

# Severn Street

## Quality Report

3, Severn Street

Leicester

Leicestershire

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Date of inspection visit: 29 March 2017

Date of publication: 21/06/2017

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 independent standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Clients did not have keys to their bedroom doors and some bedroom door locks appeared to be damaged.
- The property was in need of refurbishment, we observed that the window in one vacant bedroom was painted shut and there were ceiling tiles made of what looked like combustible material on the majority of the ceilings which may pose a fire risk.
- Patients were concerned about safety of their personal belongings.
- Client's food was not stored in the fridge correctly and fridge temperatures were not monitored.
- There was mould on the bathroom tiles and no mattress covers which was an infection control risk.
- The lone worker policy was not clear with regard to how a lone worker or clients could access support if they were the only staff on shift.

# Summary of findings

- It was clear from the incident and accident report book that not all incidents had been reported to CQC that should have been. Managers need to ensure that all incidents are appropriately reported to the relevant authorities.
- Staff did not follow best practice in recording the administration of medication on medication administration record sheets meaning that medication errors could easily be made.
- The provider's policy on storing clients' money and mobile telephones meant that they could not access them in the event of early discharge at evenings and weekends.
- There was no information readily available in other languages or braille.

However, we also found the following areas of good practice:

- All care records contained up to date risk assessment and person centred recovery orientated care plans.
- All information needed to deliver care was stored securely and readily available to staff when they needed it.
- Staff we spoke with were passionate about their work and clients told us they felt safe and were treated with dignity and respect.
- Staff at Severn Street had been trained in medication management using Royal College of General Psychiatry online training. Competency tests were carried out by the qualified nurse at PCP Leicester.
- Staff used recognised outcome measures to monitor severity of withdrawal.
- Staff supported clients with interventions to help them access move on accommodation and benefits.
- Staff we spoke with told us that they received an appropriate induction. Staff files supported this.
- Staff received regular supervision on a quarterly basis and annual appraisal in line with the provider's policy.
- Staff received specialist training for their role including specialist training in working with people who have misused substances.
- Staff knew how to access emergency physical and mental healthcare treatment for clients if necessary via the local NHS walk in clinic, A&E or mental health crisis team.

# Summary of findings

## Our judgements about each of the main services

### Service

### Rating

### Summary of each main service

**Substance  
misuse/  
detoxification**

We do not currently rate standalone substance misuse services.

# Summary of findings

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**Services we looked at**

Substance misuse/detoxification

# Summary of this inspection

## Background to Severn Street

Severn Street is a location registered with the Care Quality Commission as the accommodation for Perry Clayman Project (PCP) Leicester, which is an independent residential substance misuse service for clients with an alcohol or substance addiction. Severn Street provides accommodation for up to six clients undergoing alcohol and substance detoxification. There is a further house providing shared accommodation for clients who have moved on from the detoxification phase of treatment but this is accommodation only and therefore did not fall under the remit of this inspection.

Severn St was registered with the CQC in December 2014. The service has a registered manager Mr Michael Toner, and a nominated individual. PCP (Clapham) Limited is the registered provider.

The regulated activities at Severn Street are accommodation for persons who require treatment for substance misuse. Individual and group therapy treatments are offered to clients at the nearby treatment centre, known as PCP Leicester. There is a separate inspection report relating to PCP Leicester that should be read alongside this report.

At the time of our inspection, five people were accessing the service for treatment. The service provides care and treatment for male and female clients, most of whom are self-funded.

Severn Street has not previously been inspected by CQC. The March 2017 inspection was announced with 20 weeks notice given.

## Our inspection team

The team that inspected the service comprised CQC inspector Debra Greaves (inspection lead), and two other CQC inspectors.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

## 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, and gathered feedback from staff members in response to an email we asked the provider to send to them.

During the inspection visit, the inspection team:

# Summary of this inspection

- visited Severn Street and the treatment centre, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with nine clients
- interviewed the registered manager and the lead nurse
- spoke with five other staff members employed by the service provider, including administration, support workers and three counsellor therapists
- attended and observed one hand-over meeting, a multidisciplinary meeting, and a daily meeting for clients
- collected feedback using comment cards from three clients
- looked at 14 care and treatment records, including medicines records, for clients
- observed medicines administration at lunchtime
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

Clients we spoke with were positive about the care they received at this service. They described staff as supportive of them and described the peer support as being like a family. On comment cards and during face to face focus group, clients described the standard of

accommodation for service users as shabby and not good quality. Clients also expressed concern that there was no way of locking their bedrooms in order to ensure privacy, dignity and safety of personal possessions.

# 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 the following issues that the service provider needs to improve:

- The property was in need of refurbishment, we observed that the window in one vacant bedroom was painted shut and there were ceiling tiles made what looked like combustible material on the majority of the ceilings and two of the door seals on the bedroom were damaged which may pose a fire risk.
- Patients could not lock their bedroom doors. Whilst the provider's policy based on risk assessment states that bedroom doors did not have locks due to the increased potential risk of self-harm and suicide, we were not assured that this maintained service user's privacy and dignity.
- Client's food was not stored in the fridge correctly and fridge temperatures were not monitored.
- There was mould on the bathroom tiles and no mattress covers which was an infection control risk.
- The lone worker policy was not clear with regard to how a lone worker could access support if they were the only staff on shift.
- Staff did not follow best practice in recording the administration of medication on medication administration record sheets meaning that medication errors could easily be made.
- The provider's policy on storing clients' money and mobile telephones meant that they could not access them in the event of early discharge at evenings and weekends.

However, we also found the following areas of good practice:

- There were smoke detectors and fire extinguishers on each floor. We also observed that there was emergency lighting on each floor and clear signage demonstrating where to go in the event of a fire.
- The house appeared clean and tidy apart from mould in the bathroom. Clients maintained cleanliness as part of their therapeutic duties. Clients told us they deep cleaned the communal areas on a Saturday and then cleaned as they used things throughout the week.
- There were signs displayed prompting handwashing and appropriate use of coloured chopping boards in the kitchen.
- In the foyer of the property there was information displayed on what to do in the event of emergency.



# Summary of this inspection

- All staff were up to date in mandatory training including first aid.

## Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All care records contained up to date person centred, recovery orientated care plans. All information needed to deliver care was stored securely and readily available to staff when they needed it. There was evidence in care records that capacity had been assessed and consent to treatment had been gained. Clients signed a treatment contract on admission to the service.
- Staff used recognised outcome measures to monitor severity of withdrawal.
- Staff supported clients with interventions to help them access accommodation and benefits.
- Staff we spoke with told us they received an appropriate induction. Staff files supported this. Staff received regular supervision on a quarterly basis and annual appraisal. Staff received specialist training for their role including specialist training in working with people who have misused substances.
- Staff knew how to access emergency physical and mental healthcare treatment for clients if necessary via the local NHS walk in clinic, A&E or mental health crisis team.
- There were effective handovers between staff at PCP Leicester.
- All staff were trained and had a good understanding of the Mental Capacity Act 2005
- There was a Mental Capacity Act policy in place that staff could refer to if necessary.
- Staff had a good awareness of local services available to meet patient's needs.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff speaking with clients in a caring manner and treating them with kindness, dignity and respect.
- Clients reported they felt their treatment plans were safe, that staff treated them well, and the level of responsibility they were given was helpful to their recovery. A peer support buddy system was in place for clients to support them through their recovery.

# Summary of this inspection

- Clients were actively involved in the planning of their care. Support staff were available to support and encourage clients with their evening diary work.
- Clients had copies of their care plans and these were reviewed regularly.
- Families, friends and carers were invited to monthly meetings on the first Wednesday of each month to raise awareness of the treatment programme.
- Families, friends and carers were also invited to attend Severn Street at weekends and take their relative out for two hours on a Saturday or Sunday.
- Clients were able to give regular feedback about the care they received via community meetings and client feedback sessions.

However, we also found the following issues that the service provider needs to improve:

- Clients did not have keys for their bedroom doors and some locks appeared to be damaged meaning that client's privacy and dignity and safety of personal belongings could not be assured.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- There was no information readily available in other languages or braille. Staff told us they could arrange for leaflets to be printed in other languages on request.
- Clients, who did not understand English to an adequate standard, would have to pay for their own interpreters to access parts of the treatment programme. The provider should review their policies around charging for interpreters. To assure themselves that, if this situation did arise, they would have due regard to the protected characteristics of people under the Equality Act 2010 (as laid out in regulation 10) and this would not impede their ability to meet other regulations such as those around person-centred care, consent and safe care and treatment.
- The provider's policy on storing clients' money and mobile telephones meant that they could not access them in the event of early discharge at evenings and weekends.

However we also found the following areas of good practice:

# Summary of this inspection

- The service responded promptly to referrals usually arranging admission within a few days but only admitting when a doctor was available. There were clear pathways for managing transition through the service and also for managing clients changing needs.
- Clients we spoke with told us that staff were responsive to their changing physical health needs, and supported them too access physical healthcare centres such as the NHS walk in clinic and the local GP and dentist.
- Staff also supported people with their religious and spiritual needs, accompanying them to worship when needed.
- Access to the service and discharge from the service was well planned. Staff planned for early exit from treatment at the assessment stage including the taking of details of who should be contacted if a client relapsed or discharged themselves from treatment early.
- Staff helped clients access local support groups when they moved on from the service.
- There was information displayed on how to make a complaint

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff spoke highly of the manager and told us that they were supportive of their work.
- Senior managers in the organisation visited the team regularly. One manager visited at least quarterly and facilitated client feedback sessions.
- The manager ensured that all staff had received mandatory training, supervision and appraisals.
- The manager had sufficient authority to do his job and had access to a full time administrator who was also a qualified counsellor.
- Staff had the ability to submit items to the organisational risk register.
- Staff reported that it was a supportive team; there were no reports of bullying or harassment. Staff we spoke with told us they knew how to use the whistle-blowing process. Staff told us they felt able to raise concerns without fear of victimisation.
- Staff we spoke with told us morale was high and they gained a great deal of job satisfaction from supporting people with their recovery.
- Staff told us they were given opportunities to give feedback and input into service development.

# Summary of this inspection

However, we also found the following issues that the service provider needs to improve:

- It was clear from the incident and accident report book that not all incidents had been reported to CQC that should have been. Managers need to ensure that all incidents are appropriately reported to the relevant authorities.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

We saw that 100% of staff had completed Mental Capacity Act (MCA) training, and 100% of staff had completed Deprivation of Liberty Safeguard (DoLS) training.

Staff showed good understanding of the guiding principles of MCA and how it affected their working practice. There was a policy relating to MCA and DoLS and staff were aware of this policy.

# Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse/detoxification services safe?

### Safe and clean environment

- The accommodation at Severn St was provided over three floors with bedrooms on the two upper floors making it inaccessible for physically disabled clients.
- The décor in the property was in a poor state of repair, we observed that the window in one vacant bedroom was painted shut, locks on bedroom doors did not work, and there were ceiling tiles made of what looked like combustible material on the majority of the ceilings which may pose a fire risk, and two of the door seals on a bedroom door were damaged.
- However, there were smoke detectors and fire extinguishers and emergency lighting on each floor, and clear signage demonstrating where to go in the event of fire.
- There was a shared kitchen facility for use by clients to cook meals. There was a shared fridge in the property and shared freezer. There was a notice on the fridge detailing the temperature at which food should be kept; however there was no record of temperature recordings. Food had been stored on shelves specific to clients rather than with adherence to food hygiene principles.
- Clients told us they deep cleaned the communal areas on a Saturday as part of their therapeutic duties, and then cleaned as they used things throughout the week.
- There were signs displayed prompting handwashing and appropriate use of coloured chopping boards in the kitchen.
- In the foyer of Severn Street there was information displayed on what to do in the event of emergency including a reminder to call 999 in the event of medical

emergency. While there was an out of hours number for PCP support, we were advised that this number went to a hub and there were often delays in getting a response. Also there could be further delays while the PCP operator located a manager close enough to Severn Street to get help.

### Safe staffing

- Severn Street was staffed by one peer support worker who slept over at the property from the hours of 4pm until 8am the next day.
- We saw evidence of a lone worker policy but it was not fit for purpose as there was only one member of staff at evenings and weekends and did not make it clear how staff could access support should they need it. However, staff told us that they would contact the nurse or manager on their days off if necessary, and would call 999 in an emergency.
- There was one staff member to six clients during the evening and weekends at PCP Severn Street. However this staff member may also be required to support clients at the other residential property at weekends meaning that they may be required to support up to 14 clients in total.
- There was a buddy system amongst clients when the treatment centre closed, longer term clients acted as support buddies for newer clients.
- All staff were up to date with mandatory training.
- Staff told us they had a list of peer support workers and counsellors who could be called upon to cover shifts when substantive staff were off sick or on planned leave.

### Assessing and managing risk to clients and staff

- We examined 14 client care records. Care records were written at PCP Leicester and a copy of the care plan was kept at Severn St.

# Substance misuse/detoxification

- All clients had up to date care plans and risk assessment which were updated regularly.
- Client's care was discussed in weekly staff team meetings and each client was encouraged to keep a daily assessment of their mood and mental state which they shared at the morning check in each day.
- Clients we spoke with told us they felt safe at the service and that staff were able to respond promptly to sudden deterioration in their health. We saw evidence in care records that staff had supported patients to attend the local hospital walk in clinic or accident and emergency department.
- All staff were trained in safeguarding and knew when and how to make a safeguarding referral to the local authority.
- Staff did not follow best practice in recording the administration of medication on medication administration record sheets. Separate documentation was kept for homely remedies or non-prescription drugs such as ibuprofen and paracetamol and prescribed medications, this meant medication administration record sheets (MARS) sheets were not contemporaneous making it easier for medication errors to occur. Inspectors made staff aware of this during the inspection and staff were making efforts to change this so that non-prescription medications would be recorded on the same sheet as prescribed medications.
- Staff were open and transparent and explained to clients when things went wrong. This was evident in community meeting minutes and client feedback records.
- Staff we spoke with told us they received feedback from investigations both internal and external to the service. This occurred in weekly team meetings and in managerial supervision.
- Staff told us they were a supportive team and always debriefed after incidents.
- There was evidence in client feedback forms that staff had tried to effect change following feedback for example there were multiple entries of staff reporting the shower as faulty to the landlord at Severn Street but the problem had not been rectified.

## Duty of candour

- Staff had received training and were aware of their duties in relation to Duty of candour.

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

## Assessment of needs and planning of care

- All care records contained up to date person centred recovery orientated care plans including physical healthcare plans.
- All information needed to deliver care was stored securely and readily available to staff when they needed it. Care plans were held in paper files and in electronic format on a new online recording tool. This ensured information was transferable between PCP Leicester and Severn Street.

## Best practice in treatment and care

- Staff at Severn Street were not responsible for prescribing medication but followed doctor's instructions on administering medication and had been trained using Royal College of General Psychiatry online medication management training and staff competency tests were carried out by the qualified nurse at PCP Leicester.

## Track record on safety

- The service has not reported any serious incidents during the last 12 months in relation to Severn Street.

## Reporting incidents and learning from when things go wrong

- The incident report book and team meeting minutes demonstrated that incidents were not always reported to the CQC as they should be. For example, medication errors in the meeting book did not match the incident records and had not been reported to the CQC.
- All staff were aware of the need to report incidents and safeguarding's internally via the electronic recording system, and the need to escalate concerns to the manager.

# Substance misuse/detoxification

- Staff supported clients to maintain their accommodation whilst at Severn Street; interventions included signposting to other organisations for issues such as housing, benefits and employment.
- Staff at Severn Street referred to care plans that were informed by the regular use of outcome measures such as the Severity of Alcohol Dependence Questionnaire (SADQ) and the Clinical Opiate Withdrawal Scale (COWS) which was used by the nurse at PCP Leicester, although they did not routinely use these scales themselves as this was not part of their role.

## Skilled staff to deliver care

- Care at Severn Street was provided by night time support workers although they could access support from the registered manager and qualified nurses and counsellors at PCP Leicester.
- The staff we spoke with told us that they received an appropriate induction. Staff files supported this.
- Staff received supervision on a quarterly basis and an annual appraisal. Staff files showed that all eligible staff had received an appraisal within the last 12 months. Staff were happy with the level of support they received.
- Staff received specialist training for their role including specialist training in working with people who have misused substances.
- Staff knew how to access emergency physical and mental healthcare treatment for clients if necessary via the local NHS walk in clinic, A&E or Mental Health Crisis Team.

## Multidisciplinary and inter-agency team work

- Staff attended weekly team meetings at PCP Leicester. There was also a daily handover each morning from support staff at Severn Street to PCP Leicester counsellors and nurses.
- Support staff told us that they had been able to give effective handovers to primary care, social services and emergency medical teams when needed out of hours.

## Adherence to the MHA

- Provider responsibilities under the Mental Health Act were not applicable to this service.

## Good practice in applying the MCA

- All staff were trained and had a good understanding of the Mental Capacity Act.
- There was a Mental Capacity Act policy in place that staff could refer to if necessary.
- There was evidence in care records that capacity had been assessed and consent to treatment had been gained. Clients signed a treatment contract on admission to the service.

## Equality and human rights

- During the first week of treatment clients consented to having their mobile phones and money locked away to prevent the temptation to relapse and use substances. Support staff did not have access to the safe at night. This meant that should someone discharge themselves from treatment early they would not have access to their money or phone until the next morning. Inspectors were concerned that this situation would be a deprivation of the client's liberty and human rights.
- Due to the nature of the building the accommodation was not suitable for people experiencing physical disabilities.
- Staff told us that information about the service could be provided in other languages. Interpreters could be accessed at the client's cost.

## Management of transition arrangements, referral and discharge

- Staff had a good awareness of local services available to meet patient's needs.
- There were clear pathways for managing transition through the service and also for managing clients changing needs.
- Access to the service and discharge from the service was well planned. Staff planned for early exit from treatment at the assessment stage including the taking of details of who should be contacted if a client relapsed or discharged themselves from treatment early.
- Staff made efforts to contact support groups local to the client so that they could continue their recovery on discharge.



# Substance misuse/detoxification

## Are substance misuse/detoxification services caring?

### Kindness, dignity, respect and support

- We observed staff speaking with clients in a caring manner and treating them with kindness, dignity and respect.
- Clients reported their treatment plans were safe, staff treated them well, and that the level of responsibility they were given was helpful to their recovery.
- A peer support buddy system was in place for clients to support them through their recovery.
- The service operated a rule of three people being together whenever they left the premises this was in order to prevent clients from being tempted to relapse.

### The involvement of clients in the care they receive

- Clients were actively involved in the planning of their care. Support staff were available to support and encourage clients with their evening diary work.
- Clients had copies of their care plans and these were reviewed regularly.
- Families, friends and carers were invited to monthly meetings on the first Wednesday of each month to raise awareness of the treatment programme.
- Families, friends and carers were also invited to attend Severn Street at weekends and take their relative out for two hours on a Saturday or Sunday.
- Clients were able to give regular feedback about the care they received via community meetings and client feedback sessions.
- There were leaflets displayed detailing local advocacy services; however, staff had little knowledge of this.

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

### Access and discharge

- The service had a clear inclusion and exclusion criteria. The service did not accept referrals from people who had physical disabilities due to the building not being suitable. Neither did they accept referrals for people who experienced comorbid mental health issues.
- The service did not operate a waiting list when we visited and did not accept emergency admissions, only admitting clients on one of the three days a week that the doctor was at the service.
- The service responded promptly to referrals usually arranging admission within a few days but only admitting when a doctor was available.
- Clients we spoke with told us staff were responsive to their changing physical health needs, and supported them to access physical healthcare centres such as the NHS walk in clinic and the local GP and dentist.
- Staff also supported people with their religious and spiritual needs, accompanying them to worship when needed.
- Staff were proactive in helping people access local support groups when they moved on from the service.

### The facilities promote recovery, comfort, dignity and confidentiality

- Patients could not lock their bedroom doors. Whilst the provider's policy based on risk assessment states that bedroom doors did not have locks due to the increased potential risk of self-harm and suicide, we were not assured that this maintained service user's privacy and dignity.
- Curtains in bedrooms were made from thin material and were loosely hanging on the windows so that light from streetlights shone through. Some curtains were torn and hanging off the curtain rails.

### Meeting the needs of all clients

- The building was not suitable for disabled clients due to the building being three storeys high and with no lift.
- There was no information readily available in other languages. Staff told us they could arrange for leaflets to be printed in other languages.
- Clients, who did not understand English to an adequate standard, would have to pay for their own interpreters to access parts of the treatment programme. The provider

# Substance misuse/detoxification

should review their policies around charging for interpreters. To assure themselves that, if this situation did arise, they would have due regard to the protected characteristics of people under the Equality Act 2010 (as laid out in regulation 10) and this would not impede their ability to meet other regulations such as those around person-centred care, consent and safe care and treatment.

## Listening to and learning from concerns and complaints

- Severn Street received two complaints within the last 12 months. One of these complaints was upheld. Neither of the complaints was referred to the ombudsman.
- Staff told us they had a robust complaints procedure and respond to all complaints in person if possible. If not responded to in person complaints will be responded to in writing within 10 days.
- Clients told us they felt comfortable to raise concerns in the community meetings which were held daily, however there was little evidence that client's complaints were resolved.
- Staff also facilitated quarterly client feedback sessions which were minuted and concerns raised were occasionally acted upon.
- Staff told us they received feedback on the outcome of investigation of complaints. There was information displayed on how to make a complaint and clients could complain at community meetings, individual sessions or directly to the manager.

## Are substance misuse/detoxification services well-led?

### Vision and values

- Management described the embedding of the organisation's vision and values as a work in progress.
- Staff spoke highly of the manager and told us management were supportive of their work.
- Senior managers in the organisation visited the team regularly. One manager visited at least quarterly and facilitated client feedback sessions.

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### Good governance

- The manager ensured that all staff had received mandatory training, regular supervision and appraisal.
- The manager had sufficient authority to do his job. The manager had access to a full time administrator who was also a qualified counsellor.
- Staff had the ability to submit items to the organisational risk register.

### Leadership, morale and staff engagement

- Staff reported that it was a supportive team; there were no reports of bullying or harassment. Staff we spoke with told us they knew how to use the whistle-blowing process. Staff we spoke with told us that morale was high and they gained a great deal of job satisfaction from supporting people with their recovery.
- Staff told us they were given opportunities to give feedback and input into service development.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure adherence to hygiene standards.
- The provider must ensure the privacy of the service user.
- The provider must ensure that the shower is safe for use.
- The provider must ensure that they meet infection control requirements.
- The provider should consider revising its lone worker policy to clarify what a lone worker should do to access support if necessary.
- The provider must ensure that all incidents are reported to the Care Quality Commission in a timely manner.

### Action the provider **SHOULD** take to improve

- The provider should consider revising its policy on storing clients' money and mobile telephones to ensure they can access them in the event of early discharge.
- The provider should ensure that medication administration is recorded consistently with all medications recorded on the same medicine administration document.
- The provider should review their policies around charging for interpreters. To assure themselves that, if interpreters were needed, they would have due regard to the protected characteristics of people under the Equality Act 2010 (as laid out in regulation 10) and this would not impede their ability to meet other regulations such as those around person-centred care, consent and safe care and treatment.

## 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The fridge in the shared kitchen was not regularly checked for temperatures and food was stored in a way that would not meet food hygiene standards.</p> <p>There was mould in the shared bathroom which left residents susceptible to infection. There were no mattress protectors on mattresses.</p> <p>The shower did not maintain consistent temperature.</p> <p>The lone worker policy required review, to ensure that it was specific to the work and processes carried out at Severn Street. In particular with regard to how staff and clients could and should efficiently and quickly access emergency help if required during evenings.</p> <p>This is a breach of regulation 12.</p>

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>It was clear from the incident and accident report book that not all incidents had been reported to CQC that should have been.</p> <p>This is a breach of regulation 17.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Requirement notices

Accommodation for persons who require treatment for substance misuse

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

There were no working locks on bedroom doors meaning clients privacy and dignity could not be maintained. Clients had complained about this.

This is a breach of regulation 10.

This section is primarily information for the provider

## Enforcement actions

### 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.