The Implementation of Quality Standards (QS) at Coolmine Therapeutic Community

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BACKGROUND: Coolmine's implementation of quality standards involves a period of change management, strategic planning, and national policy development. **METHODS:** A narrative case study focusing on national policy and internal strategic planning. **CONCLUSIONS:** From 2000, Coolmine embarked on a change management journey that kept the organisation at the forefront of drug and alcohol treatment in Ireland and internationally while maintaining fidelity to the Therapeutic Community. The strategy for quality assurance is replicable across similar organisations.

⬡ 1 BACKGROUND

1.1 National context

The Irish national policy, drug-specific and healthcare generally, has unequivocally created a quality standards and control environment in the delivery of addiction treatment services. Quality frameworks have evolved that create the assessment, measurement, and improvement control mechanisms for healthcare providers. However, the implementation is a more formative model. The quality frameworks and guidance to implement them are in place but to date there is no national quality control mechanism in place that is standardised across the addiction treatment sector.

The 1990s were a significant period for drug policy in Ireland in that they saw the publication of two seminal policy documents which are described below. Specifically, this period was characterised by a definite move by relevant state departments towards supporting a harm reduction policy. The first policy document, published by the Department of Health in 1991, was simply titled *Government Strategy to Prevent Drug Misuse* and the main significance of this document was its explicit endorsement of harm reduction strategies. Following this came the publication in 1996 of the *First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs*. This document was of huge significance in that it acknowledged epidemiological findings linking social deprivation and the prevalence of illicit drug use. Furthermore, it recommended the establishment of eleven Local Drugs Task Forces that would target funding towards urban areas identified by the epidemiologists as having the highest prevalence of problem drug use. Further to these recommendations, this report recognised the need for social skills training and interventions that were more in line with scientific research on addiction treatment, recommending that: "more emphasis be placed on providing options for stabilised drug misusers by way of occupational and social skills training" (Rabbitte, 1996, p. 16). The impact on Coolmine was that the organisation was expected to cooperate with the Local Drugs Task Force of the area in which it was based and Coolmine would have to implement practice and governance change.

Whilst successive policy initiatives and strategies were in place during the period from 1983 to 1996, it was not until 2001 that the first Irish National Drugs Strategy was published, describing specific actions to reduce the impact of problem drug use, with comprehensive structures to implement and formally evaluate its implementation. The overall aim of *Building on Experience: National Drug Strategy, 2001–2008* was to significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment, and research. One of the objectives was to have in place an efficient and effective framework for implementing the National Drugs Strategy, a notable move towards the implementation of a quality assurance and control process for addiction service provision.

The subsequent National Drugs Strategy Interim 2009–2016 had a specific action under the 'Treatment and Rehabilitation' pillar to "Develop a clinical and organisational governance framework for all treatment and rehabilitation services, in line with the Report of the Working Group Examining Quality & Standards for Addiction Services, and subject to a timeframe for compliance given the resource implications involved" (NDS, 2009, p. 53). The HSE was named as the lead agency for this action. The National Drugs Rehabilitation Framework was developed in 2010 to provide "...a framework through which service providers will ensure that individuals affected by drug misuse are offered a range of integrated options tailored to meet their needs and create for them an individual rehabilitation pathway" (Doyle & Ivanovic, 2010). In 2010, the National Drugs Rehabilitation Implementation Committee (NDRIC) (2010) recommended that all rehabilitation services implement a quality framework in which the UK quality assurance model: Quality in Alcohol and Drug Standards (QuADS) was selected as the preferred model for implementation in drug and alcohol services in Ireland.

From establishing an implementation framework (2001), to the development of a "clinical and organisational governance framework for all treatment and rehabilitation services", in line with the *Report of the Working Group Examining Quality & Standards for Addiction Services* (2009), currently Ireland's addiction treatment and rehabilitation services operate within a patient safety-first approach and alignment to our National Healthcare Standards; The National Standards for Safer Better Healthcare (2012). Objective 4.2.43 of *Reducing Harm Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017–2025* stipulates the delivery of a quality assurance framework which will standardise services, include basic tools in relation to safety, complaints, competencies, and procedures around prescribing, and reflect human rights and a person-centred approach. The HSE National Social Inclusion Office supports HSE and HSE-funded services to implement the National Standards for Safer Better Healthcare through drugs- and alcohol-specific workbooks on each theme. The workbooks support drug and alcohol services in assessing their progress against the standards listed under each of the eight themes. For each standard, guiding prompts for each level of quality are given, as well as examples of relevant evidence that the standard is being met. Levels of quality are divided into Emerging Improvement, Continuous Improvement, Sustained Improvement, and Excellence. An Improvement Action Plan template is included in each of the eight workbooks.

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All HSE addiction services and HSE-funded services, including Coolmine, are legally required to comply with their obligations under the *Children First Act 2015 and Children First: National Guidance for the Protection and Welfare of Children 2017*. A key message of the guidance and legislation is that the safety and welfare of children is everyone's responsibility, that the best interests of the child should be paramount, and that agencies and professionals must work together in the interests of children.

The *Children First Act* places a number of statutory obligations on organisations providing services to children that all funded services, including addiction services, must comply with. A quality control mechanism is employed by regional HSE areas though local Service Level Agreement (SLAs).

1.2 Internal/local context

Coolmine TC was established in Dublin in 1973 by Lord Paddy Rossmore. His inspiration for setting up a drug treatment agency was the result of having a close friend who became addicted to heroin. Rossmore was impressed by the non-medical approach to treatment, whereby clients and the contained community in which they lived were the primary therapeutic agents. He was impressed by the non-professional approach and the progression which allowed some graduates to become staff. Further research on his part revealed that other TCs existed in England, namely Alpha House, which was established in Portsmouth in 1968, and Phoenix House, which was established in London in 1969 (Mold & Berridge, 2010). Having secured suitable premises, with the help of the Eastern Health Board (EHB), the statutory health authority for the Greater Dublin Area, and having established an Advisory Board, Coolmine TC was open for business by the end of March 1973. The treatment model, although influenced by the TCs in England, had its origins in the American TC experience, since staff from Phoenix House, New York, had established Phoenix House London. The management of Coolmine in the early years was based on "huge enthusiasm, generosity and commitment – all delivered in a relatively amateurish style in response to what was a new and not particularly well understood social problem" (Butler, 2013, p. 19).

It was inevitable, because of the clientele, that Coolmine would have some involvement with the criminal justice system as the other potential main referral and funding source. By 1980, Coolmine had "established itself within the Irish health and social services as a permanent feature of the evolving drug treatment and rehabilitation system" (Butler, 2013, p. 27). Furthermore, at this time, the mental health services and other relevant voluntary services had not come forward to offer alternative services for dealing with issues of illicit drug use. This suggests that the Health Board and the Probation Service were happy about the establishment of Coolmine as a place where those with drug or alcohol problems could be treated, and perhaps this overshadowed concerns about what actually went on at the facility.

Until 1980, Ireland did not have a significant illicit drug problem and certainly did not have any concerns about injecting heroin use; however, this was about to change dramatically. The emergence of injecting heroin use in Dublin in the early 1980s was primarily concentrated in socioeconomically deprived areas. Coolmine, as the only voluntary drug treatment organisation in Ireland, now had the opportunity to expand, become more versatile, and offer a range of services that would meet the varying needs of clients and the community.

As an organisation that is committed to upholding the highest corporate and clinical quality, standards, and compliance in service delivery, Coolmine's quality assurance and control systems and governance and culture have evolved within two distinct but inter-related paradigms, namely, the Therapeutic Community approach to addiction treatment (De Leon 2010) and the Irish National Drugs Policy and Strategies published by the Government of Ireland and supported by the HSE. Moreover, the Board of Directors for Coolmine placed a particular focus on supporting and directing the development of internal organisational structures and systems that provide scaffolding for implementing and sustaining quality assurance and control policy.

The following section describes the genesis of quality standards and management that led to bringing about change to Coolmine. This is relevant in that it demonstrates how change in such an institution is a timely process that requires diplomacy, personality, and strategic management with a view to quality assurance. Finally, this chronology gives a synopsised overview of a changing external policy environment and Coolmine's subsequent reaction to this.

2 STRATEGIC PLANNING AND QUALITY ASSURANCE AT COOLMINE TC

A significant addition to the organisational policy at Coolmine was the launching of its first strategic plan, titled *A Pioneering Record, A Dynamic Future: Strategic Plan* 2006–2008. It is reasonable to postulate that a document of this nature would have been frowned upon at Coolmine in previous years; however, it was important for Coolmine that the aims of the strategic plan were in line with the National Drugs Strategy in order for the organisation to be accepted in the broader treatment environment. Typical of strategic planning documents, the Coolmine plan contained clear objectives, targets, specific actions, and key performance indicators. While this plan was commensurate with the National Drugs Strategy, it also showed Coolmine's commitment to working with the Local Drugs Task Force and in doing so, continued to identify Coolmine as a credible force in the broader community of drug treatment as an abstinence-based model that was not against harm reduction strategies. In hindsight, Coolmine was transitioning from being a closed organisational system to an open organisational system (White, 1997).

A Pioneering Record, A Dynamic Future: 2005–2008 contained clear objectives, targets and specific actions, and key performance indicators, most notably the adoption of evidence-based addiction counselling modalities across all programmes, flexible systems for working with clients stabilising on drugs, and the provision of 24-hour staffing in residential programmes (Butler, 2013, p. 70). Significantly for a therapeutic community, not just the tolerance, but also the inclusion of clients on methadone detoxification was something that would not previously have been considered appropriate for the model.

The implementation of this strategic plan was undertaken in a systematic fashion. The management established a Strategic Plan Implementation Group (SPIG) that represented all sectors of the organisation, including clients, administration staff, key-working staff from all services, and management. This inclusive group became established in the organisation and was an important forum for the implementation of the quality standards. The change resulting from the Strategic Plans was incremental and challenging but the action-based approach and monitoring of targets and key performance indicators made for a structured, business-like approach more in line with organisational best practice.

The 2009–2011 strategic plan, *Supporting People in Challenging Times,* had a key objective; to consolidate and develop existing quality services through the implementation of quality assurance frameworks and controls. Key actions included the establishment of a clinical advisory group to ensure clinical governance, ongoing training, and best practice and oversee strategic actions, including annual quality audits in line with the Therapeutic Community of Communities standards.

Despite the changes at Coolmine described here, the emphasis on the contained community as the primary agent for recovery remained. Part of the National Drugs Strategy, and now part of the strategic plan at Coolmine, was to introduce further evidence-based approaches to treatment. Coolmine embarked on a training plan that was aimed at increasing the competency of key-working staff. All the strategic plans adhered to a similar structure in that they identified key actions and key performance indicators.

In an attempt to support all staff members in ensuring the quality of services to clients in treatment, the European Federation of Therapeutic Communities (EFTC) developed a number of initiatives that formed an early quality assurance model in the TC movement that have evolved and continue to form part of the quality assurance and control policy at Coolmine. The introduction of a Clinical Advisory Board, which later became a Clinical Quality and Safety Committee as an integral part of the broader Coolmine governance structure, was tasked with overseeing such quality assurance and controls as were described in the National Drug and Alcohol Strategy.

⬤ 3 QUALITY ASSURANCE MECHANISMS

3.1 The Community of Communities (CoC)

An important mechanism for ensuring quality assurance and control at Coolmine TC has been the Community of Communities (CoC); a standards-based quality improvement network which brings together Therapeutic Communities (TCs) in the UK and internationally. Coolmine is subject to annual peer reviews, which provide an opportunity for reflective practice. Coolmine has a full accreditation visit every three years during which all 163 TC standards are reviewed and evidenced. Since 2009 CCQI accreditation has been awarded to Coolmine for meeting the highest-quality TC service standards in addiction TCs.

(www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/community-of-communities)

3.2 Safer Better Healthcare (SBHC)

Objective 4.2.43 of the current National Drugs Strategy *2017–2025* is to "Build capacity within drug and alcohol services to develop a patient safety approach in line with the HIQA National Standards for Safer Better Healthcare" (Department of Health, 2017, p. 94). The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland (www.hiqa.ie/about-us). The HIQA *National Standards for Safer Better Healthcare* (2012) are the national quality assurance system and standards for all healthcare services in Ireland.

SBHC is divided around eight themes that describe the standards required to safeguard the provision of high-quality, safe, and reliable care. Coolmine has completed a review of all eight standards. A quality control mechanism is employed by regional HSE areas though a local Service Level Agreement (SLA). The SLAs provide a detailed specification and formalised agreements in relation to the service to be delivered and the measurable outputs and outcomes expected. SBHC allows Coolmine to monitor its performance against the national standards on an ongoing basis and take steps to address any identified areas for improvement.

3.3 Internal structures

Because of Coolmine's culture of continuous improvement a Clinical Quality and Safety Committee has been in place since 2009. Coolmine has adopted a normative implementation model for quality assurance and control processes (Toplak & Maggie, 2022). The approach has been largely iterative in that actions are reviewed in various fora within the broader organisational structures, specifically, the Strategic Planning Implementation Group (SPIGS), the Clinical Quality and Safety Committee, Organisation Meetings, Senior Management Meetings, and Operations Meetings (see *Tables 1* and *2*). While repetition is kept to a minimum, quality standards are common to all and having a focus on this creates a consistent and dedicated approach to assurance and control. Moreover, to ensure consistency in quality assurance and control pertaining to the service delivery model, Coolmine has invested significantly in training and development, where, quite uniquely, having accredited trainers in core evidenced treatment modalities within the organisation is standard. It is a minimum requirement for all frontline staff at Coolmine to hold a level 7 qualification in an appropriate discipline such as Social Care; this includes graduates of the programme. Staff are then subject to a rigorous core-training programme managed by a Board sub-committee and the HR department. This training includes: Therapeutic Community model of practice, Community Reinforcement Approach (CRA), Motivational Interviewing, Keyworking, Careplanning, and Case Management. Other training supports staff in recording client data accurately. The basic organisa-

Table 1 | Clinical Governance domains and audit reports

Client Experience	Complaints/Compliments review
	Client Forum review of actions
Staff Experience	Training and Development plan implementation quarterly
	Staff satisfaction survey/feedback annually
	Culture Audit Results (2021)
Outcome & Quality Measurement	Statistics & Trends analysis review
	Care plan audits
Quality Standards, Guidelines, Policies	CCQI standards/review
	Safer Better Healthcare
	Child Protection Welfare and Working Group report
	Medication/Pharmacy Audit
	Tusla Early Years Pre-school Inspection reports
	*Implementation & improvement plans reviewed at CGSC quarterly
Risk Review & Improvement Plan	Incident/Accident analysis
	Clinical Risk Register review
	*Quarterly review

Table 2 | Organisation Quality Assurance Forums & Reports

Forum	Responsibility & Reports
Health and Safety Committee	Accident & Incident analysis via online system six-weekly
	Statutory Fire Requirements audit quarterly
	Health and Safety statements annually
	Health and Safety risk assessments annual review/when required
	Deliver and track implementation of annual Health and Safety training plan
Child Protection and Welfare Working Group	Children First Self-Audit Checklist - reviewed and updated annually
	Child Protection Policy & Safeguarding Statements - review and update annually
	Monitor Child Protection and DLP training - quarterly audit
	Monitor presenting child protection concerns - six-weekly audit
Client Forum	Review service issues presented by clients every six weeks
	Discuss structure of the services/programmes and formulate feedback for staff
	Make suggestions to improve the services/programmes
	Assist the management and staff in the review of policy and procedure
	Ensure all clients have a voice in the Client Forum
	Ensure all clients participate in the formulation and review of Strategic Plans
Training & Development Committee	Develop internal training plan based on a comprehensive Training Needs Analysis
	Develop an inventory of training by category and priority annually
	Use newly acquired modules in HRIS to both track/plan training activity annually to allow users to generate training reports
	Develop annual training plans for each staff category, department/service, and location during 2022

tional is where Project Workers are arranged in teams under a Team Leader, who in turn reports to a Service Manager. This structure is overseen by the Coolmine Head of Services, who in turn reports to the Chief Executive Officer.

4 CONCLUSION

The Coolmine structures and systems have normalised quality assurance and control across the organisation, where all staff and clients have a participatory role in continuously developing and sustaining standards. The experience at Coolmine is complex in terms of change management, an evolving national policy landscape, and internal strategic planning, but the following can be recommended as key processes for the implementation of quality standards:

- Quality Assurance Culture: a prerequisite for change is opening a communicative space from the Board of Directors to Service Users that introduces and establishes a quality assurance culture;

- Strategic Planning and Clinical Governance structure: the Clinical Governance structure in Coolmine has evolved and matured during successive organisational strategic planning cycles. Both processes have created a normalised quality assurance culture at Coolmine that is both evidenced and monitored by quarterly clinical governance audits;

- Certification for sustainability: whilst Quality Assurance frameworks, standards, and guidance assist organisations to implement quality standards in their everyday practice, a robust certification process such as CCQI to audit, monitor, and improve the quality standards for service delivery creates sustainability of quality implementation. Adhering to established quality frameworks such as Safer Better Healthcare (SBHC) is of paramount importance to continued and focused quality assurance.

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