question.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Access and discharge

- The service was abstinence based and clients were usually discharged if they misused substances. Staff said that if a client made an unplanned exit they would support them with emergency housing. Staff had not risk assessed for any unplanned discharges. Staff had recorded in care plans details of where the client would go should this situation occur but did not describe any risks that might be a factor to the success or failure of the discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a payphone for clients to use that also accepted incoming calls. It was in a corridor so it was not private. Clients could ask to use the staff phones if they wanted to make a call away from other clients. The service had banned the use of mobile phones as staff told us they interfered with counselling. Staff told us that clients are made aware of this prior to admission. This was specified in the 'service user agreement' document. However, clients that had been in the service for more than four months received a previous version of the service user agreement that said clients could bring a mobile phone and laptop in to the service with them.
- There were locks on the inside of the shower units. However, you could see over the top and underneath the separating door panel so privacy could not be guaranteed
- Clients could not lock their bedroom doors but said this was not a problem. We reviewed the service's client contract form and saw that clients were made aware that they would be required to share a room during their stay. The service operated a buddy system which supported the orientation of a new client into the service. House meetings took place every week so clients could have the opportunity to raise any concerns around their privacy and dignity. The service had a 'privacy and dignity' policy which all staff read and signed during their induction.

- Clients said they enjoyed the food and it helped them to feel healthy. Staff told us they actively encouraged healthy eating.
- Clients had individual safes in their bedrooms where they could store their belongings.
- Clients we spoke with liked the activities. They had group sessions and completed assignments. There was access to acupuncture, mindfulness, a gym, table tennis and television. One client told us they had some voluntary work and a day programme to go to when they leave. One client said they would like more to do such as life skills training. Clients who had been in the service for longer went out with new clients to ensure they were safe. Activities for the day were written upon a communal board. We saw evidence of woodcraft and graffiti art in the outhouse. Staff told us that they had links with Plympton Heritage Centre who would engage in activities with the group.
- At the weekends, there was a regular 'goals' group and free time. The manager and clients told us that if they wanted to do a specific activity, they needed to put in a special request to the staff. Therapeutic duties were listed on a communal board so clients knew what their responsibilities were.

Meeting the needs of all clients

- Disabled access was on the ground floor with an adapted bedroom but no adapted bathroom
- Information was available to clients about safeguarding, advocacy, Healthwatch, complaints and PALS.

Are substance misuse services well-led?

Vision and values

- The staff working at Closereach were not aware of the organisation's commonly held vision or values. The organisation's mission statement was recorded in the policy manual which all staff were required to read during their induction. This was also displayed on the communal notice board.

Good governance

- Care plans were not regularly checked to see if they were completed fully. The manager was unable to provide us with any evidence of recent monitoring, reviews or audits that had been completed on whether the service was safe or of good quality.
- Staff completed regular health and safety checks on the environment. However, there was nowhere to indicate that the action arising from the checks had been completed. There were no checks on the cleanliness of the environment.
- The health co-ordinator showed us evidence of recent medication audits. There were details about the issues and action required but no evidence that actions had been taken when a problem had been identified.

Leadership, morale and staff engagement

- Staff described a cohesive, respectful, hard-working, passionate and honest team. Staff enjoyed coming to work. One member of staff said they looked forward to coming to work and found their work rewarding.
- The provider did not ensure that if a member of staff was off their duties and responsibilities for named clients were covered by another member of staff; so some clients did not receive the care needed, including vital medical care.
- We saw staff observing clients engaging in risky behaviour and this was not addressed with the client.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure the environment is clean and well maintained.
- The provider must ensure that clients are assessed by the service upon admission and that identified risks have a clear risk management plan in place for all staff to follow.
- The provider must ensure the safe management of medicines
- The provider must ensure that clients have up to date, personalised information about their physical and mental health conditions, recorded in their care plans and that routine physical health monitoring takes place.
- The provider must ensure that governance processes in place to ensure it is delivering safe and good quality services.

Action the provider SHOULD take to improve

- The provider should review their use of the term 'a safe room' to describe the room containing multiple ligature points used for clients with a higher level of need.
- The provider should ensure the fridge temperature is recorded every day.
- The provider should ensure planned and unplanned discharge plans are risk assessed and discussed with the client.
- The provider should ensure there is a clearly defined visions and values statement for this service, and that this is shared with clients and staff.

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	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment All premises and equipment used by the service provider must be- (a) clean (b) secure (c) suitable for the purpose for which they are being used (d) properly used (e) properly maintained, and (f) appropriately located for the purpose for which they are being used. The environment was poorly maintained and there was also a poor standard of cleanliness. Regulation 15 (a)

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. Clients did not have clear risk management plans that staff followed. Clients were not receiving appropriate physical health monitoring. Regulation 12 (1) (a)

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
	Care and treatment must be provided in a safe way for service users. Medicines management was poor Regulation 12 (1) (g)
Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes must enable the registered person to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The provider did not have systems in place to monitor the safety and quality of the service it provided. Regulation 17 (2) (a)