

The BAC O'Connor Rehabilitation Centre - Burton Upon Trent

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services well-led?

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.

Summary of findings

Overall summary

This unannounced focussed inspection inspected aspects of the key questions of safe, effective and well led.

We do not currently rate standalone substance misuse services.

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

- BAC O'Connor Rehabilitation centre senior managers had not ensured the regular supervision of clinical staff or their completion of mandatory training in safeguarding, manual handling and infection control. This meant that staff lacked essential support to do their job safely.
- We found that staffs knowledge of how to report incidents was inconsistent. Staff missed opportunities to learn fully from incidents because the learning process was not clear to all staff.
- The storage of medication, in one of two areas, was inadequate meaning that there was no guarantee of the security of drugs. The BAC O'Connor centre did not have established links with a local pharmacist to support staff training in medication management and assistance in medicines audit.
- At the time of inspection the service was not able to provide treatment for a brain disorder, Wernicke's Encephalopathy, sometimes found in alcohol dependent clients. Managers had suspended treatment until the nursing staff had received training in managing anaphylactic shock, a possible side effect of the injection used. This training was booked but had not been completed at the time of inspection.

- Records of staff supervision and training were incomplete and data provided shortly after the inspection showed significant non-compliance in meeting acceptable standards for the provision of clinical supervision and mandatory training.
- We found client care records were not securely stored meaning sensitive client information was vulnerable to misuse or loss.
- Senior staff had not always taken action in response to significant incidents involving client self-harm and personal injury.

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

- Staff were aware of safeguarding issues, could identify forms of abuse and knew to report them to senior management if they occurred. Comprehensive risk assessments also helped staff to manage client risk to themselves or others.
- Both the residential and detoxification sides of the centre had safe staffing levels and all staff had the standards of experience and qualification for their job roles.
- The GP had attended specialist training and received regular supervision for their work at the centre. The GP followed all national guidance for the treatment of substance misuse problems except in the one incidence above.
- All staff could describe the recovery agenda for the centre, were skilled in supporting clients through detoxification, and in supporting the resettlement of clients in the community. All clients we spoke to expressed positive opinions about their experiences, as residents.

Summary of findings

Contents

Summary of this inspection

	Page
Background to The BAC O'Connor Rehabilitation Centre - Burton Upon Trent	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	6
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Outstanding practice	16
Areas for improvement	16
Action we have told the provider to take	17

The BAC O'Connor Rehabilitation Centre - Burton Upon Trent

Services we looked at:

Substance misuse services

Summary of this inspection

Background to The BAC O'Connor Rehabilitation Centre - Burton Upon Trent

The BAC O'Connor Rehabilitation Centre provides residential detoxification and rehabilitation for up to 44 people with substance misuse dependency using a recovery model that places emphasis on the process of change through which individuals achieve abstinence and improved health, life purpose and the foundations of an independent lifestyle. The service provides eight beds for detoxification and 36 rehabilitation beds at their Burton centre.

The care and treatment offered is either detoxification, with community after care or detoxification followed by a phased therapeutic program, including resettlement. Referrals to the service come from prisons, community drug and alcohol teams and other health and social care partners.

Funding for clients treatment is through the Local Authority funding, clients housing benefit and a client contribution to food.

The BAC O'Connor Rehabilitation Centre is registered to provide the following regulated activities:

- accommodation for persons who require treatment for substance misuse
- diagnostic & screening procedures.

This service does not take clients detained under the Mental Health Act. At the time of inspection, there had not been a registered manager in place for three months. The Care Quality Commission last inspected the centre in December 2015 and the provider met all fundamental standards of care. We do not rate substance misuse services but we report on the quality of service and make recommendations for improvement where appropriate.

Our inspection team

Team leader: Nick Maiden, CQC inspector.

The team that inspected the service comprised two CQC inspectors, a pharmacist inspector, two medical and nursing specialist advisers and an expert by experience, someone who has personal experience of using, or supporting someone using, substance misuse services.

Why we carried out this inspection

This unannounced focussed inspection follows the comprehensive inspection of the BAC O'Connor rehabilitation centre made in December 2015 and concerns identified through CQC intelligence gathering and monitoring systems. The inspection forms part of our program to make sure health and social care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

The inspection team's focus was on safe staffing, staff training, assessing and managing risk, learning from incidents, medicine management and adherence to national guidance on clinical standards.

Summary of this inspection

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?

This unannounced inspection focussed on the key questions of safe, effective and well led. We did not therefore inspect the key questions of caring or responsive.

Before the inspection visit, we reviewed information that we held about the location and considered information provided to us by third parties who had direct experience of the BAC O'Connor rehabilitation Centre.

During the inspection visit, the inspection team:

- Visited the detoxification and residential rehabilitation units to interview staff and review case notes, policies, and procedures.
- Spoke with three clients who were using the service
- Spoke with senior managers
- Spoke with eight other staff members, including, nurses and recovery support workers.
- Looked at 12 care and treatment records of patients
- Carried out checks of the medication management
- Looked at policies, procedures and other documents relating to medicines management, mandatory training, incident reporting and safeguarding

What people who use the service say

Three Clients at BAC O'Connor Rehabilitation Centre said they felt safe, that a nurse was always available and activities were regularly available to them. They had their clinical and personal needs assessed regularly and knew the centre rules. Clients had a discharge plan and were

signposted to other services for help with their health and social care needs. Clients made comments that suggested they felt institutionalised whilst resident at BAC O'Connor Rehabilitation Centre.

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:

- Staff had not completed mandatory training in the areas of safeguarding, manual handling and infection control. This was a breach of a regulation. You can read more about it at the end of this report.
- We could not be assured that medicines were being stored at the correct temperatures to remain effective, as staff were not always taking action when fridge temperature readings were outside of the required range. This was a breach of a regulation. You can read more about it at the end of this report.
- Reporting of incidents and staff knowledge around reporting was inconsistent which could have led to missed opportunities to learn from incidents. The process for learning lessons from incidents was not clear to all staff.
- On the residential unit unauthorised persons potentially had access to medicines as the keys were not kept securely in the staff office.

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

- Staff were aware of BAC O'Connor procedures and how to identify safeguarding concerns.
- Risk assessments were comprehensive and included assessments of physical and psychological risks.
- There were enough staff on shift to ensure both the detoxification and residential units were covered safely.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- Staff had not stored archived client records securely which meant that sensitive confidential information belonging to clients was at risk of unauthorised use and of being lost. This was a breach of a regulation. You can read more about it at the end of this report.

Summary of this inspection

- Records and documentation were not complete for staff supervision and showed that some staff had not had clinical supervision for six months. This was a breach of a regulation. You can read more about it at the end of this report.
- Medical staff had prescribed a medication off license for the relief of physical symptoms of withdrawal from substances. Medicines may be effectively used for the treatment of conditions that they were not originally licensed for by a competent practitioner. However, there was no evidence that the doctor had held a full discussion of potential side effects and benefits with two patients in gaining their consent to treatment following best practice.
- There was no arrangement in place for a pharmacist to regularly attend the unit and provide advice on and audit of medication. Managers were in discussion with a local pharmacy to provide this support in the future.
- The provider's assessment for actively excluding Wernicke's encephalopathy, a brain disorder that can develop in alcohol dependence included consideration of referrer's information and a mental state examination by the centre GP. Therapy staff followed this up with further general assessments of cognition. However, staff did not use a recognised cognitive impairment test to evidence their exclusion of Wernicke's encephalopathy.

However:

- Staff adhered in all other cases to NICE guidance in the treatment and management of clients with substance misuse problems.
- Staff were qualified and experienced for their roles. Medical staff had received specialist training.
- All staff had received annual appraisal meaning staff meaning that they had feedback on their performance and discussed their professional development.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- The provider did not ensure clinical staff received regular supervision or mandatory training in safeguarding and infection control. This was a breach of a regulation. You can read more about it at the end of this report

Summary of this inspection

- The inspection team heard evidence from staff that learning from incidents did inform clinical practice but some members of staff were not clear how lessons learned would be communicated to them.

However:

- Staff knew who senior managers were and were able to explain the recovery agenda of the service.

Substance misuse services

Safe

Effective

Well-led

Are substance misuse services safe?

Safe staffing

- The staffing establishment for The BAC O'Connor Rehabilitation Centre on the detoxification unit was, one whole time equivalent clinical team leader, who was a registered nurse and one whole time non-medical prescriber. A non-medical prescriber is a health professional who is not a doctor but who has been specially trained to prescribe certain medicines. In addition, there were a combination of four whole time equivalent registered mental health and general nurses and 4.7 whole time equivalents detoxification support workers. Three bank nurses were also doing regular shifts on the detoxification unit.
- On the residential unit, there was one residential manager and one residential supervisor who were both whole time equivalents. Both these staff were supported by 9.9 whole time equivalent residential support workers (RSW).
- There were no staff vacancies within the detoxification service. However, there were five vacancies in the residential unit that had been protected under management of change processes for staff made redundant by the closure of a sister site. The centre was recruiting for these vacancies at the time of inspection.
- We checked the number of nursing shifts covered by agency staff in the six months before the inspection. We found that managers only needed to cover 3.3% of all shifts with agency staff. This was good because it meant clients mostly had regular staff providing their treatment. The service used bank staff to cover sickness and annual leave and we found 8.74% of shifts were covered in this way.
- Senior managers told us that all bank staff received the same induction as substantive staff to ensure continuity of care.
- We reviewed the staffing rota for the period June – November 2016. We found one instance of an agency worker not attending for their shift. We also found one instance where the clinical team leader, with support of the residential supervisor, had provided 24-hour support for a shift not covered. We found that both units were safely staffed at all times.
- A specialist GP attended the unit for six hours each week to provide medical cover. They also provided a telephone based on-call service outside of these hours, including outside of office hours. The response time for all medical requests by telephone to the GP was within one hour. An offsite non-medical prescriber covered the GP's annual leave. Staff dealt with emergencies through discussion with the on call doctor, who could give advice, triage, or direct staff to the out of hours GP service or the 999 emergency services. Staff would call 999 direct if necessary.
- On the day of inspection we requested compliance figures for mandatory training courses for safeguarding children and adults, infection control, confidentiality and manual handling. The service was unable to provide these for us, as they did not have a process in place for recording this information effectively. Staff we interviewed told us that they had not received regular mandatory training in areas such as safeguarding and manual handling.
- Following the inspection, we were provided with staff training figures for safeguarding completion. These showed that only 36.2% of staff had an up-to-date training certificate for safeguarding adults and 34% in safeguarding children.
- Residential support workers completed safeguarding training through their completion of the care certificate qualification.
- The centre had a stated requirement that all staff attended local authority safeguarding training. However, only two members of staff had received this, meaning that the majority of BAC O'Connor rehabilitation staff did not have up to date knowledge of local safeguarding process and procedures.
- Staff reported that they had not received medication management training. Information we were provided with after the inspection confirmed that 27 staff required medication management training and nine

Substance misuse services

had received training or had a certificate on file. The training compliance rate for medication management training was therefore 33.3%. Senior managers informed us that arrangements were in place to provide all staff with face-to-face and on-line training from a local pharmacy.

- None of the staff at the BAC O'Connor rehabilitation centre had received manual handling training. The strategic manager informed us that the centre did not admit patients who required personal care or who had mobility problems. However, staff reported that clients did require support with their mobility occasionally during detoxification.
- Thirty-five staff had not received training in infection control. This meant that the staff compliance rate for infection control training was 25.5%.
- All qualified nursing staff at BAC O'Connor rehabilitation centre had a personal number (PIN) of a nursing registration in the Nursery and Midwifery Council (NMC) regulatory body. All nurses in the United Kingdom are required to have a PIN to be able to practice as a nurse in all public or private hospitals and nursing homes.
- The centre GP was up-to-date with all mandatory training.

Assessing and managing risk to clients and staff.

- The inspection team reviewed 12 risk assessments and of these, 10 had a risk assessment present and completed to a high standard. In one case, the safeguarding section was incomplete and did not record the needs of the client's children. In another, the risk assessment did not include the physical health problems noted on the clients medication chart.
- In three records for clients' under-going detoxification, we found that staff had not reflected the risks, identified prior to admission, in the risk assessment completed on admission. This was because notes containing the pre-admission assessment were kept separately and systems designed to ensure staff were aware of risks failed to prompt staff to document them in the main clinical notes.
- Staff were not trained in local authority processes and procedures for adult or child safeguarding. However, all except one member of staff we interviewed were aware of the safeguarding procedures within the service and how to identify concerns. The member of staff who was not aware of procedures told us they would discuss any

concerns with a manager. Staff who identified potential abuse during an initial assessment would monitor this with the client throughout their admission and develop preventative strategies for the future with them.

- The centre had one full time non-medical prescriber, based on site Monday to Friday and a second who occasionally provided cover, both on-site and from home.
- The inspection team found good practice in medicines reconciliation, meaning that an up-to-date medical summary from a client's GP was available prior to their admission. The on-site GP did not accept client admissions to the centre without these.
- Monitoring of the temperature of the fridge used to store medication took place once a day and did not reflect the range of temperature since the previous check (the minimum and maximum temperatures within the fridge during that 24 hour period). Staff were therefore unable to verify that the medication was still of an acceptable quality to administer to patients. Additionally, the fridge temperature, recorded at below the correct temperature prompted no recorded action on 15 occasions during August and September 2016. This was despite a completed medicine audit, signed by a manager on two occasions, showing the low temperature reading.
- In the two patient records we inspected, there was no documented discussion with clients regarding the use of off-licence medication; medicine that the manufacturer has not applied for a licence for it to be used to treat certain conditions. Prescribing a medication without a license is commonplace, has recognised benefits and is within GMC guidelines. However, care records in both cases did not note any formal discussions of possible side effect with clients or their informed consent.
- Medicines stored on the rehabilitation side of the centre were stored in a locked room. However, the keys were stored in a key safe accessible to all staff, this meant staff unqualified to administer medications to clients could have access to them.

Track record on safety

- During the period November 2015 to November 2016 the BAC O'Connor Rehabilitation Centre had 114 incidents and 11 (9.6%) of these incidents involved clients self-harming or expressing suicidal ideas. In 22 (19.3 %) of the incidents, clients were involved in the taking of banned substances or staff had found drug

Substance misuse services

paraphernalia, items or equipment used for making, using, or concealing drugs. Because of these and other security issues, the strategic manager had identified the areas of safety, security and client behaviour as a priority for the centre's risk management forum to address.

- At the time of inspection staff reported that there had been incidents of patients falling out of bed and other accidents. However, senior management of the centre thought such incidents to be uncommon. Incident data supplied shortly after the inspection confirmed that for the period, November 2015 to November 2016, client accidents accounted for 14 (12.3%) of incidents and included clients falling out of bed, collapsing and tripping. The centre purchased a wheel chair for one client whose mobility had deteriorated since their admission for detoxification.

Reporting incidents and learning from when things go wrong

- A senior member of staff we interviewed said that the process for reporting incidents was not clear to them. In addition, the prescribing team, GP and non-medical prescriber were not able to describe the formal process or give examples of incidents they had reported, nor any general themes of incidents reported by others. However, they both understood that there was a centre form for the reporting of incidents within the service.
- Multidisciplinary (MDT) meetings included discussion of incidents that had occurred the previous week and incidents were a standing item on the three monthly centre governance meeting, chaired by the operations manager. During interview, the centre GP demonstrated clinical reflection and described alterations in their personal practice in response to incidents. However, reporting of such incidents was not routine.
- The prescribing team were not aware of any formal debriefing after serious incidents, but told us they received sufficient support from each other, and regularly engaged in informal debriefing with managerial colleagues. The strategic director told us that they fed back lessons learned from incidents using the centre intranet. Staff we spoke to said they felt supported by managers in managing incidents.

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

Assessment of needs and planning of care

- Every client admitted to the BAC O'Connor Rehabilitation Centre received an assessment from a medic and non-medical prescriber prior to admission and this included a physical examination. The doctor saw all clients within 48 hours after admission. Wednesday was the admission day for clients with known and significant medical risks. This was to ensure a review and examination of the client by the GP, who was on-site on that day. The assessment and admission teams had daily handover meetings to collate any changes and updates about the clients. The prescribing team were also familiar with the current needs, and management plans for each patient.
- In all of the client records we reviewed, we found a thorough care plan in place describing clients' needs and recovery goals.
- Clinical information needed to deliver care was stored securely and available to staff when they needed it and in an accessible form. However, the inspection team found archived clinical documents with client's personal identifiable information and confidential clinical notes in a locked room but not held in a locked filing cabinet. These documents, piled on top of cabinets were not safely stored or carefully indexed. This meant that sensitive information belonging to clients was at risk of unauthorised use and not available in an ordered form to clinical staff if they needed them in the future.

Best practice in treatment and care

- Prescribing followed drug misuse and dependence UK guidelines on clinical management and treatment across the centre adhered to drug and alcohol national standards including National Institute for Health and Care Excellence (NICE) guidance. NICE is the government body that provides national guidance and advice to help improve health and social care.
- The centre adhered to National Institute for Health and Care Excellence NICE guidance on alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. Guidance given by NICE for alcohol-use disorders: diagnosis and management of physical complications clinical

Substance misuse services

guideline [CG100] states that clients at high risk of developing, or with suspected, Wernicke's encephalopathy brain disorder should be given intramuscular injections of vitamin B for a minimum of five days unless brain disorder has been excluded.

- The BAC O'Connor Rehabilitation Centre assessed new referrals for Wernicke's encephalopathy to exclude it and did not admit patients with it. The centre also had contingency plans for treating residents with emerging cognitive impairment, which included holding a multi-disciplinary team meeting and liaison with other professionals, including the medical director, to make further assessments. The centre made a hospital referral if clients could no longer engage with the centres program because of cognitive impairment and nursing staff closely monitored clients up until a transfer to hospital.
- Senior managers had recognised that the centre's nurses required specialist training in managing anaphylactic shock, a severe allergic reaction that can occur when administering injectable vitamins and suspended administration of injectable vitamin treatment. This meant that staff nurses were not able to provide the recommended treatment for Wernicke's encephalopathy at the time of our inspection. Senior management told us that the specialist training was planned and the treatment would be reinstated. The doctor was prescribing high dose oral Thiamine (vitamin B) in anticipation of this training becoming available for staff as an alternative to the injectable form of vitamin treatment.
- If a client was to leave treatment earlier than planned, medical staff might, depending on medical assessment, be given a small amount of symptomatic medication, with no more than one days supply of Diazepam, and a maximum of three days of other medication.
- All staff at the centre followed national guidelines for medically assisted withdrawal, the detoxification of a client from alcohol and opiate drugs under medical supervision and in a controlled environment. The exception to this was the use of chlorpromazine (at a dose of 25mg prn, up to max 75mg in 24 hours) to treat restless legs, a condition symptomatic in opiate withdrawal. The supervising consultant psychiatrist and medical director supported its use at the centre for this agitated condition. However, the inspection team found no documented evidence of the consideration of

alternatives to the use of chlorpromazine, a drug more commonly used in psychiatric settings, or of the informed consent of clients in the two case records examined.

- Centre staff used validated withdrawal assessment tools for monitoring alcohol and opioid withdrawal symptoms in their clients. The centre GP also prioritised reducing benzodiazepines as swiftly as possible. These are a class of drugs commonly known as tranquilisers, sometimes used, illicitly by clients and legitimately as part of some types of assisted withdrawal regime. We were shown prescribing charts for diazepam (tranquiliser) reduction and detoxification, which well monitored and in line with best practice.
- Guidance for the administration of 'as required' medicines was available. This guidance provided information as to when it is appropriate to administer an 'as required' medicine and ensure that patients received their medicines in a consistent manner. This included anti-psychotic medication for the off-licence management of psychomotor agitation; however, two patients' notes showed that there was regular administration of this medication over seven days. Accompanying patient notes made no mention of psychomotor side effects to indicate its use. This could have resulted in patients being administered medication inappropriately and an increased risk of the patients developing side effects

Skilled staff to deliver care

- All staff were appropriately qualified and experienced for their roles, which included nurses, therapists, non-medical prescribers, a GP and support workers.
- The residential support team comprised 17 staff, 12 (70.6%) of these staff had received an appropriate induction using care certificate standards, a nationally recognised set of standards that health and social care workers are trained in to provide safe care.
- All BAC O'Connor rehabilitation centre's clinical staff were appraised as specified in the centres continuous learning and development framework policy. All staff appraisals were up-to-date. The document did not specify the frequency of supervision. However, the data provided showed monthly recording of supervision as the centre's standard. There were 137 supervision sessions due for 27 clinical staff for the period June to December 2016. Of the sessions due, only 25 (18.2%)

Substance misuse services

had been delivered. These also included a 6-month appraisal, an annual appraisal and external supervision for the non-medical prescriber. This meant that 13, 48.1% of the clinical staff team, had not received clinical supervision for six consecutive months.

- The centre GP received his annual appraisal part of his general practice annual appraisal and revalidation process. He also received clinical supervision and appraisal for his substance misuse work from a consultant psychiatrist.
- The centres visiting GP had Royal College of General Practitioners (RCGP) certificates (Parts I and II combined) for the management of drug misuse and attended the 2016 Substance Misuse in General Practice (SMMGP) national conference.
- Staff reported they did not receive specialist training in the prevention of suicide and management of self-harm. Suicidal ideation and self-harm were indicated in just under 10% of all recorded incidents at the centre. Qualified medical and nursing staff would have developed skills in suicide prevention during their professional training. However, managers had not provided for ongoing training to maintain these skills and knowledge.
- The centre GP was up-to-date with all mandatory training as part of his General Practice annual appraisal and revalidation process. His appraiser and medical supervisor agreed all his training and updates were organised as necessary. He had also obtained Royal College of General Practitioners (RCGP) certificate (Parts I and II combined) for the management of drug misuse and attended the 2016 Substance Misuse in General Practice (SMMGP) national conference.

Multi-disciplinary and inter-agency teamwork

- The centre had daily multidisciplinary team (MDT) meetings, which included a shift handover to pass on clinical information about patients' physical health, safeguarding concerns and staffing levels. The non-medical prescriber liaised with the visiting GP, who could attend the MDT, to inform them of clients' clinical issues. Team meetings were scheduled weekly and were also an opportunity to share clinical information
- The centre managers were working closely with a local pharmacy to develop staff training and a system of medication audit. However, a pharmacist had not been regularly attending the centre.

- Links established with the emergency out of hours GP service and local community drug and alcohol teams supported the admission and discharge of clients, ensuring good care pathways between the residential service and the community.

Are substance misuse services well-led?

Vision and values

- All staff spoke clearly about the BAC O'Connor rehabilitation centre's recovery agenda and two staff we interviewed said that they would be happy if the centre treated a member of their family.
- Senior managers were visible within the centre and all staff knew who they were. However, no registered manager had been in place for 3 months because of unforeseen staff changes.

Good governance

- Staff were not up to date with mandatory training and there was no reliable record of staff compliance available at the time of the inspection. The inspection team were also unclear on who provided mandatory training. The majority of staff said they received mandatory training through the care certificate program provided by a private company. Other elements of mandatory training to essential to patient safety were not covered by care certificate training. However, just over 70% of staff had completed this training.
- Supervisions of clinical staff were not taking place regularly meaning that staff had not received clinical supervision for as long as six months.
- All appraisals were in date and were completed annually.
- Senior managers described and advertised their service as targeted at clients with low levels of need in relation to mental health and personal care. However, there were significant numbers of incidents of self-harm and accidental injury to clients.
- BAC O'Connor had a process for reviewing and learning from incidents including incident review groups and a clinical governance forum. The inspection team heard evidence from staff that learning from incidents did inform clinical practice. However, some staff were not clear on the process for reporting incidents and also

Substance misuse services

unclear on the effectiveness of the process for communicating information on lessons learned. Staff told us that team meetings were used to discuss learning from incidents.

- The senior management team had prioritised areas to action, following a review of incidents, in relation to

client security and safety. However, reporting of significant self-harm and client personal injury incidents did not have clear reduction plans associated with them. There were no changes made to policies and procedures as a result.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that the mandatory training identified is sufficient to support staff to carry out their roles safely and effectively.
- The provider must ensure they maintain medication at correct temperatures and take action if temperatures are outside of the correct range.
- The provider must ensure it evidences that it actively excludes Wernicke's encephalopathy before deciding not to administer vitamin B parentally
- The provider must ensure nurses receive anaphylaxis training to be able to administer intramuscular vitamin B to clients
- The provider must ensure all clinical staff receive regular supervision.
- The provider must ensure clinical records are stored securely.

Action the provider **SHOULD** take to improve

- The provider should ensure that only authorised staff have access to the keys to medication cabinets
- The provider should ensure that they evaluate the effectiveness of prescribing off licence, as required, medication.
- The provider should ensure it reviews its incident reporting procedures.
- The provider should ensure it reviews the effectiveness of its procedures for communicating lessons learned from incidents, to the wider staff team.
- The provider should ensure it reviews its responsibilities, under the regulated activity, for providing specialist and personal care.
- The provider should ensure it enhances its existing liaison with the local pharmacist to lead a programme of regular medicine reviews and staff training.

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	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not record or ensure that staff completed mandatory training in safeguarding and infection control.</p> <p>The provider did not consistently maintain medication at correct temperatures and did not take action if temperatures were outside of the correct range.</p> <p>The provider did not ensure that nurses received anaphylaxis training to be able to administer intramuscular vitamin B to clients.</p> <p>Regulation 12 (1)(2)(a)(b)(c)(f)</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not secure confidential and sensitive client information securely.</p> <p>Regulation 17(2)(d)</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The provider did not ensure all clinical staff received regular clinical supervision.</p> <p>Regulation 18(1)(2)(a)</p>