Bosence Farm Community Ltd

BOSWYNS

Residential Detoxification and Stabilisation Service

"Reducing Harm, Promoting Recovery"

Operational Protocol

April 2016

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1 Introduction

Boswyns is a 16 bed residential service offering comprehensive assessment of needs, detoxification and stabilisation for people with severe drug and alcohol problems whose needs cannot be met in the community. This service includes supporting those with complex needs where substance misuse is combined with mental illness, physical illness, and criminality or behaviour issues.

We also work with service users who are in crisis. For example, we have established a pathway for alcohol users undergoing acute treatment in general hospital to be admitted to Boswyns once medically fit to recuperate and achieve stability prior to return home.

Boswyns is very distinctive not only in terms of its capacity to work with people with complex needs, but also in terms of its absolute commitment to harm reduction and to safety.

For us, 'harm reduction' means that rather than making judgements about where people should be, we meet people where they are, promoting proven ways of mitigating the risks associated with substance abuse. We offer a non-judgmental approach that treats every person with dignity, compassion and respect, regardless of circumstance or condition.

To make harm reduction a reality for each service user, we offer treatment and support that is carefully tailored to individual needs. We work closely with the service user and their community recovery co-ordinator to agree a treatment plan which can include any combination of detoxification and or stabilisation as well as ongoing assessment. For example, some service users may undergo an alcohol detoxification whilst being stabilised on an opiate substitute. Others may come to Boswyns to achieve stability on an opiate substitute to reduce or eliminate their illicit use and enable them to work more effectively on their issues in the community. This may then be followed by a further episode in Boswyns to detoxify from the opiate substitute.

We appreciate that behaviour change is an incremental process in which individuals engage in self-discovery and transition through different stages. We therefore seek to understand and respond to the emotional needs of those who are addressing their dependencies, and alongside medically-led pharmacological interventions to stabilise or completely detoxify from harmful substance misuse, we offer a range of psychosocial interventions to help service users make choices about their recovery and to develop Recovery Capital.

Safety is fundamental to every aspect of what we do.
Boswyns is a sustainable, purpose-built facility situated in beautiful Cornish countryside. This allows service users the space and peace to take stock of the complexities of their lives alongside their substance abuse.

Safety is an integrated part of all our individual and group activities within Boswyns. Safety also requires that at every stage, we work in close partnership with other agencies in the wider treatment system to ensure that service users have access to the right support and guidance: that service users know what to expect before they come, that they are well supported while they are with us, and that everything possible is in place in the community when they leave us.

Safety also means that we want every departure to be a planned departure, and our team are trained to anticipate, identify and respond to factors which might cause a service user to leave early.

We also take every step we can to ensure that no drugs and alcohol make their way into the building covertly.

The interventions offered at Boswyns include:

- Alcohol Detoxification
- Opiate Stabilisation
- Opiate Detoxification
- Stabilisation and/or detoxification from other drugs such as Benzodiazepines and prescription medication
- Assessment and support with withdrawal from stimulants and novel psychoactive substances (legal highs) either on their own or in combination with other dependency
- Assessment of complex needs leading to clear treatment plan
- A range of complimentary psychosocial interventions aimed primarily at building recovery capital
- A range of complimentary therapies including acupuncture, relaxation, and anxiety management techniques
- Diversionary and life skills activities.

Summary of key features

The short term stay programme for adults aged 18 and over provides medical, nursing, and social care interventions within a supportive and non-institutional milieu - and a range of non-medical interventions such as complementary therapies, life skills training, educational workshops and leisure pursuits. The interventions are eclectic and suitable for all service users irrespective of their preferred longer term recovery model. It is not under-pinned by a specific ideology or philosophy but provides a holistic range of services designed to provide opportunities for change and continued recovery. Service users stay for a period between 2 and 4 weeks and exceptionally up to 6 weeks.

Most people will have been in treatment with their local drug/alcohol agency for some time and have an identified recovery co-ordinator prior to admission with whom staff will liaise throughout the service user's stay. Most Opiate users will have been receiving substitute medication for their opiate drug dependence. Service users will generally have made previous attempts to stabilise their use or detox in the community without success, and will be seeking rapid assisted withdrawal, requiring a medically managed withdrawal programme from opiates/opioids and/or other prescribed and illicit drugs. Some may also require assisted withdrawal for alcohol dependence alongside their drug dependence and some for alcohol dependence alone.

In order to maintain a safe environment, free of illicit drugs and alcohol, our staff provide intensive supervision, particularly in the first few days of admission, so that the appropriate support and treatment can be offered. Effective risk management is an important priority for all staff. The purpose built building has been designed to ensure this can be achieved in a relaxed, welcoming and non-institutional environment, where people wishing to make significant changes in their lives can engage positively with their peers and staff in a safe and supportive atmosphere.

The Service provides interventions based on a harm reduction philosophy, including, detoxification, stabilisation and crisis intervention[1]. Assistance is also provided in planning and accessing longer term rehabilitation and re-settlement support.

Some service users arrive with challenging physical or emotional difficulties, and struggle to engage with the programme at first. Some have complex problems, including mental health problems, requiring extended assessment of their longer term needs and longer treatment episodes.

Stabilisation may be a more realistic and preferred objective for those whose drug use is out of control - having failed to stabilise on substitute medication,

[1] "Crisis intervention" is appropriate where service users already in treatment experience difficulties that could lead to rapid deterioration in their stability unless prompt intervention is provided.

but could benefit from time out in a structured supportive setting to re-assess their goals and future plans.

Our staff will agree clearly defined treatment objectives before admission jointly with the service user and the appropriate professionals making the referral. A comprehensive assessment of each individual is required in order to determine their suitability for the Service.

It is important to ensure that potential service users are given appropriate information and advice in preparation for their admission and know what to expect. Information is available on our website to ensure service users and referrers have a detailed idea of the environment they will be entering. Accompanied visits may be arranged prior to admission, where appropriate.

People with physical or psychiatric illness alongside their drug use are offered a detailed assessment of their needs and we will seek to initiate treatment as necessary.

The Service will seek to exclude only those people with severe physical or mental illness who require an admission to hospital and those detained under the Mental Health Act. The service may not be able to manage those who present significant risk as a result of recent history of severe violence – this risk is assessed as part of the referral and assessment process.

A key element in helping service users to achieve a successful outcome depends on effective through care planning with referrers/recovery co-ordinators before and during admission, to ensure there is an appropriate move on plan for each service user. Agreed treatment objectives are negotiated jointly and reviewed with the service user and appropriate professionals such as their recovery co-ordinator, GP, social worker, probation officer or specialist drug/alcohol worker. While some individuals will already have final agreement regarding funding for the next stage of their treatment journey some may still need assistance in deciding on the next step. Our staff will assist them to complete applications and liaise with their recovery co-ordinator who will be required to secure funding to enable them to transfer to their preferred choice of day/residential programme. A minority require further advice to assist with issues around accommodation and may need the option of staying for the maximum 6 weeks in order to transfer to the next stage of treatment.

The Service welcomes those referred by the Criminal Justice System, including those with conditions of treatment in line with current arrangements between the Probation Services and community-based drug services.

The multi-disciplinary staff team is led and managed by the Manager, who is accountable to the Bosence Farm Community Chief Executive. The multi-disciplinary team of medical, nursing and social care staff all have an awareness and understanding of their roles and responsibilities in regard to the healthcare of service users and other aspects of their treatment requirements *(see later under staffing).*

Ongoing evaluation of the Service is informed by regular audits of practice and monitoring of outcomes in line with relevant local and national policy and guidance.

2 Service aim

The overall aim of the Service is to provide a safe and therapeutic environment for the short term treatment of people with severe drug and/or alcohol related problems. The Service offers medical, nursing and social care interventions via individually tailored care plans, in close co-ordination with relevant professionals responsible for service users' care in their local area.

3 Length of stay

Most people stay with us for two to four weeks. However, the maximum length of stay is six weeks to take account of complex medical and social care needs, including help for those still needing to secure funding/placement for their next stage of treatment/rehabilitation and re-housing. The Service is not designed to offer a longer term therapeutic programme and whilst we will make every effort to ensure their safe discharge, service users will be discharged from the Service at the end of their episode of care even if they remain homeless or have no ongoing treatment plans finalised. This ensures adequate throughput and the availability of space for new admissions. We expect issues of housing need to be addressed by the local recovery co-ordinator or care manager prior to admission.

A discharge plan should be agreed between the service user and their recovery co-ordinator prior to referral - this is reviewed with each service user and any relevant professional in their local area during their stay, to reduce the risk of relapse on leaving. That plan takes account of ongoing work that will be delivered by the individual's local (or further residential) treatment and support services following discharge, and a copy is sent to relevant local or residential professionals, with the permission of the service user.

4 Location, transport and access

The Service is situated in a beautiful rural setting in West Cornwall, near Penzance and about 5 miles from Hayle. We ask service users to make their own way to us wherever possible, but access to the service by public transport is limited – under exceptional circumstances arrangements can be made for pick up at St Erth railway station, mid-way between Hayle and Penzance.

5 Staffing

Day-to-day management of the Service is the responsibility of the Manager who is responsible to the Chief Executive of Bosence Farm Community Ltd.

Our Clinical Lead oversees clinical governance and ensures safe and appropriate medical and clinical services and processes. The clinical lead works closely with the Medical Officer who provides the medical lead on Pharmacological interventions. The clinical lead also provides clinical supervision and oversight of our nursing team. Medical on call cover is provided out of hours.

24-hour nursing cover is provided via our team of nurses who are primarily RMN or RGN. A team of support workers work alongside the nurses and also provide 24-hour cover.

Care planning and co-ordination during each service user's stay is overseen by our team of keyworkers who also run our psychosocial workshop and group programme.

Each service user once referred has an in depth assessment and treatment planning session with our specialist nurse assessor, who also assists the medical officer and other staff on the day of admission.

We also have a range of support staff including administrators, cleaners and a cook.

5.1 Keyworkers

Keyworkers are responsible for co-ordinating the overall plan of intervention for individual service users, including formal reviews of care and ensuring that any practical issues and liaison with other appropriate professionals are carried out. Keyworkers are also responsible for co-ordinating and delivering the range of Psycho-social interventions delivered at Boswyns.

5.2 Medical cover

A Medical Officer (contracted by us from Cornwall Partnership Foundation Trust), is available 4 afternoons a week to carry out medical assessments and treatment plans for all new admissions. Reviews are also carried out by the Medical Officer on these days. CPFT also provide an out of hours on call service during evenings and weekends. Support and supervision for the Medical Officer is provided by Cornwall Partnership Foundation Trust as part of our contract with them.

All primary care and general medical services (not related to the substance misuse treatment provided by Boswyns) are provided by the local GP at Praze

Surgery. The Cornwall out-of-hours service (Kernow Health) will provide on-call general medical services at nights and weekends.

All clinical staff:

- Are aware of potential physical and mental health care problems associated with drug and alcohol use
- Have specialist knowledge of detoxification procedures and identification of patterns of withdrawal
- Are skilled in communication with and observation of all service users in the Service
- Are aware of their role and responsibility as a staff member in relation to the management and the health of the service users in the Service.

5.3 Volunteers and opportunities for training placements

The Service is currently in the process of establishing a team of volunteers whose travel, training and incidental costs will be paid. These volunteers may be offering practical or emotional support to service users and we offer a peer mentoring/recovery champion service for those in active recovery to offer advice, support and encouragement to those new to recovery. We offer training placements for medical, nursing and social work students and staff, drug workers, as well as Social Services and Probation staff/ trainees, and staff or volunteers from non-statutory organisations.

6 Service provision

The majority of those admitted to the Service are already engaged in treatment with their local drug/alcohol services, and have an identifiable recovery co-ordinator prior to admission with whom our staff can liaise throughout the person's stay with us. Where service users are not engaged with their local treatment services (e.g. private clients) we seek to assist them to engage.

The Service offers help to address all forms of illicit drug and alcohol use, including alcohol, opiates, cocaine, amphetamines, benzodiazepines (minor tranquillisers), novel psychoactive substances (legal highs) and will initiate substitute prescribing if relevant to the agreed treatment plan. We will also offer treatment to address alcohol related problems, including assisted withdrawal, either on its own, or where this is in conjunction with drug use.

Alongside their individual therapeutic programme, service users will be expected to participate in a range of non-substance misuse related activities including an educational and information giving group work/workshop

programme on issues such as HIV and Hepatitis, safer sex, safer drug use, and preparation for rehabilitation and relapse prevention.

The Service offers the following:

1. Assessment of social and medical needs and intensive supervision, particularly in the first few days of admission, to ensure medical safety and to maintain a safe environment, free of illicit drugs or alcohol.

2. Primary medical care for urgent problems and liaison with the service user's local general practitioner and/or treatment agency.

3. Prescribing to detoxify or stabilise the individual. The Service will also offer observed and monitored titration of doses for embarking on a prescription or stabilising dose (there are some cases when service users are unable to report their drug use accurately, thus rendering a prescription in the community potentially unsafe).

4. Crisis intervention[2] and counselling to plan and manage change.

5. Individually developed care packages agreed with service user and referral source.

6. A range of social care interventions including help with housing, welfare and the improvement of inter-personal and family relationships.

7. Sanctuary. Time for a person to review his/her lifestyle and make plans for the future, whilst being in a safe and secure environment away from street drug or alcohol use.

8. Agreed interventions to move service users through the programme quickly in liaison and joint work with the appropriate local professionals. This may include joint work with specialist drugs workers and staff from the Probation Service, Social Services, mental health services and a range of health professionals.

9. A group milieu to improve the communication of and with service users and maintain a safe and pleasant environment.

10. Non drug or alcohol related activities, to encourage the development of a different lifestyle. This may include life skills training, educational and leisure activities, designed to introduce some structure and alternative interests into people's lives.

[2] "Crisis intervention" is appropriate where service users already in treatment experience difficulties that could lead to rapid deterioration in their stability unless prompt intervention is provided.

11. Advocacy and links with the Courts, Probation, Prisons, Social Services, welfare agencies, Housing Agencies and Health Workers, as appropriate.

12. Information and discussion on issues such as safer sex, the transmission of HIV and Hepatitis, and safer drug or alcohol use. Harm reduction interventions will underpin all our work with service users.

13. Assistance with preparation for discharge and for joining day or longer term residential rehabilitation programmes. Support in making applications to appropriate secondary or tertiary specialist treatment and rehabilitation services.

14. Links to self-help groups such as 12 step Fellowships, SMART recovery or other mutual aid groups where desired by service users.

7 Referrals, assessments and admissions

Relevant written information about the Service, the building and the environment are available on the website and in paper form for prospective service users and referrers.

7.1 Referral

Referrals are accepted from a variety of agencies and professionals, provided acceptable funding arrangements have been made. Self-referrals for private funding can also be made. Referral is made by completing the referral template which covers all the areas we need information about. The referral should always be accompanied by the following:

- Details of preparation work completed
- An Aftercare plan
- A Contingency plan to be followed in the event of an early discharge.
- The Care / Recovery plan
- A risk screen / assessment

* *For Cornwall referrals, the above information may be accessed via the electronic case management system (HALO) and must be up to date* *

All new referrals are reviewed in our weekly clinical meeting where eligibility is confirmed *(see section on eligibility below)*. If there is any further information required then we will seek to clarify it at this stage.

Once eligibility is confirmed then a pre-admission assessment will be arranged. The purpose of the assessment is to clarify the purpose of the

admission in discussion with the service user and ideally the professional referrer, so that an initial plan of care and relevant interventions can be undertaken from the point of admission, with proposed outcomes clearly defined.

The assessment will:

- take a history of existing and past drug and alcohol use and previous treatment and detoxification episodes;
- take a social history;
- note any psychiatric or medical difficulties which give rise to concern and may require treatment;
- agree a proposed length of stay;
- take account of any risk factors, for example violence, arson, self-harm, etc.;
- note any existing drug prescriptions and other current medical treatment;
- define clearly any appropriate liaison arrangements;
- clarify transport arrangements to and from the Service;
- agree any discharge/contingency arrangements which may need to be considered at the point of admission;
- identify any triggers that may precipitate an unplanned exit.

Where there is a priority given to a referral, this process can be shortened and an assessment booked very quickly. In some situations, assessment and admission can occur on the same day to facilitate the urgent nature of some referrals.

Assessments usually take place at the unit as it is an opportunity for service users to see the environment and meet some of the staff. However we are able when necessary to undertake assessments outside the unit such as in hospital or the offices of the community drug/alcohol service, as well as telephone or SKYPE assessments for those who are unable to travel to the unit.

7.2 Eligibility

Applications will be welcomed from men and women aged 18 years and over who meet the criteria listed below. We will consider applications from 17 year olds on rare occasions, when an assessment of the service user's maturity and understanding can ensure the setting and community is appropriate to meet their needs safely and effectively. We will need to gain special permission from CQC to enable us to accommodate someone under 18 so this will need to be planned into referral timescales.
The Service will not discriminate on the basis of gender, sexual orientation, nationality, race, religion, or presenting drug and alcohol use.

Service users will fall into one or more of the following categories: those -

- who wish to detoxify from illicit and/or substitute prescribed drugs or alcohol quickly but are unable to do so whilst living at home or in their local community;
- whose drug or alcohol use is out of control;
- whose emotional or physical health is suffering as a result of drug or alcohol use;
- who are in crisis[3] and need some time out to think and plan their future;
- who are starting a substitute drug prescription under the care of their local drug agency or GP.

7.3 Exclusions

The Service will exclude:-

- those with severe physical illness or severe acute mental illness requiring hospitalisation;
- those formally detained under the Mental Health Act;
- those with recent history of severe violence;
- young people and children aged 17 and under who should be referred to services specialising in the needs of young people.

Where a service user has a sexual offence on record this will be subject to an in-depth risk assessment to ascertain eligibility.

We will seek to include all others referred, so long as the staff of the Service can manage any associated risk safely on behalf of all concerned.

7.4 Admission

On admission the service user is accompanied from their point of arrival and taken to their bedroom, where they are offered a beverage and introduced to the work of the Service. The rules and the general timetable are outlined to the service user. Prior to any further movement around the Service, the person and their belongings are searched. *(See below under 'search procedures')*. A detailed induction session is held twice a week to outline the rules, boundaries and general timetable and an opportunity for service users to ask questions and clarify these.

[3] "Crisis intervention" is appropriate where service users already in treatment experience difficulties that could lead to rapid deterioration in their stability unless prompt intervention is provided.

The service user is then shown around the Service and introduced to the staff on duty and existing service users. A service user who has been with the Service for a little while will be asked to accompany the new service user for the first hour or so, when appropriate. New arrivals are encouraged to mix with the rest of the service users in the Service, but with staff agreement, may stay in their bedroom if they are feeling unwell or are unable to mix during the first day or so.

7.5 Personal effects and finances

Service users are encouraged to bring only the personal effects that they will need for their stay and are discouraged from bringing in mains electrical appliances such as hair dryers and music systems. Mobile phones, computers and tablets are not allowed. If service users arrive with such articles, staff will request they are returned with family members or store them securely until that service user leaves. Payphones are provided to enable service users to keep in touch with loved ones.

Service users are discouraged from bringing valuables to the service, but any valuables that are brought in should be kept in the service user's bedroom. The recording and storage of service users' cash and valuables are outlined in the policies of the Service.

7.6 Nursing assessment

On their day of admission, every service user sees the nurse on duty for a nursing assessment. This will include measuring vital signs such as pulse and blood pressure. The nurse will be particularly vigilant to note any need for urgent medical interventions, including prescribing.

7.7 Medical examination

New service users are seen and examined by the medical officer prior to spending their first night in the Service. The nurse on duty is present at this examination and they will assist the doctor with their assessment. The medical examination may result in the initiation of an appropriate prescription for detoxification or stabilisation, when indicated, as well as initiating any other appropriate medical treatment. The medical examination also determines whether any further secondary specialist health-based interventions may be necessary.

7.8 Substance misuse screening and search procedures

a) Screening

Each new service user is required to supply a urine sample for drug and alcohol screening on admission, as part of the nursing assessment. A further urine sample will be required in preparation for the review.

Samples for screening (including alcometer) may be requested randomly at any time during the service user's stay. Screening may be requested to establish existing drug or alcohol use, other health matters, or as a result of concerns about the safety and security of the Service. Refusal to supply a sample may lead to the discharge of the service user.

b) Search procedures

Bosence Farm Community Ltd (BFC) services are designed to operate in an environment free of illicit drugs and alcohol. In the interest of health, safety and successful treatment there are also restrictions on further items as listed in the service user rules. Maintaining high standards in this respect is vital for the wellbeing of all at BFC, and for public confidence in the organisation.

BFC takes incidents of drug or alcohol use, possession or dealing on project very seriously and service users can expect to be discharged from the service in this event.

Searches of Individuals

In order to ensure safety and an environment free of illicit substances or alcohol, searches are always performed on admission and are also undertaken at any time during a service users stay where there are concerns regarding possession of illicit substances or alcohol.

In order to ensure the service user understands the reason for the search and what will be taking place, a full explanation of the search procedure will always be given by the staff member conducting the search prior to the search taking place.

Service users are asked to demonstrate they are not concealing items on their person. This is achieved by asking them to turn out pockets, waistbands, collars etc., removing shoes, socks etc.

Two members of staff are in attendance at any such search.

Any illicit substances or items are removed and the discovery reported to the team leader or clinical lead who, following discussion with the manager decides further action required.

A refusal to cooperate with a search may lead to discharge from the service.

To ensure the dignity and respect of all service users, we only carry out full or intimate body searches of service users in exceptional circumstances where it is believed that this is the only way to ensure the safety of all individuals in the house. The Manager or CEO will authorise this search. The search is always undertaken by 2 members of staff taking into account gender issues as well as cultural and faith issues (in line with the Equality Act 2010). These searches are limited to asking the service user to remove all outer clothing leaving only their underwear and demonstrating to the staff members that there are no illicit substances hidden on their body. We do not search body cavities.

Admission: property search

On admission a new service user is escorted to their room and will where it is practicable unpack and put away their belongings under the supervision of at least 1 staff member.

Where it is not appropriate for a search to take place immediately – e.g. the service user is highly intoxicated, uncooperative or agitated, staff will wait until it is more appropriate. In the best interests of the service user, whilst maintaining the security of the premises and safety of the BFC community, residents will have enhanced observations and will encourage them to stay in an area away from other residents (e.g. their bedroom). In this instance their luggage will be retained in the staff office and staff will accompany individuals in the main area for smoking or making drinks etc.

Any items that are not allowed whilst at Boswyns such as mobile phones, laptops etc. (a list is provided during the assessment and admission process) are removed, listed, signed for by the service user and staff member and kept in safekeeping until the service user is discharged. We may ask service users to send these items home on admission if possible. Please note that any knives or other sharp objects that present a health and safety risk will be taken from the service user and will either be sent home or disposed of immediately – they will not be stored on BFC premises.

Any legitimate medication is taken from the service user and, where appropriate, kept for dispensing by the medical team.

Room searches

In order to ensure a safe environment, BFC reserves the right to conduct room or whole house searches where there is evidence of or concerns regarding illicit substances or non-prescribed medication being stored, used or shared by service users. This may take place at any time.

Each room will be searched by two staff together.

A thorough search will be made, to include but not limited to, bedding, curtains, window and door frames, behind, under and inside furniture, toilet

cisterns etc. There is a search checklist available to staff to guide them with this task.

Any illicit substances or items will be removed and the discovery reported to the team leader or clinical lead and manager (or on call member of staff if out of hours) who will decide further action required.

Grounds search

An inspection around the exterior of the property may be made, with particular attention to communal areas in the vicinity of the building.

Discovery of suspected illicit substances

Where suspected illicit substances are discovered at Boswyns, this will be reported to the Police who we have an arrangement with to collect and destroy the substance.

7.9 Blood borne viruses

Advice and written information in relation to HIV, Hepatitis and other blood borne infections is made available to all service users during their stay as part of a wider intervention to improve understanding and awareness of health improvement activities and the reduction of health-related risks.

All service users are offered Hepatitis testing and vaccination.

8 What service users should expect

8.1 Settling in

A member of staff spends some time with the new service user as soon as they are relatively settled to:

- ensure the rules, boundaries and confidentiality policy and expectations of care to be received (by both service user and staff) are clearly understood;
- check the purpose of the admission and establish the criteria for the individual care plan, stating the needs of the service user as the service user sees them;
- acquaint them with the general timetable;
- attend to any urgent needs to ensure that they feel accepted and able to start settling into the Service and their treatment programme.

8.2 Allocation of Keyworker

In all cases a new service user is allocated a keyworker within 24 hours of admission, who is the responsible practitioner expected to oversee the plan of care for that individual service user, and provide the majority of their one to one therapeutic interventions during their stay. All service users are expected to engage in regular one-to-one support sessions with their keyworker.

8.3 Care Plan

A clear written care/recovery plan is developed with the service user within the first two days of admission, taking account of the existing care plan and original goals outlined at referral. Every service user receives a copy of their care plan. The care plan lists the goals and interventions in relation to that service user's stay and, subject to review, indicates any longer term needs or goals that may need to be addressed during the next stage of the service user's treatment journey. The care/recovery plan takes account of:

- any medical or psychiatric interventions;
- the management of any drug and alcohol related problems, including dependency;
- any social care needs which may be addressed appropriately during a relatively short admission;
- the possible need for more in-depth review of the service user's previous life experiences and its connection with their current drug (and alcohol) related problems. *(NOTE: when planning such personal work in this setting, care will be taken to ensure that any interventions take account of the relatively short stay);*
- practical issues which may need resolution, such as welfare benefits, making contact with family and relevant professionals.

8.4 Formal review

A formal review of care takes place with the service user, their keyworker, and senior clinical staff (and preferably their community drug/alcohol worker) at an appropriate mid-point in the service user's stay. This review examines progress against the agreed goals; any changes desired and ensures all work is carried out to the highest professional standard. The review actively encourages the participation of the particular service user concerned.

8.5 Sample daily timetable

An example of a typical daily timetable at Boswyns can be found in **Appendix 1**.

8.6 Group work

Service users are expected to participate in a daily 'house meeting'. This takes place every morning and mainly focuses on dynamics within the service user group, and any practicalities for the day ahead. The house meeting aims to maintain a safe environment and encourage open discussion of difficulties and conflicts which may arise. These meetings also review the timetable for the day, including rotas for cleaning and cooking duties. It also notes and confirms any necessary arrangements, such as escorts required to ensure individual service users can go ahead with planned meetings and appointments; including court appearances, liaison meetings with professionals involved with their care in their own locality, or visits from family - and any personal needs of service users, such as individual counselling or appropriate non-drug related activities, on or off the premises.

There are 3 other structured sessions each day.

- A house group which is an opportunity for all service users to share how they are feeling and the support they need from others. This is usually undertaken in smaller groups
- A structured workshop *(see below)* and
- A more flexible/informal group where visiting speakers may be invited to provide information on support that is available in the community. Complimentary therapies are included in this session.

More specialised groups will be initiated when appropriate. Examples may be a women's group or, in some circumstances, a relatively informal therapeutic group looking at more personal issues.

8.7 Structured discussions, groups and workshops

The staff will organise and lead information based group work sessions and workshops which all service users will be expected to participate in as appropriate, depending on their stage of treatment. They will include topics such as:

- health issues;
- anxiety management;
- maintaining change - relapse prevention;
- knowledge of Hepatitis B and C and HIV transmission, safer sex;
- life skills training;
- Preparation for discharge and moving on to a rehabilitation programme.

More informal events may be undertaken in small groups. The Service will host self-help group information sessions.

8.8 Leisure, cultural activities and interests

Alleviation of boredom, and renewing or introducing some alternative interests into service users' lives is important. Opportunities are available in-house, such as creative art work and gardening. We have a pottery onsite and sessions are available with our potter on a weekly basis.

8.9 Complimentary therapies

A range of complimentary therapies are available. These include Auricular Acupuncture, Yoga, General Relaxation, and Tai Chi. Our nurses also provide sessions on how to manage stress and anxiety and how to aid sleep.

In order to help with sleeplessness which is a common problem for those undergoing treatment at Boswyns, we are Caffeine free and we ask service users not to bring in caffeinated drinks/food items with them.

9. Discharge arrangements

9.1 Planned discharge

Planned discharge occurs when the agreed treatment plan is achieved. Whilst all attempts are made to help people to access secure accommodation within their own locality or ongoing treatment, service users will be discharged at the end of the treatment episode regardless of whether they have secure accommodation or ongoing treatment arranged.

Discharge plans are received from the service user's community recovery co-ordinator prior to admission. This discharge plan will be reviewed during the final week of a service user's treatment episode taking account of their stated needs, and in collaboration with the service user. We aim to involve professional and personal carers, linked with the service user's locality wherever possible. The discharge plan is recorded by staff in the service user's file and entered into the computerised information system (HALO).

In some cases, service users can be discharged with a limited amount of medication to ensure continuity until this can be picked up by their local prescriber, within an agreed plan. Service users are not discharged with any take home controlled drugs and where necessary (e.g. where the service user has stabilised on a substitute prescription) a script will be arranged with the local drug service prior to discharge. The service user's GP and any relevant community-based prescriber as well as the community recovery co-coordinator are notified of the discharge and a discharge summary sent with 48 hours of the discharge.

Service users are usually discharged in daylight hours, when transport is more easily available.

9.2 Unplanned early discharge

Service users may be discharged immediately for the following reasons:

- any intimidation, threats or acts of violence, which may include racism, sexism or homophobia;
- theft of or damage to property;
- bringing drugs or alcohol onto the premises or using non-prescribed drugs or alcohol whilst a service user;
- leaving the supervision of a staff member whilst accompanied outside the building or in the grounds;
- other behaviours which threaten the safety of service users or staff.

When staff decide to discharge someone immediately, care is taken to ensure that the person is able to leave the premises without causing a threat to existing service users, members of staff, or anyone involved in transporting them to appropriate public transport. In extreme cases, the police may have to be called to escort the person from the premises.

In cases where immediate discharge is likely to place the service user in a very vulnerable position (e.g. at night when no transport or accommodation is available), staff may delay discharge for a few hours until more satisfactory arrangements can be made. However, the safety of all service users and staff will be of paramount importance in such deliberations.

A service user may have to be transferred from the Service as a result of an urgent medical or psychiatric crisis. In such cases, staff will liaise with relevant local professionals and ensure that the referrer and any relevant carers are kept informed of events. In such cases, the service user may be considered for re-admission once any urgent acute needs have been met.

A service user may be discharged early from the unit if they are felt to be unable to make use of the setting appropriately. This takes place after thorough discussion with the service user and the referrer.

If a service user is discharged early by staff they will not usually be considered for re-admission until all service users who were resident at the time have left.

9.3 Self-discharge

- A service user may self-discharge at any time but will not usually be considered for re-admission within **six weeks** of discharge
- Staff will inform the referrer and any other relevant professionals or carers of the unplanned discharge and provide a summary of the episode of care within the remit of the Service's information sharing policy
- In all cases of unplanned discharge, no substitute medications or detoxification medications are offered to take away.

In the event that a service user wishes to discharge earlier than they had planned, service staff will provide support and encouragement to them with a view to finding a solution to the reason they wish to leave. This involves a key work session or session with another member of staff to discuss the reasons why they wish to leave. This discussion will also include a discussion about the triggers to leaving that were identified during the assessment and admission process and an examination of ways of coping with cravings or other issues that the service user may be experiencing. The keyworker will contact the recovery co-ordinator/care manager and offer an opportunity for them to provide support and encouragement as well as discuss reasons for leaving with the service user.

Should the service user still wish to leave following these interventions then relapse prevention and overdose advice will always be given to the service user. Service staff will endeavour wherever possible to ensure the service user is discharging in as safe a manner as possible.

Following all unplanned discharges, service staff will have a debrief and reflect on what could have been done differently to enable the service user to continue their treatment.

10 Housekeeping and catering management

10.1 Domestic rota

Once they are medically and psychologically well enough to do so, all service users are required to participate in a small amount of cleaning of the communal areas on a rota basis. All service users are expected to keep their own bedrooms clean and tidy on a daily basis and there is time built into the timetable for them to do so.

10.2 Cooking and supplies

The cook orders supplies and prepares meals, with help from service users where appropriate and practicable. The cook will help service users to develop their cooking skills and dietary knowledge. The cook prepares meals for the weekend which the staff and service users heat up and serve.

All relevant members of staff hold an appropriate Food Hygiene Certificate.

10.3 Food purchasing and mealtimes

Service users are expected to contribute to the planning of meals, and special dietary requirements will be taken into account.

Meals are served at the following times:

Breakfast:	07.00 – 09.15 hours
Lunch:	12.15 – 13.00 hours
Dinner:	17.15 – 18.00 hours

10.4 Domestic services

Domestic staff will maintain a high standard of cleanliness in the common areas of the building. Service users are expected to play their part in keeping common areas tidy and also tidy their own bedrooms.

10.5 Laundry

Service users are encouraged to do their own laundry. Washing machines and tumble dryers are provided for their use. A small amount of spare clothing will be available for service users in urgent need. All rooms are deep cleaned between each occupation and the laundry washed by staff in preparation for the new occupant.

11. Maintaining safety in the service community

It is the responsibility of the Manager and all staff to ensure that the building and its contents pose no threat to service users or staff who make every effort to keep the Service free of all illicit drugs and alcohol. If there is a suspicion that illegal drugs or alcohol have been brought into the Service, the person in charge will immediately initiate a full house search. As part of that procedure, all service users will undergo a search as carried out during their admission.

Care is taken to ensure the utmost safety amongst the service user group, so that the most vulnerable can stay with us comfortably and achieve their goals. Informal discussion of drug or alcohol related events is discouraged, as this is likely to increase the desire in some service users to leave the Service early to procure drugs or alcohol. The sharing of 'my best overdose' or 'my best drunken binge' is therefore be challenged firmly by staff.

Staff work with service users regarding difficult behaviour and seek to resolve any difficulties arising between individuals at the earliest opportunity, to enable all service users to feel secure enough to stay at the Service.

We recognise that certain service users may feel particularly vulnerable as a result of their age, race, gender, beliefs or behaviour. Staff will make every effort to ensure that all service users are able to make full use of their stay with us, and challenge any form of discriminatory behaviour from whatever source.

11.1 Visitors

Professional visitors are required to book any visit in advance, and report to the staff member in charge on the day of the visit. If they wish to see a service user alone, they are offered a private visit room for their discussion.

All other visitors are escorted by a member of staff, and visits take place in a private visit room where visitors remain for the duration of the visit. Visitors may include family, including children if a visit is thought to be beneficial to both parent and child. To ensure the safety and security of the services users and of the service, any visitors will not be current drug users, on a substitute prescription of problematically drinking.

At least 24 hours' notice will be required to arrange any visit.

12 Accommodation

The purpose built property comprises 16 en-suite bedrooms, a clinical room for medical and nursing treatments including the administration of drugs, staff offices, a large communal living area, meeting rooms, workshop and activities area, quiet rooms, a separate reception area for visitors, and extensive gardens surrounding the property.

The building has been designed to ensure it meets the needs of wheelchair users and those with special needs. The approach to the building is level and is artificially lit using low-level lighting. One parking bay is designated for accessible parking.

12.1 Meeting special needs and providing wheelchair access

- Doors to the external seating and landscaped areas from the communal living area and from the workshop to the courtyard are fully accessible
- Everyone has access to the use of facilities within the building including: meeting rooms, living area, clinical suite, administration offices, workshop and dining room where a refreshment facility for tea and coffee making is provided.

- One wheelchair accessible bedroom is available. It is ideally positioned close to communal amenities and accessed off the main living space. The room itself is sufficiently spacious for maneuverability and all switches and controls positioned at suitable heights. A fully accessible en-suite facility is also available. The furniture is convenient to use and the wardrobe doors open through 180 degrees. The curtains and blinds are fitted with opening devices such as rods or pulls. An emergency assistance alarm is located and can be activated by a pull cord, sited so that it can be operated both from the bed and an adjacent floor area. A visual fire alarm signal is also fitted.
- A visual fire alarm is fitted to one other bedroom so that a hearing impaired person can be accommodated at the same time as a wheelchair user.

12.2 Reception area

The reception is accessible from the entrance of the building to receive visitors. It is separated from the rest of the building by a locked door. No existing service users gain access to the reception area without staff escort.

12.3 Communal living area

This is the main recreation area for service users. It accommodates up to 20 adults with discreet areas for smaller informal groups. Beverages are available from a dedicated point in the dining room.

12.4 Dining area

Meals are served from the main kitchen. Staff take their meals with the service users.

The dining room is available generally in the evenings, with comfortable seating for TV or listening to music. Other rooms are made available to service users who are seeking private peace and quiet.

12.5 Main kitchen

Food is prepared and cooked by the cook, using conventional cooking methods. There are opportunities available for service users to assist the cook and learn cooking skills.

12.6 Group activity room

This room has a multi-purpose function, including space for creative pursuits and group projects. There is a TV, DVD and video game in this room for use during specified free time.

12.7 Bedrooms, bathrooms and toilets

Bedrooms are checked regularly by staff throughout the day and night. All bedrooms are single and ensuite including a toilet, bath and/or shower. Baths are available for service users who may benefit to ease their withdrawal symptoms but service users are encouraged to take showers when appropriate, to support the sustainable environmental approach of the Service.

12.8 Team office

This room holds service users' records in a locked cabinet. This room provides accommodation for the staff team on duty, situated close to the reception bedrooms, clinical and communal areas. When not in use, this room is kept locked. No service users are allowed access to this room.

12.9 Admin office

When not in use, this room is kept locked. No service users are allowed access to this room, situated in the reception area at the entrance to the building.

12.10 Individual counselling rooms

Three rooms are allocated specifically for this purpose.

12.11 Treatment room

This room is used for the administration of medicines and other medical treatments, physical examinations, and for medical and nursing assessments. It is used to store medicines, creams and lotions. It is kept locked when not in use. No service users are allowed access to this room unless accompanied by a member of staff. Keys are held by the nurse on duty at any time.

12.12 Laundry

The laundry has 2 washing machines and 1 tumble dryer, ironing board and iron. Service users are encouraged to do their own laundry. Staff do the laundry for rooms between service users.

12.13 External

There is provision for car parking and access for deliveries. The site has extensive grounds, with ample space for outdoor activities and gardening.

12.14 Smoking

No smoking is permitted in any part of the building. Designated smoking areas are provided. Smoking cessation support is available to all service users on request.

12.15 Standards

The Service is operated in accordance with the values of Bosence Farm Community Ltd. A range of policies and procedures are in place pertaining to all aspects of its work; developed and informed with reference to national standards and local and national guidance. The Manager, CEO and the BFC Trustees, ensure regular review of all established policy and practice.

The Service is registered with the Care Quality Commission who conduct inspection and regulation.

All staff receive:

- induction training, within a plan for continual professional development and annual appraisals to ensure we have the most competent staff available for our work.
- regular line management supervision and support, and appropriate clinical and practice supervision.

13 Monitoring and evaluation

Evaluation of the overall Service is informed by regular audits of practice and monitoring of outcomes in line with relevant local and national policy and guidance.

The Service utilises Outcome Rating Scales and Session Rating Scales to monitor progress and change as well as monitoring and informing the effectiveness of the service interventions.

Appendix 1

Sample Daily Timetable – Monday to Friday

7.00am	Wake and Medication (7.00-8.00am) Breakfast
8.15am	Morning Reading
8.30am	Breakfast, to be cleared away by 9.00am
9.15am	Morning meeting
9.30am	Requests to staff
10.00am	Housekeeping and Assignments
11.00am	House Groups
11.45am	Medication
12.15pm	Lunch
12.45pm	Housekeeping and Medication (12.45-1.30pm)
1.30pm	1:1s
2.00pm	Workshop
3.00pm	Requests to staff and 1:1s
4.00pm	Group
4.45pm	Medication (4.45-5.15pm)
5.15pm	Dinner Phones on at 5.30pm
5.45pm	Housekeeping and Medication (5.45-6.15pm)
6.15pm	Requests to staff
6.00 – 8.45pm	TV/games/Free time
8.00pm	Staff Handover
8.45pm	Group check in Phones go off
9.00pm – 11.30pm	Free time/games/quiet time and Medication (9.30-11.30pm)
11.00pm	TV goes off (11.30pm Friday)
11.30pm	Bed time (12.00pm Friday)

Sample Daily Timetable – Saturday and Sunday

8.00am	Wake, Breakfast and Medication (9.00-10.00am) Breakfast to be cleared by 10.00am
9.00-10am	Housekeeping and Requests to Staff
10.00am	Morning Meeting
11am	House groups
11.45-12.15pm	Medication
12.15pm	Lunch
12.45pm	Housekeeping and Medication (12.45-2.00pm)
2.00pm	Workshop/Group Activity for everyone/Trips out
3.00pm	Requests to staff and 1:1s
3.00-5.00pm	Visits (Saturday)
4.00pm	Group Activity for everyone
4.45-5.15pm	Medication
5.15pm	Dinner Phones on 5.30pm
5.45-6.15pm	Housekeeping
6.15pm	Requests to staff
6.00-8.45pm	Free time/TV
8.45pm	Group check-in Phones go off
9.00- 11.30pm	Free time/TV and Medication
11.30pm (Fri & Sat)	TV goes off (Sunday at 11am)
12.00pm (Fri & Sat)	Bed time (Sunday at 11.30pm)

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