

Brook Drive

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

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

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

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

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

Overall summary

We do not currently rate substance misuse services.

- The inspection of Brook Drive took place at a time when the service was planning to take more clients with complex needs. A number of changes were going to take place including more specialist staff joining the team, access to a new clinical room and additional staff training.
- The service demonstrated very good practice in a number of areas. There was a highly motivated team and the feedback from clients using the service was very positive about the care they were receiving. The care was very person centred and clients were involved in all aspects of their care. The programme of

detoxification followed good practice guidance and the outcomes for clients were monitored. Clients could access a range of therapeutic activities, although they would have liked more at the weekends.

- There were a few areas for improvement to ensure the service was safe. This included ensuring all clinical equipment was maintained and ready to use, disposing of control drugs in line with guidance, ensuring risk assessments were up to date and plans to mitigate risk were in place and finally to ensure staff had received training on how to support clients when they had a seizure.

Summary of findings

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Brook Drive

Services we looked at

Substance misuse services; Substance misuse/detoxification

Summary of this inspection

Background to Brook Drive

Brook Drive is a residential service provided by Equinox Care. The service can accommodate 27 clients and delivers a medically managed detoxification programme for adult men and women requiring assisted withdrawal from addictive substances. They are open to clients with a dual diagnosis of mental ill health and substance misuse. They provide a programme of activities, which include individual and group work, complementary therapies and other life skill sessions. The service works in partnership with a local mental health NHS trust. Plans were progressing to develop a number of beds for clients with more complex care needs.

Brook Drive has had three previous focused CQC inspections between 2012 and 2013. The most recent CQC inspection took place in October 2013. The service was found to be meeting the standards that were being measured.

The service is registered to provide the following regulated activities:

- Accommodation for persons who require treatment for substance misuse
- Substance misuse problems
- Treatment of disease, disorder or injury

The Registered Manager is Mr Michael Twamley.

Our inspection team

The team that inspected the service consisted of one CQC inspector, a CQC inspection manager, a CQC assistant inspector, a CQC pharmacist specialist, an expert by experience and two specialist advisors. The expert by experience working on the inspection had direct

experience of receiving care from mental health services. The specialist advisors were a consultant psychiatrist and a senior nurse with experience in substance misuse and detoxification.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- 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 and we asked a range of other organisations, including commissioners and key stakeholders for feedback on the service.

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the ward environment and observed how staff were caring for clients
- spoke with 11 clients who were using the service, and held a focus group with clients

Summary of this inspection

- collected feedback from three clients using comment cards
- spoke with the registered service manager and the lead for quality & compliance
- spoke with 14 other staff members, including doctors (GP lead and specialty trainee GPs), nurses (including the nurse team leader and an enhanced liaison nurse), pharmacist, the unit bed manager, a recovery worker, a student nurse, a relief worker, a reflexology therapist and an external programme co-ordinator
- received feedback about the service from five different commissioning groups
- attended and observed a staff handover meeting and a staff debrief meeting
- attended and observed two client check-in groups, two client therapy sessions, 1 client education session, and one client admissions assessment
- looked at nine care and treatment records of clients
- looked at 37 medication records of clients
- reviewed the medicines management processes for the service and a range of policies and procedures

What people who use the service say

During our inspection we spoke with eleven clients about the care and treatment they received. All eleven clients we spoke to commented very positively about the staff and fed back that staff were very approachable, encouraging and respectful.

We received three completed comment cards from clients at Brook Drive. Clients told us that staff treated them with dignity and respect, and supported them to recover whilst they were accessing the service. Clients were positive about the quality of the food at the service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act (MCA) training was not provided for staff working in the service. However, the service had nominated lead for MCA who was qualified nurse.
- Between February 2015 and 2016, there were no applications for Deprivation of Liberty Safeguard Authorisations (DoLS) in the service.
- Staff did not routinely carry out capacity assessments. The service stated that they worked along a presumption of capacity.
- Referrers provided information on the client's willingness to engage with the treatment on the referral forms. Where appropriate, female clients were asked to consent to a pregnancy test on admission to mitigate the risks of the prescribed detox medication

Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse/detoxification services safe?

Safe and clean environment

- The service was clean, spacious and well maintained. The rooms were located across three floors with an area on the ground floor, which was allocated for clients who were assessed as needing higher levels of support.
- A nurse call alarm system had recently been installed into the rooms on the ground floor of the unit. This system had been installed to ensure that there was an adequate alarm call system for high risk clients who may be admitted to the complex care hub in this part of the service.
- The unit had a ligature risk assessment for the building including client bedrooms. Staff regularly updated the ligature risk assessment. Risks were being managed and addressed in individual care plans.
- The unit met the requirements for same sex accommodation. On the second floor there was designated female only lounge. Clients were able to lock their bedroom doors from the inside of their rooms.
- The clinic room was clean and tidy. There was a defibrillator to use in a cardiac arrest, which was located in the nursing station and not clearly visible. Some medicines were available to treat certain emergencies including seizures and hypoglycaemia. The service needs to clearly define how it will respond to medical emergencies as it moves towards taking clients with more complex needs and ensure they have the appropriate equipment and medication available.
- The clinic room had handwashing facilities though the washbasin and taps were not lever operated and did not comply with guidance for handwashing facilities. This increased the risk of spread of infection. We observed one client changing a dressing to a leg ulcer in the clinic room with no supervision from staff and without any

sterile equipment or infection control measures. The service had plans to refurbish one of the rooms on the ground floor in the proposed complex care hub to provide a new clinic room with facilities and space to care for people with more acute physical health problems including the provision of an examination couch.

- The service had an infection control policy. The unit had a list of nominated staff that were responsible for monitoring certain areas of the service. There was a cleaning schedule in place for the unit and this was followed. We observed that the unit was clean and well maintained.
- Staff checked and recorded the temperatures of the medicine fridge in the clinic room daily, and these were within acceptable range. This meant that medicines were kept at the appropriate temperature. However, other equipment in the clinic room was not being routinely maintained. There were out-of-date dressing packs, and equipment checks we reviewed showed that blood glucose meters were not calibrated regularly. This meant that some equipment was not checked to ensure it was safe to use.
- The unit did not have an ECG machine on site to assess clients cardiac functioning if required prior to prescribing. If an ECG was needed then the client would be escorted to the GP surgery to have an ECG though this meant there was some delay in completing the assessment and clients had to leave the unit.

Safe staffing

- The service had an established minimum staffing level of three qualified nurses and one recovery worker for the day shifts during the week, and two qualified nurses and one recovery worker for night shifts and weekend

Substance misuse/detoxification

shifts. This was increased to two recovery workers at weekends. On day shifts during the week, staff were supported by four senior staff including two senior qualified nurses.

- The service operated a twelve-hour shift system for both day and night shifts. A nursing handover took place to handover shifts, which included updates on clients progress, care planning, physical health and risk.
- 26.2 % of the total 738 available shifts were filled by bank or agency staff during the period from October to the end of December 2015. Where bank or agency staff were used they were familiar with the unit and were used regularly. Bank or agency staff employed received an induction and orientation to the service prior to working on the unit.
- At the time of inspection, the service had 14 substantive staff members. Eight were permanent qualified nurses and two were full time substance misuse recovery workers. The recovery workers were people who had a previous history of alcohol or substance misuse. In addition volunteers who had recently received treatment for alcohol or substance misuse, and were currently not dependent, provided care and support. The remaining four staff were managers, of whom two were senior qualified nurses. At the time of inspection, there were five vacancies for permanent qualified nurses.
- The manager was able to request and access more staff when the number of clients increased due to admissions or if there was an increase in client care needs. The service reported staff sickness levels of 1.8% for the year up to the end of November 2015. Where there were gaps due to staff sickness or annual leave the shifts were filled using bank or agency staff.
- The service operated a keyworker system and each client was assigned a keyworker on admission. Each client received a minimum of three one-to-one sessions with their named keyworker during their admission, which provided continuity of care by staff.
- Medical cover was in place and was provided by a local GP surgery. A GP visited the unit each morning to complete admission assessments and review clients on the unit. Out of hours, medical cover was accessed from the out of hours GP service. In an emergency clients were transferred to the local A & E department using 999 emergency services.
- The employment records of all staff were reviewed. All staff including volunteers had up to date checks from

the disclosure and barring service (DBS). This meant that staff had relevant checks and assurance in place to work with people who were potentially vulnerable. The professional registration status for all qualified nurses was also reviewed and we found that all of the registration documents were present and up to date.

- A mandatory training programme was delivered and staff had a 100% completion rate for mandatory training.

Assessing and managing risk to clients and staff

- Guidelines and criteria for referral to the service were in place and a bed manager, was responsible for liaising with external agencies and triaged all referrals. Required referral information included a recent blood test or liver function test, to assess the client's physical health and current levels of substance misuse.
- Initial risk assessments were completed by the GP when the referral was received and the referrers' notes and recent blood tests or investigations were used to inform the assessment and the subsequent prescribing regime for detoxification. The service had a target of completing risk assessments within 24 hours of admission and this was taking place routinely.
- We reviewed four care records in detail and found that risk assessments were not being routinely updated during a client's admission. The risk management plans in all four care records were not comprehensive and did not include a detailed management plan as part of the care planning.
- The unit had a therapeutic contract, which clients consented to and signed on admission to the service. This included an agreement not to leave the unit unescorted. The clients we spoke to were aware that they had agreed not able to leave the unit without an escort. When clients wanted to leave the unit to go to the local shops, a staff escort was provided.
- An observation protocol was in place ensuring clients were safely observed and monitored. The level of observation was determined following the risk assessment.
- During admission, a minimum of two staff members carried out searches of client belongings to remove

Substance misuse/detoxification

items, which contained substances, which could be abused or misused by service users. We observed one admission and saw this being completed safely, with respect and dignity.

- All staff completed annual mandatory safeguarding training. The service recorded two safeguarding concerns and one safeguarding alert between July 2014 and mid-April 2015. Staff reported safeguarding concerns to a manager, who then reviewed each case and where appropriate, escalated it to the local authority as a safeguarding referral. Staff documented all safeguarding incidents.
- Staff ordered medicines from a local pharmacy, and medicines could be ordered in an emergency. Stock medication, and medications, which were brought to the unit by clients on admission, were being appropriately stored. Staff ensured that clients' own medicines brought into the unit on admission matched the GP prescription. Nursing staff then transcribed prescribed medications to a medicine administration record (MAR), which a doctor signed.
- Administration and storage of controlled drugs was appropriate. Staff stored controlled drugs (CD) in a locked cupboard, and documented CD administration in a CD administration book. The administration of controlled medication was countersigned by two members of staff. This administration book was reviewed and was completed accurately and up to date. Staff audited the CD book on a daily basis. However, destruction of stock controlled drugs was not carried out in accordance with legislation, as medicines were being returned to the pharmacy. Stock controlled drugs were not being destroyed on the premises in the presence of a local CDAO (controlled drugs accountable officer), in line with the Controlled Drugs (supervision of management and use) Regulations 2013.
- A policy was in place for adults and children under the age of 16 visiting the service. Due to the short-stay nature of the service, Brook Drive did not generally facilitate family visits. Where visitors were part of a client's support network, staff supervised the visitors

Track record on safety

- Between January and December 2015, there were eight incidents of seizures related to alcohol detoxification. The service had one internal serious case review that involved three clients who all had seizures on the unit during August 2015.

Reporting incidents and learning from when things go wrong

- Staff demonstrated a good understanding on reporting incidents. Staff completed an accident, incident and near miss (AINM) electronic form following an incident. The service manager reviewed all AINM forms on a weekly basis and graded incidents according to risk level. All AINMs rated as high risk triggered an internal review. When needed a notification form was also completed and sent to the CQC. The compliance manager reviewed all AINM forms on a weekly basis. Lessons learnt were shared with colleagues during team meetings.
- Following a review of incidents related to alcohol withdrawal related seizures a number of measures were put in place to improve monitoring. This included increasing the level of observations and planning staff training on seizure management.
- Staff were able to describe the principles of duty of candour. Staff talked through what they would do if mistakes were made, including being open and transparent, and offering an apology.
- Following each incident, managers held debrief sessions with staff and discussed lessons learned to improve collective practice. Managers also discussed learning from incidents and preventative measures during individual staff supervision.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Assessment of needs and planning of care

- Nursing staff and recovery workers completed an admission assessment, which was holistic and included an assessment of physical health, support network, social needs, criminal history and current and past drug or alcohol use. Nursing staff also completed mental health assessments for each client on admission, and documented any previous contact with mental health services. The admission assessment included the recording of vital observations, including temperature, pulse, blood pressure and weight. Routine drug screening and breath alcohol levels were taken during the admission assessment to inform and plan care.

Substance misuse/detoxification

- The service acknowledged that future referrals to the complex care hub would present a higher risk during the detoxification stage. The proposed pathway for access to service was that the senior substance misuse specialist nurse would triage and screen any referrals before accepting and admission.
 - GPs from the partner surgery completed assessments prior to admitting clients to the unit. This was done using information provided by the referrer. The GP also prescribed the initial medication for detoxification before they had carried out a face to face physical examination. The GP needs to be assured that this is safe practice especially as the needs of clients using the service become more complex. The GP carried out a physical examination of the patient in the 24 hours following admission to the service.
 - Nurses completed a basic physical assessment of a client's vital signs before administering medications for detoxification. Physical health checks were completed and observations recorded on a chart that identified if there was any deterioration in the clients physical health.
 - Electronic care records were accessible to all permanent staff including regular bank and agency staff. Staff in the service and the GPs used a different electronic system. This meant there was a risk that staff did not have access to the most up-to-date client information from GP electronic care notes system. To mitigate this risk, the lead nurse had access to the GP electronic care notes system and was responsible for updating and communicating information on physical health investigations or progress with the team.
 - The care plans were personalised, included the views of the clients and were up to date.
- opiate withdrawal scale to monitor withdrawal symptoms. Staff also checked clients' alcohol levels regularly, and closely monitored clients for signs of drug or alcohol use.
 - The qualified staff we spoke to fed back that psychosocial interventions were delivered including cognitive behavioural therapy and motivation interviewing and a weekly focus group therapy session. The service also provided complimentary therapies, including shiatsu, reflexology, acupuncture and Indian head massage.
 - Phlebotomists visited the unit twice weekly to take blood tests for investigations. These included blood-borne virus testing, liver function tests and a full blood count. Clients were also offered a hepatitis A inoculation on admission.
 - Staff measured client outcomes using the national drug treatment monitoring system and submitted the outcomes of client treatment to this core data set in line with guidance an best practice.
 - The senior nurse completed informal check of medicines and we observed that issues related to medicines discussed at the handover sessions. However, audits of medicines administration and stock medicines were not completed.

Skilled staff to deliver care

- In addition to qualified nursing staff, the service employed recovery workers who had completed treatment for drug or alcohol problems in the past. This role in the service provided support staff with expertise and experience of using drug and alcohol services, creating a supportive and compassionate service.
- As part of the development and implementation of the complex care hub, the service was working in partnership with a local NHS Trust. The clinical nurse specialist employed through the local NHS Trust was delivering competency based training for all staff working in the service. This included medicines administration, safe use of medical devices and equipment, use of early warning score systems and how to assess for vital signs in physical health assessment. This training was part of the ongoing plan to increase the capability and skills of staff to care for people with complex health needs and higher risk of withdrawal related health problems.

Best practice in treatment and care

- Medicines were prescribed within recommended National Institute of Clinical Excellence (NICE) guidelines and staff maintained clear medication administration records for clients.
- The detoxifications regimes prescribed by the assessing GP were in line with guidelines and recommendations for alcohol and drug detoxifications.
- The service had recently introduced the national early warning score system (NEWS) to monitor the physical health of clients.
- The service routinely used the clinical institute withdrawal assessment of alcohol scale and the clinical

Substance misuse/detoxification

- Prescribing doctors were qualified and competent to assess and prescribe for addiction issues GPs working at the service had completed the Royal College of General Practitioners Drugs: Management of Drug Misuse (Level 1) certification. The service did not have an employed psychiatrist, however there were plans to appoint a psychiatrist for 1.5 days per week in the near future.
- The service had access to a pharmacist and complimentary therapists. However, the service did not have a psychologist or any other health professional employed. The service planned to develop more psychology input to the service as part of the plans for the complex care hub.
- The service had links with the diabetes clinical nurse specialist at the partner GP surgery. The service also planned to engage with the tissue viability nurse in future with the proposed referrals to the complex care hub.
- Part-time staff, recovery workers, relief workers such as bank and agency staff, student nurses and volunteers received an induction. This included health & safety awareness, first aid, fire awareness, incident reporting process and service policies and procedures.
- Senior staff nurses organised half-day monthly training courses for volunteers who worked in the service. This training covered drug and alcohol workplace awareness, lone-working and conflict resolution.
- All staff received a minimum of 10 supervision sessions with the service manager for the year up to February 2016. The supervision records we reviewed were well documented and comprehensive. Regular agency workers and relief workers received supervision from nurse team leaders, and student nurses received supervision via nurse mentors.
- All permanent staff received an appraisal in the year up to February 2016.
- All staff attended 6-weekly team meetings and all managers attended monthly management meetings.
- Staff had not received training on how to safely support a client if they have a seizure. This was the highest risk in the service.
- The nursing staff and recovery workers we spoke to were unaware of how to make a referral to mental health services in a crisis.
- Handover meetings took place twice a day. This was attended by all staff and there was good discussion on patient progress and risk assessments.
- The service worked in partnership with various local authorities, the local acute hospital, local GP practices, and other third sector organisations.
- The service was working closely with South London and Maudsley NHS Foundation Trust to develop the service to meet the needs of clients with more complex needs.
- Multiple London boroughs commissioned the service to provide detoxification and stabilisation for clients in a crisis. Managers had regular meetings with commissioners and key stakeholders to review the service provision. The service provided reports and monitoring information to commissioners and the national drug treatment monitoring system.

Good practice in applying the MCA

- The service did not deliver Mental Capacity Act (MCA) training. Feedback from the nursing staff we interviewed indicated that there was an awareness that the complexity of clients would be increasing and that capacity to consent to treatment could become a factor in decision making in treatment and care.
- The service stated that they made a presumption of capacity as the clients who accessed services were motivated to receive treatment and care.
- Over the past year between February 2015 and 2016, there were no applications for a Deprivation of Liberty Safeguard authorization.
- Where appropriate, female clients were asked to consent to a pregnancy test on admission to mitigate the risks of the prescribed detox medication.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- Staff were kind, sympathetic and supportive towards clients. Clients were treated with dignity and compassion.
- We spoke with 11 clients who were using the service. All the clients we spoke to commented very positively about the staff, and felt that staff were very approachable, encouraging and respectful.

Multi-disciplinary and inter-agency team work

Substance misuse/detoxification

- Staff supported clients to fully participate in their treatment and care. Keyworkers routinely assessed individual client support needs, identified goals to be achieved and supported clients in achieving their goals.
- During the inspection we observed that the staff were accessible to clients and operated an open door policy to the nursing station which created an open and facilitative environment.

The involvement of people in the care they receive

- Clients received an induction and orientation to the unit when they arrived for an admission and the clients that we spoke to fed back that they were made to feel welcome on their arrival. We observed a relaxed atmosphere in the unit.
- Clients' feedback that they were involved in their care plans and felt that staff explained their individual plans in detail.
- Clients told us that staff were very open to feedback. The service had a suggestion box in the communal area. Daily client check-in groups included a discussion of feedback and suggestions for the feedback box. The service manager reviewed the feedback and actions taken to address suggestions and meet the wishes of clients. The team meeting had an allocated client representation slot, providing the opportunity to raise issues directly to staff at team meetings. Staff facilitated weekly group-meetings with clients to gather feedback and suggestions about how to improve the service.
- All clients completed an exit questionnaire when they were discharged from the service, which covered questions on the detox process, access to amenities, the programme and overall satisfaction. The service collated information from the questionnaires into a traffic light matrix, which was reviewed regularly by the manager to identify areas that were working well, and areas that required improvements.

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

Access and discharge

- Between July and December 2015, average bed occupancy was 69%. The average length of stay on the unit was twelve days. On average, twenty clients were admitted each week.
- Between July and September 2015 the waiting time for an admission was between one to two weeks. The bed manager and the lead nurse processed incoming referrals within a 24 hour period. Complex cases were screened and reviewed in conjunction with the assessing GP before accepting the referral.
- Weekly updates of bed vacancies were published on the Public Health England Rehab Online directory. This was accessible to members of the public and referrers. Staff held beds for admitted clients if they had to leave the premises for short periods such as during hospital appointments, ensuring there were no breaks in treatment or care or that the bed was not allocated to another client.
- There were 401 substance misuse service users discharged from the service between April and December 2015. The service discharged clients at the end of their detox programme during the morning hours. GPs and nursing staff completed the discharge reports. Each client received a discharge summary, which was sent to the GP or other agencies involved in the person's care.
- Staff were able to extend planned discharge dates when required. Staff discussed all discharge delays with relevant external agencies, including social workers and commissioners.
- If a client wanted to leave before their treatment was complete mechanisms were in place to reduce the risks associated with unplanned discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- There were designated rooms for individual therapy sessions and reviews with doctors. This maintained client comfort, dignity and privacy.
- The clients' bedrooms were simply furnished, comfortable and clean. The bedrooms provided space and privacy for individual time and relaxation. The service had plans to refurbish the rooms in the unit in the future.
- Each lounge area had a TV and comfortable furniture. In the ground floor lounge there were facilities for making hot drinks.

Substance misuse/detoxification

- Staff supervised client visitors on the unit and they could access the interview rooms located on the ground floor.
- A smoking shelter was provided outside of the building. The unit did not operate a non-smoking policy and there were no plans to introduce a restriction on smoking. Smoking was permitted in a designated communal lounge on the second floor of the building.
- As part of the therapeutic contract, clients were required to hand in their mobile phones for the duration of their treatment. Clients consented to this plan as part of the detoxification programme. Clients had access to two telephones in the communal area to stay in contact with friends and family. A computer with internet access was also available for clients to use in the communal area.
- The service provided group therapy, focus groups and complimentary therapies throughout week. However, the feedback from clients and staff was that there was a limited range of activities at weekends. The nursing staff highlighted that this caused frustration and stress for clients at the weekends.

Meeting the needs of all people who use the service

- The service had appropriate access and facilities for people with mobility needs. There was one bathroom on the ground floor, which provided support and equipment for people who may use a wheelchair or have mobility needs. There was a lift in the unit, which clients with mobility needs could use to access the first and second floor of the building.
- Information leaflets and welcome packs for clients from different cultural backgrounds were available. The service said they regularly supported clients who spoke Polish or Farsi and leaflets were available in these languages. Staff were able to request and access interpreters when required without any difficulties.
- All clients received welcome packs when they arrived at the service. This contained clear information on client rights, complaints procedures and brief descriptions on signs and symptoms of substance withdrawal.
- Clients spoke highly of the variety of choice and quality of food at the unit. Staff ensured that individual client dietary requirements for cultural, religious or health reasons were documented and discussed with the on-site chefs.

- The service provided religious books and prayer mats to clients upon request. Staff supported clients to attend places of worship for prayer outside of the unit.
- Smoking cessation support and nicotine replacement therapy was offered to clients on admission.

Listening to and learning from concerns and complaints

- All clients received information on the complaints procedure in the welcome pack. Information about how to make a complaint was displayed on notice boards in the communal areas.
- The service had a complaints policy. There were two formal complaints during the period from December 2015 to December 2016. Neither of these complaints were upheld.
- The service manager reviewed and investigated complaints. We reviewed a complaint made in January 2016 and found that it was handled and processed according to policy and that the client had been kept informed of the outcomes.
- Complaints were shared with the staff team so that learning could take place. Suggestions made by clients were also recorded along with the actions taken to improve the service

Are substance misuse/detoxification services well-led?

Vision and values

- Staff were aware of the provider's vision and values, to offer hope without exclusion to marginalised people that have a range of health and social needs.
- The service objectives reflected the organisation's visions and values.
- Staff knew senior managers in the organisation. The sector manager and the director of operations visited the service regularly. Staff described senior managers as being visible, accessible and approachable.

Good governance

- The manager used key performance indicators to monitor the performance of the service. These included audits of completion of assessments on admission, provision of nicotine replacement therapy, discharge planning and frequency of key worker reviews with clients.

Substance misuse/detoxification

- The service manager was a well-respected member of the team with sufficient authority to manage and lead.
- The manager was able to submit items to the service risk register, which was updated quarterly at executive team meetings.
- The provider facilitated a number of governance meetings for the service, to ensure senior staff were supported and that they had access to external scrutiny.

Leadership, morale and staff engagement

- Staff we spoke to were able to explain what they would do if they had a concern about the service. Training on whistle blowing awareness was part of the induction programme for all staff.
- Staff we spoke to fed back that there was good level of morale within the team. Staff said that they enjoyed working at the unit and that it was good place to work. Staff felt supported by managers and had opportunities to give feedback on the service during team meetings and individual supervision sessions.

- Opportunities for leadership development were provided to staff. The operational team leader was completing an National Vocational Qualification (NVQ) Level 5 in Health and Social Care. The nurse team leader had plans to pursue a Level 3 NVQ in management.

Commitment to quality improvement and innovation

- The service had five quality visits between November 2015 and January 2016 carried out by senior managers or quality auditors not directly located at the service.
- The service received an award in 2015 for quality management systems and an Investors in People award for best practice in people management standards.
- The service participated in a research study in the area of smoking cessation in people who misuse substances. This was in collaboration with the Institute of Psychiatry, Psychology and Neuroscience at King's College London. The service was also part of a service user involvement study led by the Social Interest Group, which gathered the experiences of clients, to inform service improvement and development.

Outstanding practice and areas for improvement

Outstanding practice

- The service was part of a service user involvement study led by the Social Interest Group to understand the needs and experiences of clients, This service evaluation aimed to improve and develop the service through client involvement.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure the disposal of controlled drugs takes place in accordance with guidance.
- The provider must ensure the equipment in the clinic room is safe to use and sterile dressings are within date.
- The provider must ensure training on how to support patients having a seizure is provided to enable staff to safely support clients with substance misuse problems.
- The provider must ensure that individual client risk assessments are updated and there are plans to explain how these will be mitigated.

Action the provider **SHOULD** take to improve

- The provider should ensure that it has considered how it will respond to clinical emergencies going forward as more complex clients are admitted to the service and that the correct equipment and medication is in place.
- The provider should ensure activities and therapy programmes are provided for clients at the weekends
- The provider should continue to ensure that the arrangements for medical assessment and prescribing are reviewed as clients with more complex health problems are admitted to the service
- The provider should ensure that medicines management audits are completed regularly.

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

Treatment of disease, disorder or injury

Regulation

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

The provider was not ensuring that care and treatment was being provided in a safe way for service users.

The clinic room had equipment that needed calibrating and some dressings were past their use by date.

Risk assessments were not always updated and written plans did not always say how the risks would be mitigated.

The provider had not ensured the proper and safe management of medicines.

Controlled drugs were being returned to the pharmacy and not being destroyed on the premises as required by legislation.

This was a breach of regulation 12(1) (2)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider was not ensuring staff receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform

There had been a number of alcohol withdrawal related seizures, which required and internal review.

Formal training on the assessment and management of alcohol withdrawal related seizures had not yet been delivered to qualified and unqualified staff working in the unit.

This section is primarily information for the provider

Requirement notices

This was a breach of regulation 18(2) (a)