

# Addaction - Rugby

## Quality Report

The Recovery Partnership

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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

- Addaction Rugby had made improvements to the building to provide a confidential space for the needle exchange and an area that was compliant with infection control principles in which to store its clinical waste bins.
- Staff checked all areas for cleanliness and local Addaction management had appointed a member of staff as the health and safety lead. This individual was responsible for ensuring that medical equipment was calibrated as per manufacturer's guidance. They also liaised with the company responsible for cleaning the building to ensure standards were met. Fire safety assessments had been undertaken and there were a number of individuals who were nominated to act as fire wardens. Their details were posted around the service and next to an up to date evacuation plan specific to the building.
- Staff morale had improved and staff stated that they felt that managers and team leaders were a visible presence around the service. Staff stated that they felt supported by their managers and team leaders and that they were happy in their work.

# Summary of findings

- A process had been identified to ensure that notifications were made to the Care Quality Commission when required. This had identified key personnel who were responsible for ensuring that notifications were made.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
<b>Substance misuse/ detoxification</b>		Start here...

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# Summary of findings

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# Addaction-Rugby

**Services we looked at**

Substance misuse/detoxification;

# Summary of this inspection

## Background to Addaction - Rugby

Addaction is one of the UK's largest specialist treatment charities for drug, alcohol and mental health issues. They have 120 individual contracts across the UK, 63 of which are in England. Addaction Rugby provides one such individual contract. As part of the local commissioning agreement, the service operates under the name The Recovery Partnership. The service is closely linked with four other Addaction services in the Coventry and Warwickshire area, all of whom operate as The Recovery Partnership. The service in Warwickshire is commissioned and funded by the local authority.

Addaction Rugby shares a registered manager with the three other Addaction services in Warwickshire. The Coventry and Warwickshire Addaction services share senior clinicians, senior managers and specialist role such as data officer, hepatitis C worker, engagement worker and housing worker. Addaction Rugby provides a community substance misuse service to adults who have drug and alcohol related problems. They provide one to one interventions and group work, treatment and support including detox, a needle exchange and a substitute prescribing service.

They provide harm reduction information, issue the emergency opioid overdose medication kits Naloxone and administer hepatitis vaccinations. Staff also provide training and learning opportunities for other organisations working with clients who have substance misuse issues. Figures for June 2016 indicate the service was supporting 230 clients in total. Addaction Rugby offers a service from 9am – 5pm Monday to Friday. They

have extended opening hours to 7pm each Wednesday. The building is situated in the centre of the town and is easily accessed by public transport. There is a small green area to the front, a free car park to the rear and a large municipal park within a few minutes walk of the building. Staff will carry out home visits if this is deemed best for the client and can make home visits if there are children in the household.

The service uses recovery champions who are ex-clients and volunteers to facilitate mutual aid partnership meetings, peer support and group sessions. Volunteer roles are designed to fit the needs of the volunteer and the service, so a volunteer may help with administration if this works best for both parties. Addaction Rugby provides a service to the town of Rugby and the surrounding rural areas. Some people refer themselves to Addaction, some are referred by other

organisations such as their GP or social services, and others are required to use the service as part of a court order.

The service is registered with the Care Quality Commission to provide:

1. Diagnostic and screening procedures
2. Treatment of disease, disorder or injury

The service was last inspected in July 2016. We found that there were three breaches in regulations. We also found areas of service provision that the organisation should take steps to improve.

## Our inspection team

The team that inspected the service comprised CQC inspector Matt Brute (inspection lead), and one other CQC inspector

# Summary of this inspection

## Why we carried out this inspection

We inspected this service because when we last inspected the service on 13/18 July 2016. We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. These were

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 safety and suitability of premises

- The provider did not ensure medical equipment was suitably calibrated in line with manufacturers' guidelines. Medical equipment had not been calibrated in line with manufactures' guidelines.

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

- The registered person did not notify the Care Quality Commission without delay of any abuse or allegation of abuse in relation to a service user or of any incident which was reported to, or investigated by, the police. The service did not notify the Care Quality Commission of incidents, which it was required to do.

Regulation 12 HSCA (Regulated Activities) Regulations 2014 Safe Care and Treatment.

- The provider did not ensure clinical waste bins were sited in an area that, in the event of spillages, could be thoroughly cleaned to reduce the risk of infection. Clinical waste bins were sited on a carpeted floor.

We also identified the following actions the provider SHOULD take to improve

- The provider should ensure it complies with recommendations set out in its fire risk assessment, implementing any actions in a timely manner.

- The provider should ensure it has access to clear cleaning schedules for the building for the purposes of controlling the prevention of infection.
- The provider should ensure all relevant equipment and areas of the building are appropriately cleaned for the purposes of controlling the prevention of infection.
- The provider should ensure it deals effectively with poor staff morale.
- The provider should ensure staff in all offices of the building feel safe and are protected from potentially violent or aggressive clients
- The provider should ensure all staff are confident in the use of panic buttons on the premises.
- The provider should ensure it considers ligature risks in parts of the building where clients have unsupervised access.
- The provider should ensure that any staff designated with specific roles such as Fire Warden receive suitable training and preparation for the role.
- The provider should ensure effective record keeping enabling staff to locate important documents such as evidence of equipment calibration and delivery notes of needle exchange stock.

The provider should ensure that all staff receive debrief support following incidents.

## How we carried out this inspection

Before the inspection we reviewed information we held about the location including provider engagement minutes, policies and provider action plans produced to address the breaches of the regulation. Since the inspection on 4/5 October 2016 CQC has kept in regular contact with the service.

During the inspection visit, the inspection team

- Completed a tour of the building including observations of clinic rooms, equipment and notice boards.
- Spoke to seven members of staff including the manager of the service.

# Summary of this inspection

- Viewed the environmental health and safety risk assessment, fire risk assessment and certificates of testing for medical equipment.

## What people who use the service say

We did not interview clients during this inspection.



# 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.

During the inspection on the 23rd July 2017, we found that Addaction Rugby had fully met the requirement notices in relation to Regulation 15 Health and Social Care Act (Regulated Activities) Regulations 2010 Safety and suitability of premises, Regulation 18 CQC (registration) regulations (2009) and Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014 Safe care and treatment.

There was a system in place to ensure that notifications were made to the CQC when required. Cleaning schedules had been created and an individual had been nominated to monitor cleaning in the building. The area that housed the clinical waste had been resurfaced with laminate flooring in line with infection control guidance. All medical equipment had been calibrated and all items checked had in date calibration stickers. A stable door had been fitted in front of the main office door to prevent clients from walking into the office while still enabling them to have contact with staff. Fire risk assessments had been undertaken and there were notices up giving information about fire wardens and evacuation procedures. A system was in place for managers to provide post incident debrief for staff. The environmental risk assessment contained a section that considered ligature risks.

Further detail is provided in the detailed section below.

### **Are services effective?**

We do not currently rate standalone substance misuse services.

We did not inspect this aspect of the service

### **Are services caring?**

We did not inspect this aspect of the service.

The window in the needle exchange clinic had been fitted with an opaque film to provide confidentiality to clients using the service.

Further detail is provided in the detailed section below.

### **Are services responsive?**

We do not currently rate standalone substance misuse services.

We did not inspect this aspect of the service.

### **Are services well-led?**

We do not currently rate standalone substance misuse services.

# Summary of this inspection

We found that staff morale was improved. Staff felt that managers listened to them and acted on their concerns as a result of changes of staffing at management level. There was a system in place for managers to undertake debrief with staff after an incident. Although the manager's office was still located on the second floor, staff told us that managers were more visible within the service and that they were always available when they needed them. The manager was aware that there had been an issue with staff morale and was able to talk us through the steps they had taken to address this.

## Detailed findings from this inspection

# Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

## Are substance misuse/detoxification services safe?

### Safe and clean environment

- The carpet had been removed from the area where clinical waste bins were stored. This had been replaced with laminate flooring to ensure that the area could be thoroughly cleaned in the event of a spillage.
- A stable door had been fitted on the outside of the office door. This door had been fitted to prevent clients from entering the office area and protect staff from people who may have been acting aggressively. This was to mitigate that the main office door was left open in order that staff can monitor the waiting area.
- All staff we spoke with stated that they knew how to use the panic buttons though they had not needed to use them.
- We saw records to show that medical equipment had been calibrated and checks were current. Electrical and medical equipment also had stickers on stating a retest date. These were all in date.
- The service had identified a health and safety lead and several fire wardens. The details of these staff members were posted around the building on noticeboards alongside evacuation details specific to the building. We also saw an up to date fire risk assessment
- We looked at the environmental health and safety assessment and this included a section that considered ligature risks. Though it was difficult for Addaction to make any changes to the building, ligature risks were mitigated by staff observation and individual risk assessment.

### Track record on safety

- There was an established process in place for the service to make notifications to the CQC if required.

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

- Managers and staff informed us that there was a process in place for managers to offer debrief to staff after an incident. The service had also introduced “flash meetings” at the start of every shift that enabled staff to raise concerns or pass on information or learning from incidents.

## Are substance misuse/detoxification services effective?

(for example, treatment is effective)

We did not inspect this domain.

## Are substance misuse/detoxification services caring?

### Kindness, dignity, respect and support

- The window in the needle exchange had been fitted with an opaque film to maintain the dignity and confidentiality of clients using this service.

## Are substance misuse/detoxification services responsive to people’s needs?

(for example, to feedback?)

We did not inspect this domain.

# Substance misuse/detoxification

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

### Vision and values

- The vision and values of the organisation applied to the staff that worked for them. Most staff we spoke with felt that morale in the service was high. Some staff stated that they felt that the manager was away from the service frequently but understood that this was because Addaction are currently undertaking a tendering process to continue to deliver services at this location.

### Leadership, morale and staff engagement

- Staff stated that they were encouraged to provide feedback at meetings.
- The manager and team leader shared an office on the second floor of the building. Though this could take them away from staff areas, staff stated that they were both a visible presence in the main staff office and that they were available when required.
- Staff morale at the service was high. Staff informed us that there had been changes to leadership that had improved morale within the team. Staff stated that they felt supported by team leaders and managers. We were told that it is a happy team at Rugby and staff support one another.