

# Regain Recovery Holdings Limited

## No. 3

### Inspection report

3 Gilletts Lane  
East Malling  
West Malling  
ME19 6AS  
Tel:

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Summary of findings

## Overall summary

No. 3 is a residential substance misuse service in East Maling, Kent. The service offers medically monitored alcohol detoxification and rehabilitation, for up to three people, using motivational interviewing and cognitive behavioural therapy. This is a programme that assists people with a alcohol dependency by helping them to recognise problems, or potential problems, related to their drinking and how to resolve these problems through positive change and the belief in the ability to change.

This was the first time we had rated this service. We rated it as requires improvement because:


- There was a lack of oversight and quality assurance processes were not fully developed. The service did not have a risk register and had no audit programme to evaluate the quality of care provided.
- There was a lack of relevant information regarding the employment of staff. There were gaps in employment history and missing references.
- Not all staff had detoxification and recovery training relevant to the service.
- There was lack of regular staff supervisions and the induction programme was not comprehensive.
- Regular team meetings were not taking place and staff did not have mechanisms to give feedback about the service.
- Not all policies were current.
- Staff had a lack of understanding of the Mental Capacity Act.
- The provider needed to develop their vision and strategy for the service and share with the staff.
- Staff were not set productivity measures related to recovery or well-being.
- The provider did not have a risk register to demonstrate and review knowledge of their biggest risks.

However:

- The service had enough staff, who knew the clients and there was a clear focus on recovery within the service and clients were encouraged to take ownership of this. They provided treatments suitable to the needs of the clients.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning. Clients we spoke with gave excellent feedback about the service and the way staff treated them. They told us they felt involved in their care.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet. Staff worked well with other agencies to ensure the best outcomes for clients, for example they had a positive working relationship with a local GP surgery.
- There was a good range of activities on offer for clients, including on and off-site activities.

# Summary of findings

## Our judgements about each of the main services

| Service                   | Rating   | Summary of each main service |
|---------------------------|--|------------------------------|
| Substance misuse services | Requires Improvement  | See overall summary above.   |

# Summary of findings

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### Summary of this inspection

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# Summary of this inspection

## Background to No. 3

We undertook this inspection as part of our inspection programme for new services and due to concerns raised. These concerns had been followed up with the provider to seek assurances and the inspection was planned to assist in providing further comprehensive assurance through seeing the premises, reviewing policies and practice on site and speaking with staff and clients.

### What people who use the service say

Clients were very positive about the service they received. They said that staff were kind, compassionate and caring and really appreciated that staff gave them the opportunity to be themselves and work through the programme at their own pace. Clients felt involved in their care and told us that staff were always available when they needed them.

## How we carried out this inspection

The team that inspected the hospital comprised two CQC inspectors and one specialist advisor with experience in substance misuse services.

During our inspection, we undertook the following inspection activities:

- Tour of the environments and observed how staff were caring for clients
- Reviewed four care and treatment records
- Spoke with four clients
- Interviewed six staff including the registered manager, chief executive officer, nurse and recovery support workers
- Carried out a specific check of medicines and clinic room
- Reviewed a range of documents, policies and procedures relating to the running of the service

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Outstanding practice

We found the following outstanding practice:

Staff gave clients help, emotional support and advice when they needed it. We were told by managers that they understood care was more than the support offered while in the service. Managers told us of an example where the managers had cleaned the client's home while they were undergoing detoxification because they understood it would give them a 'head start' when they returned home.

# Summary of this inspection

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the service MUST take to improve:**

- The provider must ensure staff have training on detoxification and supporting clients through recovery (Regulation 12 (2) (b)).
- The provider must ensure there is an effective governance processes and oversight to effectively monitor the quality of care being delivered. The provider must have a risk register to demonstrate and review knowledge of their biggest risks. The provider must have effective processes for reviewing and updating guidance in out of date policies. (Regulation 17 (2) (a)).
- The provider must ensure all relevant information regarding the employment of staff must be completed (Regulation 19 (1) (b)).

### **Action the service SHOULD take to improve:**

- The provider should have processes to oversee staff's understanding and application of the Mental Capacity Act.
- The provider should consider more formal mechanisms to enable staff to give feedback about the service.
- The provider should develop their vision and strategy for the service and share with the staff.
- The provider should set staff productivity measures related to recovery or well-being. The service should consider setting staff objectives to improve their skills or develop the service.
- The provider should undertake staff supervision and appraisals in line with provider policies.
- The provider should provide staff with a comprehensive induction which includes both environment and client focus.






# Our findings

## Overview of ratings

Our ratings for this location are:

|                           | Safe                 | Effective            | Caring | Responsive | Well-led             | Overall              |
|---------------------------|----------------------|----------------------|--------|------------|----------------------|----------------------|
| Substance misuse services | Requires Improvement | Requires Improvement | Good   | Good       | Requires Improvement | Requires Improvement |
| Overall                   | Requires Improvement | Requires Improvement | Good   | Good       | Requires Improvement | Requires Improvement |

# Substance misuse services

|            |  |
|------------|--|
| Safe       | Requires Improvement  |
| Effective  | Requires Improvement  |
| Caring     | Good                  |
| Responsive | Good                  |
| Well-led   | Requires Improvement  |

## Are Substance misuse services safe?

Requires Improvement 

We had not previously inspected this service. We rated it as requires improvement.

### Safe and clean environment

**All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.**

We saw completed environmental risk assessments of all areas and had removed or mitigated against any risks they identified.

Staff made sure equipment was well maintained, clean and in working order. We reviewed the risk assessment which included both internal and external environments. The risk assessment included hazards, control measures and actions. We observed an action completed for anti-slip treatment applied to the decking area, in the garden, as it had been identified as a slip hazard.

All client bedrooms had alarms and staff available to respond. Staff were present in communal areas, at all times, if clients needed support. Staff reported there were very few times resulting in staff or clients needing to activate the alarms.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations. For example, they had weighing scales, blood pressure monitors and breathalysers. The clinic room was secure and accessed with a key code. Staff were able to store their personal items in this locked room for the day.

All areas were clean, well maintained, well-furnished and fit for purpose. The clients we spoke with reported the building was always clean and the furnishings were of a good standard. We toured the building and saw that client areas were well maintained and furnished appropriately. Staff made sure cleaning records were up-to-date and the premises were clean.



# Substance misuse services

Staff followed infection control guidelines, including handwashing. The provider had carried out a thorough COVID-19 risk assessment and had implemented an effective procedure for admission during the pandemic to reduce the spread of infection. Clients and staff had access to non-alcohol-based hand gel and there were posters demonstrating correct hand washing techniques. Face masks were available to clients and visitors, if they wanted them.

Staff routinely checked the first aid kit and emergency equipment at the service. All items were in date.

## Safe staffing

**The service had enough staff, who knew the clients. The number of clients on the caseload of the team, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. However, most staff received only basic training and did not receive service specific training.**

## Nursing staff

The service had enough nursing and support staff to keep clients safe and a staff member was always available for clients. The service employed one nurse for the service. The nurse was contracted to be on call 24 hours a day, seven days a week when a client was present. The provider had a low number of clients over the year and the manager covered annual leave and sickness. The manager covered staff sickness and absence.

The service had no current vacancies. The registered manager told us that until they increased the number of clients within the service, they did not need more staff.

Managers limited their use of bank and agency staff and requested staff familiar with the service.

The service had low turnover rates.

Managers supported staff who needed time off for ill health. We reviewed the rotas for March and April 2022, and these demonstrated sickness cover was only required for one period of time. This period was covered by the manager and another member of staff. There were no gaps in the rotas between March and April 2022.

The manager told us they made sure all bank and agency staff had a full induction and understood the service before starting their shift. However, the induction was not comprehensive, was not documented and signed and covered the basics of the environment rather than being client focused. We were told the induction did not include a day in the life of the client or expectations around attendance at activities.

## Medical staff

In addition to the registered nurse, the service had timely access to medical staff when additional support was required. Managers worked closely with the local general practitioner (GP) who was contracted by the service to provide oversight and assessment of clients in order to provide a safe service. The service could get support from a psychiatrist quickly when they needed to

## Mandatory training

Staff completed and kept up to date with their mandatory training or had service specific training. However, we observed there were gaps in training offered. The training programme did not include training modules on how to support a client through recovery such as solution focused treatment or brief interventions, as per NICE guidelines. This meant staff were not able to provide a truly holistic service to the client. Training did not include data protection and information security and health and safety.

# Substance misuse services

Two staff told us that they had not received training in alcohol detoxification. Alcohol detoxification specific training was provided by the registered manager. One staff member told us that they had not received any additional training since working at the service.

The mandatory training programme consisted of safeguarding adults, equality, diversity and inclusion, mental capacity and basic life support and first aid in the workplace.

Managers monitored mandatory training and alerted staff when they needed to update their training. We reviewed all staff training files and found that all staff were up to date with their mandatory training.

The nurse had received external training on a comprehensive list of training modules. The manager reviewed evidence of the nurses mandatory training and noted the expiry date.

## Assessing and managing risk to clients and staff

**Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.**

## Assessment of client risk

Staff screened clients and completed face to face assessments before admission and only admitted them if it was safe to do so. Clients also received a pre-admission evaluation of medicines by the prescriber for the service. They assessed and managed risks to clients well.

Clients who were admitted to the service from the community were asked to take a lateral flow test just before admission. Managers told us they had a client who tested COVID-19 positive while resident and they followed national isolation procedures in force at the time.

We reviewed care records for three clients. Staff had completed risk assessments for all clients. These were regularly reviewed and updated in response to changing or new risk. All clients had contingency plans in place in case of unexpected early exit from treatment.

The GP confirmed client safety was the primary concern and confirmed they had advised the manager when they felt it was not safe to admit a client. The manager confirmed they did not admit clients the GP considered unsafe.

Clients consented to bag searches should staff have reason to believe this was necessary. Clients' bags were also searched on admission and when they returned from home visits. Staff made clients aware of any prohibited items prior to admission and if any items were found these were kept in a locked cupboard within the manager's office.

## Management of client risk

The nurse told us they monitored any sudden deterioration in a client's health with physical health checks. We observed completed physical health checks within client care records. However, staff told us that they did not receive training to identify withdrawal symptoms in clients undergoing detoxification which meant they were reliant on the nurse or the manager being present to monitor client's health.

Staff planned well for unexpected exit from treatment. Clients told us that they were asked how they could be supported to re-engage in the service, if they decided they wanted to leave. This was discussed and completed during the pre-admission assessment. Staff understood processes if a client decided to leave treatment early.

# Substance misuse services

The provider had a lone working policy and staff told us they felt safe. Staff who were working alone were required to carry a service phone with them at all times and a manager was always on call.

The service had a lone working policy, which included a risk assessment form. However, the policy had a review date of 2021.

## Safeguarding

**Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role and all staff kept up to date with their safeguarding training. The service provided clear guidance to staff on which level of training was appropriate for their role and managers received a higher level of training. Training mostly consisted of adult safeguarding.

All staff had Level 2 Safeguarding Adults training and the nurse had Level 3 Safeguarding of Vulnerable Adults and Safeguarding of Vulnerable Children training. At the time of the inspection the manager had not completed their Level 3 Adult Safeguarding training but following the inspection the face to face training had been booked.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to recognise adults at risk of or suffering harm. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff told us that they would inform the registered manager if they had concerns regarding the safety of clients.

Although the service had a designated safeguarding lead this was not documented within the safeguarding policy. All staff knew who they should contact if they had a safeguarding concern. The policy clearly signposted staff to the Local Authority if they needed to escalate concerns. The service had submitted no safeguarding notifications to CQC in the previous 12 months.

Children did not visit the service. However, the provider did not take into consideration protection of children within the client's environment. This meant children would not be identified as being at risk from the client's possible behaviour.

## Staff access to essential information

**Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**

Client notes were mostly comprehensive, complete and all staff could access them easily. Client notes were paper based, and electronic communication from external sources were printed and kept within the client files.

Records were stored securely and only staff could access these notes.

## Medicines management

**The service used systems and processes to safely prescribe, administer, record and store medicines.**

Staff followed systems and processes to prescribe and administer medicines safely. We reviewed medication records for three clients, and these were accurate and up to date.

## Substance misuse services

All staff received online training for safe administration of medication. The manager told us all staff had their competency checked before being able to administer medication alone. Nursing staff told us they re-assessed competencies annually. However, during the inspection the manager told us records for competencies were not kept, either for competency or review. Following the inspection evidence was provided of staff competencies.

Staff reviewed each client's medicine regularly and provided advice to clients and carers about their medicines.

A GP reviewed client medication pre-admission and when required during the client's admission to the service. We reviewed GP notes within the client records and found them to be comprehensive.

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance. The manager told us they regularly reviewed the effect of client's medication on their health with the GP and these were adjusted in line with NICE guidance.

### Track record on safety

**The service had a good track record on safety.**

### Reporting incidents and learning from when things go wrong

**Although the manager told us they investigated incidents, they did not always share lessons learned with the whole team and the wider service. However, staff knew when they should apologise to clients.**

Staff understood the duty of candour. There had been no incidents which required the duty of candour since the service began. There had been no statutory notifications to report since the service began.

Managers investigated incidents and they told us of an incident investigated, the outcome and the actions taken to prevent the incident happening again. However, the manager told us incidents investigations were not documented. This meant the manager could not monitor trends in investigations and that actions had been completed.

The manager told us of an incident where medication had gone missing. The medication was subsequently found, and actions taken to prevent this happening again. However, not all staff knew of the changes made. The manager told us they planned to provide a debrief during staff meetings and written updates for new procedures after incident investigations.

Staff sometimes met to discuss the feedback and look at improvements to client care. Staff told us that they discussed feedback at the staff team meeting.

The manager told us incidents were discussed at staff meetings. We were shown agendas for meetings held in November 2021, February 2022 and March 2022. However, there were no agenda items listed to review incidents. This meant that we could not be assured all staff were aware of incidents and actions to be taken. The manager told us regular staff meetings were not held due to the small number of clients using the service.

## Are Substance misuse services effective?

We had not previously inspected this service. We rated it as requires improvement.

# Substance misuse services

## Assessment of needs and planning of care

**Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, and recovery oriented.**

Staff completed a comprehensive assessment of each client. This included demographic information, current substance use, medicines, previous trauma and violence episodes, risks to others and details of any criminal record.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. Clients told us that their mental health and social care needs were considered at their pre-admission assessment. We observed completed physical health observations.

Staff requested a medical summary from GPs and previous risk assessments from the referring charitable organisation. If clients did not consent to the service requesting this information medication would not be prescribed. Clients had a medical review prior to any medicines being prescribed and these took place as and when they were needed.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. These included plans for unexpected exit from treatment plans.

Staff regularly reviewed and updated care plans when clients' needs changed. Care plans were reviewed frequently if needed.

## Best practice in treatment and care

**Staff provided a range of care and treatment interventions suitable for the client. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives. However, managers did not undertake audits and therefore could not assure themselves they were providing best practice in treatment and care.**

The service offered a medically monitored alcohol detoxification treatment based on motivational interviewing and cognitive behavioural therapy. This was a programme to assist people suffering from alcohol dependency by helping them to recognise problems, or potential problems, related to their alcohol use and how to resolve these problems through positive change and the belief in the ability to change.

Staff made sure clients had support for their physical health needs, either from their GP or community services. Staff supported clients to make appointments with their GP where needed. When we reviewed care records, we saw evidence of staff checking in with clients regarding their physical health needs and providing them with support where needed.

Staff provided a range of care and treatment suitable for the clients in the service. The service had a comprehensive timetable of activities, which included a range of psychoeducation, leisure activities, on and off-site activities and group and individual activity sessions. The activities timetable was used for clients staying for an extended period of recovery. All clients at the time of inspection were undergoing detoxification. Clients were encouraged to participate in activities when they felt ready. We did not see activities being conducted on the day of the inspection due to the very recent admission of both clients.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. The service signposted clients to services who could offer advice on healthy lifestyles. Clients told us they were given multivitamins as part of their treatment regime.

# Substance misuse services

Staff supported clients to stop smoking and encouraged them to use vaping products instead. Smoking was not permitted within the house.

The service did not work in isolation. Managers had links with a local NHS detoxification service and planned to have regular meetings at the service to review quality improvement. At the time of our inspection these meetings had not taken place due to low client numbers.

However, staff did not take part in clinical audits, benchmarking and quality improvement initiatives. Managers did not undertake audits to make improvements which meant they could not assure themselves they were providing best practice in treatment and care.

## Skilled staff to deliver care

**The teams had access to a range of specialists required to meet the needs of clients under their care. Managers did not always make sure that staff had the range of skills needed to provide high quality care. The manager did not support staff with regular documented appraisals, supervision and opportunities to update and further develop their skills. Although managers provided an induction programme for new staff it was basic and not client focused.**

Managers gave each new member of staff an induction to the service before they started work. However, managers told us this induction focused on the environment rather than both environment and client focused aspects. This meant the manager could not be assured new employees felt supported and understood their role completely.

Staff told us that managers supported staff through constructive appraisals and supervisions of their work. However, there was very limited evidence of supervisions. We reviewed six personnel files and found two members of staff received one occasion of supervision during the last year. Other staff members had worked at the service no longer than six months and therefore were not due an appraisal. It was unclear who was offering supervision to the registered manager and the chief executive officer who worked onsite.

Staff told us that they regularly attended team meetings. We were shown agendas for meetings held in November 2021, February 2022 and March 2022. However, minutes were not taken and there was no evidence of who had attended the meetings.

The service had access to a full range of specialists to meet the needs of each client. Managers regularly worked with local GPs and a psychotherapist when needed. Managers showed us input from specialists when it had been requested.

Many of the recovery workers working within the team had personal experience of detoxification, although had not received formal detox training. The manager was a qualified therapist.

## Multidisciplinary and interagency team work

**Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The service had effective working relationships with relevant services outside the organisation.**

Staff held regular multidisciplinary meetings to discuss clients and improve their care. Managers showed us communication from multidisciplinary meetings which included police, psychiatrists, health workers and attendees from the Local Authority.

## Substance misuse services

Staff made sure they shared clear information about clients and any changes in their care. Staff had the opportunity to discuss clients during the start of a shift.

Staff had effective working relationships with external organisations and was working on creating further referral sources. We saw communication between the service and an external organisation discussing how to improve the process for admitting clients to the service.

### Good practice in applying the Mental Capacity Act

**Although staff had limited understanding of the Mental Capacity Act, they gained client consent prior to any treatment.**

Staff received and kept up-to-date with training in the Mental Capacity Act. However, staff we spoke with had limited understanding of the Mental Capacity Act and how this affected their role as a recovery worker. At the time of the inspection the manager had not completed their Level 3 Mental Capacity Act training.

Although, there was no reference to capacity or evidence of assessment of capacity to consent to treatment, they gained client consent for admission and prior to any treatment.

There was a clear policy on the Mental Capacity Act, which staff knew how to access.

Staff gave clients all possible support to make specific decisions for themselves.

### Are Substance misuse services caring?

Good 

We had not previously inspected this service. We rated it as good.

### Kindness, privacy, dignity, respect, compassion and support

**Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.**

Staff were discreet, respectful, and responsive when caring for clients. We observed staff knocking on client doors and speaking in a respectful way. Clients told us that staff treated them well and behaved kindly.

One client told us that the service went above and beyond to make sure their admission was successful. The manager ensured there were travel arrangements in place for the client to get to and from the service and that their pet was looked after during their stay.

We observed staff treating clients with kindness and compassion during our inspection.

Staff gave clients help, emotional support and advice when they needed it. We were told by managers that they understood care was more than the support offered while in the service. We were told of an example where the managers had cleaned the client's flat while they were detoxing because they understood it would give them a head start when they left the service.

## Substance misuse services

Staff supported clients to understand and manage their own care treatment or condition. All clients told us that they understood their treatment plan before admission and felt able to take their treatment at their own pace. Staff understood and respected the individual needs of each client.

Staff directed clients to other services and supported them to access those services if they needed help. The nurse would refer clients to other services if the client consented.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff.

Staff followed policy to keep client information confidential.

### Involvement in care

**Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.**

### Involvement of clients

Staff involved clients and gave them access to their care plans. All clients we spoke with said they did not receive a copy of their care plan. However, staff made sure clients understood their care and treatment. All clients said they understood their treatment plan and felt this covered all factors of their life.

Clients could give feedback on the service and their treatment and staff supported them to do this. Clients told us they felt able to give feedback to all staff members including the registered manager. All clients were asked for feedback on discharge.

### Involvement of families and carers

Staff informed and involved families and carers appropriately. Clients told us that the registered manager kept families up to date with their progress with their consent. Clients were able to keep in contact with their loved ones. Where consent was given, families and carers were involved in the pre-assessment process.

## Are Substance misuse services responsive?

Good 

We had not previously inspected this service. We rated it as good.

### Access and waiting times

**The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.**

The service accepted referrals from local national charitable organisations. The service also accepted privately funded clients.



# Substance misuse services

The service did not have a waiting list due to having spare capacity. The waiting time for an initial assessment was up to a week. Staff contacted clients when they received their referral and arranged an appointment at a time which suited them. The service operated during and outside of working hours Monday to Sunday. The service saw urgent referrals quickly.

Staff worked hard to avoid cancelling appointments and when they had to, they gave clients clear explanations and offered new appointments as soon as possible. The service rarely cancelled appointments.

## The facilities promote comfort, dignity and privacy

**The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.**

All clients told us that the service was clean and tidy.

The service had a full range of rooms and equipment to support treatment and care. The service was in a residential property. All clients told us that the environment was quiet, peaceful and felt homely. Clients felt the environment was supportive in their journey to recovery.

The two group rooms were spacious and bright and one of these rooms was used for therapeutic purposes. This room was open plan and could pose a risk to privacy and confidentiality.

Clients had access to their own belongings during their stay and were able to use their own mobile phones to stay in contact with family and friends.

Clients were asked whether they had any allergies on admission and what types of food they preferred. All clients told us that they were able to make food and drinks whenever they liked. Meals were prepared for them, and all clients told us that this was cooked to high standard, and they thoroughly enjoyed the food on offer.

## Meeting the needs of all people who use the service

**The service met the needs of all clients, including those with a protected characteristic or with communication support needs.**

The accommodation and treatment facilities were located across several floor and the building was not currently adapted for wheelchair users. However, staff signposted people to other suitable services when they were unable to meet their needs.

Staff made sure clients could access information on treatment, local services, their rights and how to complain. Leaflets were readily available, signposting clients to external information.

## The service was currently unable to take referrals for clients who were non-English speakers.

## Listening to and learning from concerns and complaints

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

Clients, relatives and carers knew how to complain or raise concerns. Clients told us that they had not had any reason to raise concerns about the service. Clients told us they felt staff and managers would listen to and act upon their concerns if they had any. The service had a complaints policy and requested feedback from clients.

## Substance misuse services

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint.

Managers investigated complaints and would identify themes if these were found. The manager told us in the last twelve months one complaint had been raised. Although the service had only received one complaint, we were told staff would protect clients who raised concerns or complaints from discrimination and harassment.

Clients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. If there was learning it would be shared during staff meetings.

The service used compliments to learn, celebrate success and improve the quality of care. The manager told us how proud they were to receive positive feedback about the service provided.

### Are Substance misuse services well-led?

Requires Improvement 

We had not previously inspected this service. We rated it as requires improvement.

#### Leadership

**Leaders did not have the skills, knowledge and experience to perform their roles. However, they had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.**

Leaders had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.

However, there was no additional planning for cover should the manager be absent from the service for any length of time.

The systems used by the service, to enable effective oversight of its business, were not fully effective. We found the provider had gaps to support good governance and provide assurance of a safe and quality service.

Managers could not demonstrate a full understanding all of the priorities and issues the service faced or how to manage them. While they had a good understanding of their service they could not evidence how they could be assured they were providing a safe service or understand the process of good governance. For example, there was no audit programme, risk register or effective system for checking out of date policies.

#### Vision and strategy

**Staff did not know or understand the service's vision and values and how they applied to the work of their team.**

# Substance misuse services

Staff did not know the provider's vision 'to become a centre of excellence or the provision of treatment and care for people struggling with addictions' or their values and how they were applied in the work of their team. However, staff showed compassion and commitment to the clients they supported.

The staff appraisal process did not incorporate the provider's values and behaviours to ensure staff worked in accordance with them. Staff were not fully involved in developing the strategy for the service.

## Culture

**Staff felt respected, supported and valued. They reported that the service promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.**

Staff we spoke with during the inspection felt supported and valued. They felt motivated and proud to work for the provider. Staff said they had access to the leaders whenever they needed support.

Staff told us when the service received positive feedback, it was shared with teams during staff meetings, informally. Staff described it as a happy place to work.

The provider had a comprehensive whistleblowing policy, which was kept as a paper copy and available to staff whenever they needed it. Managers told us staff would sign to acknowledge that they read updates to reviewed policies.

The provider did not have a system to gather staff experiences, feedback and satisfaction levels. This may mean staff perspectives about the service are not fully understood and acted upon.

## Governance

**Our findings from the other key questions demonstrated that governance processes did not operate effectively, and that not all performance and risk were not managed well.**

Managers did not operate effective governance processes within the service. Managers did not have a formal system or process to regularly manage governance of the service. There was lack of oversight and assurance of the safety and quality of the service provided. The provider could not assure themselves they were able to assess, monitor and improve the quality and safety of the services provided through good governance processes.

There was no audit programme which meant the quality of the service could not be assured, and performance and risk could not always be identified or managed well. Managers did not have oversight and that all systems were effective, particularly in relation to recruitment and adhering to policy processes.

We requested 15 policies at inspection. The manager provided all policies requested. We reviewed them and found them adequate for the service, mostly up to date and reviewed. However, we found that not all policies were adhered to. This meant the managers could not assure themselves they had oversight and that staff and clients were kept safe.

The recruitment policy did not ensure staff employed were suitable for the post, checked, risk assessed and vetted properly. We reviewed recruitment files of six staff and all files were incomplete for different reasons. As an example, the registered nurse had no record of interview notes held on file and there was no evidence that references had been received for any member of staff. There were also gaps in work history and no evidence of a successful probationary sign off period in any of the six personnel files. This meant the managers could not demonstrate the staff member was competent for their role.

# Substance misuse services

However, all staff had valid enhanced Disclosure and Barring Service checks recorded. The provider did not retain these certificates in accordance with confidentiality around personal information.

The manager did not always review the service's website. During the inspection with reviewed the website and found it stated the service offered was a medically managed detoxification programme. The service in fact offers a medically monitored detoxification programme. A service that offers medically managed detoxification must provide 24-hour medically directed evaluation care and treatment. Medically monitored detoxification is required to have supervision provided by a GP.

During the inspection we informed the managers of our findings and they told us they had updated a number of pages on their website. However, after our inspection the website was checked, and it was found that it had not been updated thoroughly.

## Management of risk, issues and performance

**Staff did not always have access to the information they needed to provide safe and effective care and could not use that information to good effect.**

Managers could not confidently tell us their biggest risk for the service and did not have a local risk register to capture operational issues relevant to the location.

Although the manager told us of an incident involving missing medication, there was no evidence this incident was formally shared with staff or actions and learning identified.

## Information management

**Staff did not collect or analyse data about outcomes and performance.**

The provider did not collect or analyse data about outcome and performance. They did not benchmark themselves with other similar services to improve the service.

The provider was not involved in any national quality improvement schemes.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

Accommodation for persons who require treatment for substance misuse

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- The provider must ensure staff have training on detoxification and supporting clients through recovery.

#### Regulated activity

Accommodation for persons who require treatment for substance misuse

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The provider must ensure there is an effective governance processes and oversight to effectively monitor the quality of care being delivered. The provider must have a risk register to demonstrate and review knowledge of their biggest risks. The provider must have effective processes for reviewing and updating guidance in out of date policies.

#### Regulated activity

Accommodation for persons who require treatment for substance misuse

#### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

- The provider must ensure all relevant information regarding the employment of staff must be completed.