

Glynn Cottage

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Glynn Cottage provided person-centred and recovery-focused treatment.
- Clients were extremely positive about the service and its success in helping them.
- Staff were extremely positive about their work and the support offered to them by the service.
- All staff had completed mandatory training and received regular managerial supervision.

However, we also found areas that the service provider could improve:

- The environmental risk assessment had not identified concerns regarding wide opening bedroom windows and risks of ligature anchor points (places to which people intent on self-harm might tie something to strangle themselves).

- Staff had not received training on the Mental Capacity Act.
- There were no alarm systems for staff or clients to summon assistance if needed.
- There were no locks on bedroom doors. This could affect privacy and safety.
- Staff did not always complete medication administration charts in a timely manner.
- Policies and procedures were due to be reviewed July 2015. This had not happened.
- Some staff and volunteers were working within the service before disclosure and barring checks had been cleared.

Summary of findings

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Summary of this inspection

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Glynn Cottage

Services we looked at:

Substance misuse services

Summary of this inspection

Background to Glynn Cottage

The New Leaf Recovery community interest company was established in 2013. It provides supported accommodation for men and women seeking support with recovery from drug and alcohol addictions. It operates on three sites: Glynn Cottage, Silverdene House and Bells Lane.

In January 2015, the company registered Glynn Cottage with the CQC to provide:

- accommodation for persons who require treatment for substance misuse
- treatment of disease, disorder or injury
- care for adults under 65 years, care for adults over 65 years.

Glynn Cottage had not been inspected previously.

Our inspection team

The team that inspected the service comprised of one CQC inspector and one specialist substance misuse nurse.

Why we carried out this inspection

We inspected this service as part of our inspection programme to make sure health and care services in England meet fundamental standards of quality and safety.

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, asked other organisations for information.

During the inspection visit, the inspection team:

- visited Glynn Cottage, looked at the quality of the environment and observed how staff interacted, supported and cared for the clients
- spoke with five clients who were using the service
- spoke with the registered manager
- spoke with five staff, including the prescribing doctor
- attended and observed one handover meeting
- looked at five care and treatment records of clients
- carried out a specific check of medication management
- looked at policies, procedures and other documents relating to the running of the service

Summary of this inspection

Information about Glynn Cottage

Glynn Cottage had 15 formal compliments documented. Clients had said the staff were very genuine and had a real understanding of recovery. Clients liked the variety of groups and activities available. Clients said they felt safe at Glynn Cottage.

Glynn Cottage provides treatment for substance misuse in a three-storey semi-detached Victorian house on a residential street in inner city Birmingham. There are shops close by and access to transport.

There are three single bedrooms and two shared double rooms with ensuite bathroom facilities. Glynn Cottage has a registered manager, who is also a director of the New Leaf Recovery community interest company.

What people who use the service say

Glynn Cottage had 15 formal compliments documented. Clients had said the staff were very genuine and had a real understanding of recovery. Clients liked the variety of groups and activities available. Clients said they felt safe at Glynn Cottage.

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 areas that the service provider could improve, including that:

- There were no alarm systems for staff or clients to summon assistance if needed.
- Bedrooms did not have door locks. This could affect a person's safety and privacy.
- The environmental risk assessment had not identified concerns regarding wide opening windows and risks of ligature points (places to which clients intent on self-harm might tie something to strangle themselves).
- Staff did not always complete medication administration charts in a timely manner.

However, we also found areas of good practice, including that:

- All staff had up to date medication awareness training from an accredited provider.
- Medicines were stored safely. The service had procedures for safe administration, storage and disposal of medicine.
- The service had clear admission criteria.
- Individual risk assessments were in place for all clients.

Are services effective?

We do not currently rate standalone substance misuse services.

We found areas of good practice, including that:

- Care plans were up to date, personalised and holistic. Staff involved clients in their care and treatment plans and clients could contribute as required.
- Staff used standardised assessment tools to ensure consistency.
- The prescribing doctor conducted a medical assessment of all clients, including those who did not need medical detoxification.
- Many of the staff working had been on recovery programmes themselves. This enabled them to empathise with clients.
- The service's structured group programme included a wide range of recovery-focused therapies and mutual aid groups.

However, we also found areas that the service provider could improve, including that:

Summary of this inspection

- Staff were not trained in the Mental Capacity Act (MCA) and were not sure where to seek advice on it. The service had no arrangements to monitor compliance with the MCA.

Are services caring?

We do not currently rate standalone substance misuse services.

We found areas of good practice, including that:

- Staff interactions with clients were extremely positive, caring and supportive. Clients had lots of praise for the staff and service provided.
- Clients were fully involved in their care.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found areas of good practice, including that:

- The service had clear admission criteria.
- The service had exit plans to support clients who chose to leave treatment early.
- Staff catered to clients' dietary needs and preferences by providing healthy and nutritious foods.
- Clients could take part in a variety of activities on site and off site.
- There had been no formal complaints.

However, we also found areas that the service provider could improve, including that:

- The environment was not wheelchair accessible and did not meet the needs of people with limited mobility. The staff office was on the second floor and the stairs were steep.
- Bedroom doors did not have locks; this meant privacy could be compromised.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found areas of good practice, including that:

- Staff worked in accord with the visions and values of the service.
- The service had emergency plans covering what would happen in the event of service disruptions.
- Staff files were organised and up to date. Managers monitored sickness and absence rates.
- The service supported staff with ongoing training.

Summary of this inspection

- Staff we spoke with were highly motivated and engaged in their work. They felt valued by management and clients.

However, we also found areas that the service provider could improve, including that:

- Policies and procedures were due to be reviewed July 2015. This had not happened.
- Some staff and volunteers were working within the service before disclosure and barring checks had been cleared.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- The service did not use Deprivation of Liberty Safeguards (DoLS) because they did not restrict the freedom of clients. Clients were free to leave if they wished. Clients and staff gave examples of where this had happened. The service ensured clients were safe by giving them support when they left and contacting relatives / carers.
- Care records showed evidence of consent to treatment, sharing of information, and of confidentiality agreements.
- The service did not have a Mental Capacity Act (MCA) policy.
- Staff had not received training on the MCA.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Clients and staff did household chores with help from the part-time housekeeper. The house was homely and tidy. However, we saw mould on several of the ensuite shower cubicles. They appeared old and worn. The registered manager said the property was leased and that there were limited changes they could make to fixtures and fittings.
- Staff followed the infection control policy.
- Staff and residents shared the kitchen. Each had responsibilities for keeping the area clean.
- The service had undergone a full fire assessment and had a prepared evacuation plan. Fire safety precautions such as smoke alarms and fire-fighting equipment were present and regularly checked.
- All staff had completed fire safety training. Staff were able to tell us what the fire procedures were in place.
- There was not always a first aider on duty. However, all staff had received emergency first aid training. Staff knew how to access the first aid box.
- There were no alarm systems for staff or clients to summon assistance if needed. One client told us of a recent incident in which a person had fallen. They had shouted out for assistance, as there was no alarm. Lack of alarms could mean a person needing help might not be able to summon it effectively. We were concerned that night staff would not be able to hear from the second floor office if a client were shouting for assistance from the ground floor.
- Double rooms were single gender rooms. One client we spoke with had shared a room on admission and said it had been fine despite their initial reservations.
- Bedrooms did not have locks. Clients we spoke to did not think this was a problem and said they felt safe. We felt it was a potential safety and privacy concern, for example, staff or clients could easily walk in/ out of bedrooms and this could be potentially unsafe or cause distress.
- Clients could store valuables securely in the staff office.
- Glynn Cottage had an up-to-date environmental and protective services risk assessment but it did not identify potential ligature anchor points or wide opening window as risks. We shared our concerns re windows with the registered manager on inspection and they agreed to fitting window restrictors.
- The breathalyser and blood pressure machine were in working order and dates for calibration set.
- Two naloxone overdose pens were available for staff to use if necessary. However, the service did not have a policy on its usage.
- Clients' medicines were stored safely. There were procedures for safe administration, storage and disposal of clients medicine. There was an appropriate locked cabinet for controlled drugs but none were prescribed during this inspection.
- Medication administration records (MAR) showed that staff administered and recorded medicines properly. The registered manager completed monthly medication audits. The audits reviewed storage and records of medicines management. MAR cards had not always been completed in a timely manner. This was because the registered manager and administrator completed them on the computer. If those staff were not present, they were not completed straight away. This meant

Substance misuse services

instructions from the prescriptions were followed and the MAR completed the next day. This would mean records would be completed late. This could lead to medication errors. All staff had up to date medication awareness training from an accredited provider.

- Staff usually administered medications from the office on the second floor. We were concerned that the access via steep stairs might be physically difficult for clients in the initial stage of detoxification. Staff said they would take the medication to the client's bedroom if the person had difficulty with the stairs. During inspection, we observed staff taking medication to a client who had a room on the ground floor due to mobility issues.

Safe staffing

- There was a substance misuse worker allocated to every shift, who worked alongside peer mentors, volunteers and counsellors. Staff and clients consistently told us there was no issue with staffing. Copies of staff rotas showed adequate support was available.
- The service had two permanent night staff. Clients we spoke to told us the night staff were always available if needed.
- Agency and bank staff were rarely used. Unexpected staff absences were managed by offering additional hours to staff or rearranging shift patterns. Information gathered from staff, clients and records demonstrated staffing levels kept people safe and met their needs.
- There was no qualified nursing staff. If staff needed further guidance, they contacted the prescribing doctor or the consultant substance misuse specialist.
- A prescribing general practitioner (GP) with additional substance misuse training provided medical input to the service. The GP completed an initial assessment on admission and prescribed any necessary medications to the client.
- Staff were able to access the GP out of hours if needed otherwise they used NHS walk in centres or accident and emergency as needed.
- Two staff had up to date accredited level three first aid training. All other staff had up to date accredited level two emergency first aid training.

- Mandatory training for all staff included fire safety, emergency first aid, advanced medication awareness, safeguarding vulnerable adults and children and health and safety awareness. Records confirmed all staff was up to date with mandatory training.

Assessing and managing risk to people who use the service and staff

- The service had clear admission criteria. It made clear that it could not accept people with severe mental, physical illness or poor mobility. It did not accept people with active suicidal tendencies. The service only accepts clients with moderate dependencies who are suitable for a community detoxification.
- Staff said if a client showed or shared any signs of an underlying mental illness or self-harm then they would contact the doctor or local mental health crisis team. The service had a list of mental health services contact numbers.
- Individual risk assessments were in place for all clients. Staff reviewed and revised risk assessments in line with clients progress. Risk assessments included early exit plans. This meant for clients who did not choose to complete the detoxification programme, a plan of support for follow up was agreed.
- Staff had training in risk assessment from an accredited provider. Records showed this was up to date. New staff shadowed experience staff to gain experience in risk assessment.
- Staff carried out physical health observations at each medication round. This included blood pressure and pulse checks. This was to monitor and reduce any potential risks to health whilst detoxing. Staff recorded results in the clients care records.
- Six staff had conflict management training. There had been no training in the prevention management of violence and aggression. However, the registered manager had highlighted this as training for January 2016.

Track record on safety

- There were no reported serious incidents in the last 12 months.

Substance misuse services

- Staff completed and read daily logs prior to starting shifts. This ensured matters of concern were relayed from one shift to another.
- Clients and staff we spoke with reported they felt safe at Glynn Cottage.

Reporting incidents and learning from when things go wrong

- The service had not notified us of any incidents prior to the inspection.
- An incident policy was in place. Staff we spoke to was able to relate incident-reporting procedures and knew what needed to be reported.
- Staff said lessons learnt would be shared in team meetings. However, we did not see documented evidence of this in meeting minutes.
- Staff said debriefs would happen after incidents. Debriefs were not formally documented. Staff recalled an incident when a client fell. Staff said they discussed the incident with the client and within the team and purchased an individual call alarm in case he fell again.
- Staff were up to date with safeguarding training. A safeguarding policy was in place. Staff we spoke to said if they were unsure about any aspect of safeguarding, they would discuss concerns with the registered manager or the local authority safeguarding team.

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

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

- We looked at five care records during the inspection. Care plans were in place and up to date. Both clients and keyworker had signed the care plan. They were personalised, holistic and fully orientated towards recovery. All of the clients we spoke with confirmed care plans were completed in collaboration and it was clear they regularly discussed the plans with staff.
- Clients had a full physical examination the same day as admission. The doctor completed this. This included physical observations such as blood pressure, pulse and

a drugs screen. Clients were breathalysed to confirm alcohol levels. Results were recorded in a separate file to the care plans. The doctor completed a full assessment of substance misuse including mental state and risks. Standardised assessment tools were used. For example, the severity of alcohol dependence questionnaire (SADQ) and clinical institute withdrawal of alcohol (CIWA) scale. This enabled the service to document the ongoing condition of clients during treatment more clearly.

- If clients needed a medical detoxification, the prescribing doctor issued a private prescription.
- The service supported clients in accessing physical health care from other services, such as, dentistry. One client told us the service had supported them in accessing pre planned out- patient appointments.
- Medical assessments were kept separately from the care records. This could potentially cause miscommunication.
- All clients had treatment contracts that were signed and dated on admission. Staff and clients reviewed and signed them again seven days post admission. The contract set out the terms and conditions of treatment. This included fees, confidentiality, treatment protocols and agreeing to the rules of the service, as laid out in the policies and procedures.

Best practice in treatment and care

- Treatment and therapy began as soon as the admission process was completed. Clients followed the weekly timetable that included house duties, key working sessions, recovery focused therapy groups, music, art and dance therapy and mutual aid groups.
- All groups had aims and objectives written up in a folder accessible to clients. This also included guidance and worksheets used by the group facilitators.
- Nutrition was an important part of the recovery process. Staff and clients worked alongside the chef in order to meet needs.
- The prescribing doctor conducted a medical assessment of all clients, including those who did not need medical detoxification.

Substance misuse services

- All clients completed therapy assignments each week with their allocated keyworker to guide and reinforce recovery.

Skilled staff to deliver care

- Prescribing GP had additional substance misuse training from the Royal College of Psychiatrists.
- Many of the staff working with people in recovery had been on recovery programmes themselves. This enabled them to be empathic with people using the service.
- Four staff had level three national vocational qualifications in health and social care. Three staff were completing degrees in addiction counselling.
- Glynn Cottage had no qualified nursing staff.
- Peer mentors worked alongside the staff. They supported clients through their treatment by sharing their own experiences and helping clients to access local community services and meetings.
- Three volunteer counsellors worked with individuals at Glynn Cottage. One counsellor was accredited with the British association for counselling and psychotherapy. The other two were trainee counsellors.
- Staff had regular managerial supervision from the registered manager. Staff were trained to use Naloxone. Naloxone is a medication that reverses the effects of an overdose from opioids (e.g. heroin, methadone, morphine).

Multidisciplinary and inter-agency team work

- Staff discuss and document progress for individual clients at the weekly review meeting. Any concerns or strategies would be discussed with the services user.
- Daily logs were completed at the end of each shift in order to communicate key information to other staff. All staff were expected to read log before starting any work with clients. Brief verbal handovers occurred between staff finishing and starting shifts.
- Notes and discussions with staff and clients confirmed that Glynn Cottage undertook collaborative work with outside agencies and other disciplines when needed, for example, liaison with liver specialists.

- Glynn Cottage had links with local Narcotics Anonymous (NA) and Alcoholic Anonymous (AA). Clients said they attended NA and AA groups in the local community.
- NA and AA also ran groups in the evenings at Glynn Cottage. This enabled clients who did not wish to leave access to additional recovery support.
- Clients where possible were supported to maintain other therapeutic interventions. For example, supporting a client in continuing to access a specific psychotherapy they were already engaged in.

Adherence to the MHA

- The service did not take people detained under the Mental Health Act. They did not accept referrals from people with a dual diagnosis of mental health problems in addition to addiction problems.

Good practice in applying the MCA

- Care records we looked at showed that clients had signed consent to treatment, sharing of information and confidentiality agreements. This concurred with our observations and with statements by staff and users of the service, who emphasised how they were aware of and agreed with their treatment.
- The service did not use Deprivation of Liberty Safeguards (DoLS). Clients were free to leave if they wished. Clients gave examples of where this has happened and how the service had supported people to ensure they were safe.
- Staff were not trained in MCA and were not sure where to seek advice regarding the MCA.
- There were no arrangements in place to monitor the adherence to MCA.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We had extremely positive responses from clients concerning the care, compassion and commitment of staff. Throughout our visit, we observed staff engaging with clients in a positive, caring and supportive manner. This involved all staff, from the manager to the chef. We observed calm, respectful encouragement, from staff, but also comfortable, relaxed interactions.

Substance misuse services

- Clients consistently told us staff were caring. They said staff 'understood' them, as many had gone through similar experiences. One patient told us staff were always available and they were friendly but professional. Another client said it was 'like AA on tap – 24/7 – they are all genuine and honest people'.
- Staff and clients were aware of the need to respect people's privacy and showed a great awareness of the need for confidentiality, particularly in groups where personal information might be shared as part of the therapeutic process. It was evident from observations and discussions that staff and clients placed great trust in each other and were equally keen not to damage that trust.

The involvement of people in the care they receive

- Clients were fully involved in their care and treatment. Care plans were completed in collaboration with the clients. All clients had an up to date and signed care plan.
- Sundays were designated as 'family days' when visits were facilitated.
- Clients were fully informed of the admission process and ethos of the service. This included agreeing a treatment contract, signing a confidentiality agreement, and agreeing to the involvement of families and carers.
- There was a weekly community group with documented minutes. Staff and services users were expected to attend as part of the recovery programme. It provided further opportunity to be involved in discussion about the care they received.

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

Access and discharge

- An independent referrals manager screened all referrals prior to admission. If they did not meet the criteria, they were sign posted elsewhere.

- Glynn Cottage had clear referral criteria and only admitted low risk clients. This meant Glynn Cottage did not accept clients with severe mobility needs, physical health difficulties, mental health diagnoses, history of seizures or suicidality.
- People used the service for agreed treatment periods. This rarely exceeded twelve weeks. Some treatment periods were as short as two weeks. At the time of inspection, there were no waiting lists.
- Treatment was recovery focussed. Staff discussed discharge plans with clients as part of the treatment process. The service offered support after discharge, with provision for secondary care at another location.
- Glynn Cottage had links with supported accommodation projects and had their own supported accommodation for clients to access on discharge from Glynn Cottage if needed.

The facilities promote recovery, comfort, dignity and confidentiality

- Clients and staff discussed the policies and procedures in place at Glynn Cottage every week at the community meeting. This was to remind clients of confidentiality and their rights.
- Glynn Cottage did not have specific therapy or counselling rooms. Activities and groups took place in the lounge or conservatory. There was limited room space within the property.
- Peer mentors and staff supported clients in accessing community leisure centres, parks and local shopping and spiritual facilities.
- All care records we reviewed had an agreed and signed consent to treatment and sharing of information and confidentiality agreement.
- Bedrooms we looked at confirmed clients could personalise their own rooms.
- Glynn Cottage had a chef who worked with clients to determine individual nutritional needs.
- All clients had signed and dated confidentiality agreements and consent forms to authorise the release of confidential information to an agreed person, i.e. general practitioner.

Substance misuse services

- The service restricted clients access to mobile phones and internet. This was to avoid interference with the group programme. All clients agreed to this restrictive practice on admission as part of the treatment approach. Variations to this protocol were discussed and agreed on an individual basis. For example, one person told us at they had been allowed to access the internet near discharge in order to apply for jobs.
- A persons dignity could be compromised, as there were no locks on bedroom doors. This has been discussed within the safe domain.

Meeting the needs of all people who use the service

- The environment was not accessible to people with physical disabilities. It had steep narrow stairs to access bedrooms and staff office. The house was leased and therefore limited the amount of adaptations the provider could make to the property.
- Glynn Cottage had a number of leaflets available to clients about different treatment choices. However, these were only available in the English language.
- Different dietary requirements were catered for. The chef took into account individual nutritional needs and emphasised healthy home cooked meals.

Listening to and learning from concerns and complaints

- Copies of the complaints procedure were kept in the in the communal lounge and staff office.
- Clients we spoke to knew the procedure to make a complaint. They said most issues were discussed in the weekly community meetings.
- There have been no formal complaints made in the last 12 months.
- One client said they had raised the concern that access to exercise was limited. The service responded by developing a walking group.

Are substance misuse services well-led?

Vision and values

- All the staff and volunteers we spoke to shared the values and visions of the service. Staff told us that they

were able to understand what a client was going through due to their own experience of addiction. They were proud of their roles and spoke of dedication to the service and clients.

Good governance

- Staff said they received regular managerial supervision. Documents were in place to confirm this.
- There were no key performance indicators in place. However, the service planned to complete a quality audit after a full 12 months of running.
- Staff were up to date with mandatory training.
- Rotas were managed effectively to enable adequate cover to support the needs of clients.
- There was sufficient administration support available for all staff.
- The service had a risk register. Emergency plans were in place. Arrangements for alternative accommodation in case the service ever needed to evacuate the premises were identified.
- Policies and procedures were due to be reviewed July 2015. This had not happened.
- Staff recorded suggestions and feedback from clients. We found that action and outcomes were recorded.
- All volunteers had or were waiting for return of Disclosure and barring services checks (DBS). Those waiting for checks were working with in the service. This could be putting clients at risk.
- Nine of the ten staff had DBS. One DBS had recently been submitted.
- An induction programme was in place for all staff and volunteers. Records confirmed all current staff had completed an induction.
- The service was less than 12 months old, therefore staff had not yet received yearly appraisal. These had been set to complete in January 2016.

Leadership, morale and staff engagement

- Staff we spoke with were highly motivated and engaged in their work. They felt valued by management and clients.

Substance misuse services

- Staff felt able to approach the registered manager without fear of victimisation.
- There was a whistleblowing policy in place which staff said they understood and would use if necessary.
- Staff consistently told us the manager was approachable and they could get support at any time from their colleagues or immediate management.
- Staff were very positive about their work. They did not feel under pressure by having excessive caseloads or by being rushed or pressurised. Staff told us the nature of

the work was stressful as it was so intensive. One member of staff told us there was “an appropriate level of stress.” Staff consistently told us there were suitable support mechanisms in place.

- Staff files were organised and up to date. Sickness and absence rates were monitored.

Commitment to quality improvement and innovation

- The service supported staff with ongoing training, for example, a substance misuse worker was undertaking an addictions counselling degree.
- Glynn Cottage sought views from clients via one to one sessions, the suggestion box and exit interviews.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure there is a policy and procedure in place for the use of Naloxone.
- The provider must ensure that they have undertaken a risk assessment of their premises to identify potential ligature anchor points. They should ensure all staff are aware of ligature points within the premises and any outdoor areas and to know the risks they pose.
- The provider must ensure that staff know how to respond to any ligature incidents and have easy access to ligature cutters.

Action the provider **SHOULD** take to improve

- The provider should ensure window restrictors are in place on the first and second floor windows.
- The provider should ensure that staff are trained in prevention and management of violence.

- The provider should ensure that all staff and volunteers have DBS checks in place before working directly with clients.
- The provider should ensure that policies and procedures are reviewed.
- The provider should ensure that staff have a clear understanding of the MCA and DoLS, and its implications on practice.
- The provider should ensure that clients have the option to lock their bedroom doors.
- The provider should ensure there is an alarm system in place for staff and clients to summon assistance if needed.
- The provider should ensure that medication administration charts are completed in a timely manner

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.</p> <p>This was a breach of regulation 12 (2)</p> <ul style="list-style-type: none">• The provider did not have a Naloxone policy/ guidance document in place.• The environmental risk assessment had not identified potential ligature anchor points.• Ligature cutters were not available to staff. <p>This was breach of regulation 12 (2)</p>