

Gloucester House

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

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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

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

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

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

Summary of findings

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Gloucester House provided a safe service within a clean and appropriately equipped environment. The service managed risks effectively. The service ensured new staff underwent full checks before employment. Clients were assessed for both risk and treatment needs and the service developed plans in collaboration with clients to manage these.
- Staff stored medicines safely and the service had a system in place to report and learn from incidents.
- Clients were involved in developing their treatment plans which were based on the 12 step model of recovery from addiction. The service delivered a range of therapeutic interventions, workshops and activities to support clients in their recovery. Staff at Gloucester House worked closely with other agencies, in particular to develop support for clients on discharge. Clients who completed treatment were not discharged from the service until they had a safe place to move on to.
- Clients were extremely complementary about their treatment at Gloucester House and the staff team. Clients told us they felt safe, supported and hopeful for the future. We were told all staff were caring and compassionate.
- Clients were involved in their admissions and discharges which were planned according to each individual's needs and circumstances. Clients were involved in the day to day running of the service and encouraged to understand fire and infection risks. Staff encouraged clients to complain and any complaints were followed up.
- The service had experienced, effective leadership and a clear and comprehensive governance structure. All staff understood the ethos and culture of the service. Staff told us they felt supported by managers and confident to deliver an effective service to clients. All the staff we spoke with were passionate about the quality of the service. The provider regularly undertook quality audits at the service and client feedback was sought in order to improve the service.

Summary of findings

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Gloucester House

Services we looked at

Substance misuse services

Summary of this inspection

Background to Gloucester House

Gloucester House provides residential rehabilitation for up to 13 men in recovery from substance misuse.

The majority of placements are funded by local authorities. However, Gloucester House occasionally takes private self-funders. The service also had a 'buy-a-bed' fundraising scheme to provide treatment for men who are unable to access local authority funding or fund treatment themselves.

The service is registered to provide accommodation for persons who require treatment for substance misuse and has a registered manager in post.

CQC has inspected the service under the Health and Social Care Act (2010) three times, in February 2014, January 2013 and January 2011. The service was compliant at the last two inspections. This is the first inspection of the service under the new provider using the Health and Social Care Act (regulated activities) regulations 2014.

Our inspection team

The team that inspected the service comprised CQC inspector Lesley Whittaker (inspection lead), and another CQC inspector.

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.

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 Gloucester House, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with five clients
- spoke with the registered manager and the territorial addictions services officer
- spoke with five other staff members employed by the service provider
- looked at four care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

Clients we spoke with said they could not speak highly enough about the service and staff. Some clients had been to other treatment centres and compared Gloucester House very favourably with these. Clients told us they felt safe, cared for and that they had a future. Clients told us about the ups and downs of treatment and that they were supported throughout all their difficulties.

Clients told us about the service having a family day and the positive impact this had. Clients told us about workshops that had helped them and one client told us the service had helped improve his literary skills. All of the clients we spoke with said they were grateful for the treatment at Gloucester house and had hope for their 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 do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Kitchen and bedroom areas were well-maintained. There was a range of communal areas available to clients.
- The service carried out thorough recruitment checks before employing new staff.
- Gloucester House had a clear set of rules to ensure clients remained safe and clients understood the reason for these rules.
- The service carried out comprehensive risk assessment with clients both before and during admission and worked with clients to manage risks safely.
- Medicines were stored and managed safely.
- Gloucester House had a system to report and learn from incidents.
- Staff were open and honest with clients when things went wrong

Are services effective?

We found the following areas of good practice:

- Gloucester House carried out a thorough assessment of clients' needs before admission.
- The service had treatment plans in place, and updated these plans when appropriate.
- The service delivered a 12 step therapeutic programme in line with best practice guidelines.
- Staff at the service were experienced, skilled, trained and supervised.
- The service worked closely with other agencies such as funders, GPs, social services and housing services.
- Managers at the service had implemented changes to the structure and rules of the house to work more flexibly with clients who found the rules difficult to stick to.
- Gloucester House did not discharge any client who completed treatment until they had somewhere safe to live.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Clients told us they found staff understanding, caring and compassionate.
- Staff spoke about clients with warmth, kindness and understanding.
- Clients were involved in their care and clients' families were encouraged to visit.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were involved in their admissions and discharge which took into account their individual needs.
- Clients had access to a range of individual and group therapy as well as recovery-based activities and workshops.
- Clients were involved in the daily running of the service which included cooking and cleaning.
- Clients were encouraged to complain and any complaints were followed up by the provider.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff understood the vision and values of the service and were able to describe these.
- There were excellent governance systems in place with regular quality audits of the service undertaken
- The service ensured staff were trained, supervised and appraised. Any staff performance issues were addressed promptly.
- The service had strong leadership, staff felt supported and morale was high.
- Gloucester House regularly sought feedback from clients and funders to help improve services.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff we spoke with knew the principles of the Mental Capacity Act and were able to identify how substances could affect mental capacity, and how this could trigger issues around consent or treatment.

Staff did not conduct a mental capacity assessment with clients as standard. We did not see evidence of mental capacity assessments in the clinical records. However,

this would not be a general expectation and the evidence we saw suggested clients generally had capacity, although this may fluctuate dependent on alcohol or substances or mental health situation.

Staff recorded clients' initial consent to treatment and sharing information with others

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Gloucester House was a large house with accommodation for 13 clients over three floors in single bedrooms. There was a separate bungalow within the grounds which could be used for clients with mobility needs. Communal spaces were on the ground floor.
- All bedroom areas were well-maintained, clean and tidy. The house was in good decorative order. The floor of the bathroom in the bungalow had been damaged by a leak which resulted in warped floor boards and damaged vinyl. We brought this to the attention of the registered manager who took immediate action to order a repair. They explained it had been raised with the provider and they had been awaiting repair, however they would now arrange for a private contractor and claim the cost back. We have received photographic evidence that the flooring has now been replaced.
- In the kitchen of the bungalow a unit was missing its work surface. The registered manager told us it was to be thrown away. Subsequently, we have received photographic evidence which demonstrates that this unit has now been repaired.
- Clients of the service were responsible for cleaning the kitchen with the support of the chef. The kitchen was clean and there was a system in place to ensure all areas were cleaned regularly. The chef carried out the required temperature checks of fridges and freezers and ensured all food was stored in accordance with food hygiene standards.
- There was a very well-maintained outside garden area containing seating, pots of flowers, and an area for quiet contemplation.

Safe staffing

- The service had sufficient staffing levels of 12 permanent staff, five bank staff, six volunteers and a chaplain. Two of the permanent staff were night workers who did permanent waking nights. The cook was included in the full time numbers. Staffing during the day consisted of a minimum of one support worker as well as staff to facilitate therapeutic groups and external counsellors.
- Bank staff were available to cover sickness and annual leave.
- Some staff at the service attended on a sessional basis to deliver specific groups or activities. All staff had disclosure and barring (DBS) checks and references. DBS checks had been carried out for volunteers who would see clients unsupported. The service also encouraged former clients of the service to attend for aftercare and to help out.

Assessing and managing risk to clients and staff

- The programme coordinator (referrals) carried out risk assessments on all clients before admission to the service. Gloucester House assessed risk carefully but aimed to try to offer a service to as many clients as possible. The programme coordinator (referrals) liaised with the client's GP and any other physical health services they may be accessing. The programme co-ordinator (referrals) looked at clients' history of suicidality and current risk. Clients' offending history (if any) was explored in detail with consideration given to the circumstances and type of any past offences. The programme co-ordinator (referrals) spoke with all relevant professionals such as probation to develop a comprehensive assessment of risk prior to admission. The provider also considered the current composition of clients in residence when considering admissions.

Substance misuse services

- The programme coordinator (referrals) explained they would be likely to refuse referral of clients who were violent when drunk as there were several pubs near to the service. The programme coordinator (referrals) also told us they would not admit a client who had a history of violence towards staff and who presented as aggressive at assessment. Staff lone-worked at the service and needed to feel safe.
- The biggest risk to the clients at Gloucester House was relapse into abusing drugs and alcohol. Staff at Gloucester House had a cohesive structure in place to manage this risk. Clients signed a contract on admission agreeing to abide by the service rules and boundaries. Clients told us they understood the purpose of the rules and boundaries which were there to keep everyone safe. The management team had a healthy approach to the boundaries and structure. Staff told us that it was usual for clients to struggle with boundaries as this was a part of addiction. Staff explained they expected clients to push against the boundaries and so they endeavoured to have a bit of 'give' which kept everyone safe but was not too rigid.
- The provider had a clear policy on use of drugs and alcohol, however, there was a system in place to work with clients who had a slip. Staff could arrange accommodation in a Salvation Army hostel with support. If the client could remain substance-free they would consider re-admission, dependent on the risk to other clients in the service.
- Medicines were stored securely and safely. There was a medicine refrigerator and the temperatures were monitored. The staff audited the quantities of medicines on a regular basis and had good processes to account for all medicines in the service. The service did not keep any controlled drugs on the premises. On the rare occasion a client was admitted towards the end of an opiate detoxification, staff escorted the client to the local pharmacy daily to collect this medication.
- Staff received training in medicines administration. Clients held their own medicines wherever possible. We found that staff generated medicine administration records (MAR) from the labels on client medicines, rather than the prescription as prescriptions were sent directly to the pharmacy.

Reporting incidents and learning from when things go wrong

- Gloucester House had a system in place to report incidents and review them. The management team reviewed these and they were discussed in the staff team. In addition incidents could be discussed at the clinical governance committee, which oversaw medication errors as well as any serious incidents.
- We looked at one incident where a client had an accident. We saw that management plans had been put in place to prevent a repeat of this. The accident was reported to CQC appropriately.

Duty of candour

- Duty of candour is a legal requirement which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong.
- Staff were open and honest with clients if things went wrong and would approach them to discuss the issue. Clients gave examples of when staff had apologised or approached them to discuss how they could have done something in a better way.

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)

- Gloucester House had a range of referral pathways which included referrals from community substance misuse services, criminal justice, mental health services and social services. The programme coordinator was responsible for managing all referrals and pre-admission assessments.
- Wherever possible the coordinator met with clients as part of the admission process. If this was not possible they spoke on the phone.
- The coordinator gathered as much information about clients' physical and mental health before admission as well as any information about substance history or

Substance misuse services

social needs. The service used this information to develop an overall assessment of clients' needs in the areas of physical health, mental health, criminal justice and any social services involvement.

- Following assessment the coordinator emailed staff on the internal system with information about the new client.
- Treatments plans were holistic and person-centred. Clients told us they were included in developing their plans. Treatment plans were reviewed regularly.
- Clients sometimes broke rules in a way that put their treatment at risk or the safety of others at risk, either physically or psychologically. There was an effective system in place to address this and we saw that any consequences were included in treatment plans. For example, we saw that one client had broken boundaries putting themselves and peers at risk. The service had given them a 28 day notice with a clear action plan of how they needed to address their behaviour to have the notice withdrawn. The client had completed the action plan and remained in treatment. The registered manager told us that there was always a clear action plan when a notice was given and clients usually managed to achieve the actions set. One client we spoke with, who had received a notice, told us staff were very clear when boundaries had been pushed too far. They told us this had been helpful and had resulted in their making progress in their recovery.

Best practice in treatment and care

- Psychosocial therapies were delivered in line with the UK guidelines on drug misuse and dependence. There was a structured therapeutic program in place to help clients develop skills to enable them to remain abstinent from substances and live independently. Participation in the program was a requirement of residence at the service.
- Gloucester House delivered a program within the 12 step model of recovery. Staff and volunteers delivered a range of different groups, workshops and guest speakers. This meant that the service was able to provide a broad range of activities and therapies. Staff and clients understood that the spiritual aspects of the 12 step programme were core to recovery, and there was an emphasis on this within the treatment delivered.

- We found that the team had a coherent and consistent approach to the provision of treatment. The staff valued not only their professional expertise but also the contribution by current and former clients as well as the wider recovery community.

Skilled staff to deliver care

- Members of the management team at Gloucester House had worked there for many years. All members of the management team were qualified in counselling and demonstrated a thorough knowledge and understanding of addiction treatment.
- All staff employed at Gloucester House had a two week induction followed by either a three or six month further stage. During this time staff all completed training in safeguarding, diversity, avoiding violence, fire and medicines.
- Support work staff had also received training which included first aid, understanding spiritual and cultural diversity, emotional well-being and resilience, and motivational interviewing. Some members of the support work staff had lived experience of addiction and recovery. Clients we spoke with told us that this was valuable in helping them to feel understood and in giving hope.
- Gloucester House employed a chaplain who was available to support clients.
- All staff at Gloucester House received supervision a minimum of seven times a year and an annual appraisal.
- Gloucester House employed qualified counsellors to provide individual counselling to each client weekly. The registered manager told us that employing external counsellors meant that boundaries between clients and full time staff had become less blurred.
- Members of 12 step recovery groups such as alcoholics anonymous and narcotics anonymous attended regularly to give a talk to clients of their own addiction and recovery. Additionally former clients of the service were encouraged to maintain contact with the service and had the opportunity to provide support to current clients.

Multidisciplinary and inter-agency team work

Substance misuse services

- Staff at Gloucester House, in particular the programme coordinator, put a great deal of effort into liaising with funders and other services. The service had developed relationships with the pharmacy, GP, dentist and also local community services. Gloucester House worked with housing services and dry houses (supported housing for clients remaining abstinent) as well as with the Booth House, the nearest Salvation Army homeless project.
- The programme coordinator remained in contact with care managers throughout a client's treatment as well as providing any updates and reports required by the criminal justice system or social services.
- Staff knew how to contact local services should the mental health of any client deteriorate to the point they needed the intervention of mental health services.

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 we spoke with knew the principles of the Mental Capacity Act and were able to identify how substances could affect mental capacity, and how this could trigger issues around consent or treatment.
- Staff did not conduct a mental capacity assessment with clients as standard although would do this dependent on intoxication or mental health situation.
- Staff recorded clients' initial consent to treatment and sharing information with others.

Equality and human rights

- The provider ensured staff had diversity training, which included training in spiritual diversity. The provider policies and procedures took account of the protected characteristics contained in the Equality Act 2010 such as age, disability, marriage and civil partnership, race, religion or belief, and sexual orientation.
- There was a range of blanket restrictions (known as boundaries) in place. However, these were to maintain the safety of all clients using the service. There was a clear rationale in place for boundaries. Clients told us they understood the boundaries and the consequences should they break them. We saw that all clients signed a treatment contract agreeing to abide by these boundaries.

- Staff told us that previously the boundaries had been very rigid and inflexible. They said that they had worked hard to change their approach to ensure that whilst boundaries were still maintained and adhered to, they were managed in a humane manner. The registered manager explained that the nature of addiction meant that clients would struggle with and push against boundaries. They told us this meant that they needed to use this to inform clients' treatment and recovery rather than to punish boundary pushing or breaking.

Management of transition arrangements, referral and discharge

- The programme coordinator maintained regular contact with clients once referred. Clients told us that while they waited to be admitted, they were contacted frequently. One client told us that their weekly call always took place on time.
- The programme coordinator regularly met with care managers who funded clients. The programme manager travelled to meet referrers regularly in order to promote the service and ensure good communication.
- Gloucester House had a scheme called 'Buy a Bed' which fundraised to ensure clients who were not eligible for funding from elsewhere could still receive a service.
- Gloucester House ensured all clients had an emergency discharge plan. Staff advised any clients leaving in an unplanned way about the risk of overdose and if possible arranged an appointment at their local substance misuse services for the day following departure. Clients could also be admitted to another treatment centre if Gloucester House decided they could not keep the client but that it was appropriate for them to continue treatment elsewhere.
- Gloucester House worked with a number of agencies in the local area to arrange housing post-discharge, if the client was staying in the Swindon area. The provider had a dry house where clients could go if a room was available.
- Clients at the service told us that nobody who completed the programme was discharged until they had somewhere safe to live.

Substance misuse services

Are substance misuse services caring?

Kindness, dignity, respect and support

- All the clients we spoke with told us that staff were passionate about the service and that clients felt they went the extra mile. Clients told us staff understood them, treated them as individuals, always had time for them and went out of their way to help. Clients told us they felt safe in the service and that they had received the help they needed. They said they had never met such a kind man as the chaplain who worked at the service.
- Clients told us that they felt not only supported within the service but also by the wider community. Clients said people often left donations on the doorstep. One client said he had joined the local church where people were really friendly and accepting.
- Staff spoke about clients with warmth and respect. They demonstrated clear understanding of the effects of addiction and its impact on clients' life and behaviour. Staff were passionate about the service they delivered and all of the staff we spoke with explained that seeing clients complete treatment was best part their job.

The involvement of clients in the care they receive

- Clients were involved in their treatment from the point of referral. All clients had the capacity to consent to treatment and involvement was key to becoming abstinent from substances and remaining abstinent.
- Clients signed their care plans and also the consent to treatment and confidentiality agreements.
- The service operated as a therapeutic community which meant that, besides staff intervention, clients were responsible for seeking support for themselves and for supporting their peers. Clients told us that any difficulties between clients were addressed in the groups and that this enabled them to feel safe.
- Clients had regular Monday workshops where they learnt about fire safety, hygiene and infection control, first aid and other subjects which were useful in the running of the community as well as in clients' personal lives.

- One client was involved in teaching other clients basic DIY skills such as how to put up shelves and use power tools such as a drill safely. Gloucester House also encouraged clients who had recently completed treatment to return to the service and participate in workshops and maintenance.
- Gloucester House had recently held a family day. Clients' family members had been invited the previous Sunday. Clients told us how valuable the day had been and how helpful it was for their families to have the opportunity to talk to staff as well as see the progress they had made.
- Clients told us their families could be involved with their care and staff would liaise with them. One client told us how he had been supported by staff to re-establish and maintain contact with their children.

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

Access and discharge

- Admissions and discharges were planned and involved clients and other agencies involved in their care.
- The service worked with clients to move into safe and supported housing. Clients who completed treatment were not discharged until they had somewhere safe to live.

The facilities promote recovery, comfort, dignity and confidentiality

- Gloucester House focused on recovery from addiction and all group activities were provided to address this in a holistic way. There were rooms that could be used for private one to one therapy. Clients had access to a workshop, a room for art therapy and an IT room.
- The house itself had a range of communal areas, as well as facilities to make drinks and snacks if clients wished.
- Clients were involved in the cooking and responsible for all the cleaning in the house. Clients told us that prior to our visit they had carried out a deep clean; it was evident that clients felt ownership of the service and wanted the service to do well at inspection.

Substance misuse services

Meeting the needs of all clients

- The provider had a clear structure in place to support clients in recovering from addiction. The service supported clients to learn the skills they would need to remain abstinent from drugs and alcohol. Staff delivered a range of workshops such as, being a dad, managing money, emotions, being happy and relapse prevention. Clients also had the opportunity to improve their literacy and IT skills.
- Clients were encouraged to follow the 12 step model of recovery from addiction and there was a range of groups and individual sessions to facilitate this.
- Clients were supported to attend external meetings with Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) during the evenings.

Listening to and learning from concerns and complaints

- Clients told us they were encouraged to complain if they were unhappy about something at the service. However, the clients we spoke with told us they couldn't think of anything they wanted to complain about.
- We saw records that showed complaints made had been addressed by the service and action taken.

Are substance misuse services well-led?

Vision and values

- All staff understood the vision and values of the service. Staff consistently described the need to be caring within a structured environment and to promote the 12 step model of abstinence with an emphasis on spirituality.

Good governance

- The provider had excellent governance systems in place. Two separate audits had been carried out prior to our visit. One assessed the service against the provider's

service standards and the second used the CQC framework. Where actions were needed a plan had been developed and we saw identified actions had been completed.

- The provider provided support for the registered manager at the service via a territorial addictions services officer who had experience in working in a range of settings, particularly in addiction. Their role was to support the implementation of good practice and provide a link role between the service and the overall provider governance structure.
- Staff were trained, supervised and appraised. Records showed that the provider managed staff performance issues effectively.
- The registered manager responded promptly to concerns and complaints in line with the provider's policies and procedures.

Leadership, morale and staff engagement

- Gloucester House had strong leadership from a passionate and committed management team. The registered manager told us it was her job to ensure the correct ethos, to set the tone. The three members of the management team we spoke with had been at the service many years and spoke with pride of how the service had developed and changed. All three had a counselling background and understood the importance of working with compassion.
- Staff morale was high and staff felt that they made a valuable and positive impact on clients' lives.

Commitment to quality improvement and innovation

- The management team gathered regular feedback from clients to monitor the service. The service recently commissioned a mock CQC inspection to assess how well they were delivering against the CQC key lines of enquiry.

Outstanding practice and areas for improvement

Outstanding practice

For clients who needed treatment but were unable to access funding elsewhere the service had a 'Buy a Bed' scheme. Staff had engaged the local community to help

to raise money to pay for treatment for these clients including charitable collections in local businesses. The registered manager told us they had been able to fund 20 clients through treatment.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that medicine administration records are checked by two staff against the prescription or pharmacy label to ensure they are accurate.