

The John Kitchen Centre






Quality Report

22 Linden Grove
London
SE15 3LF
Tel: 02072776630
Website: www.kairoscommunity.org.uk

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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		Inadequate	
Are services safe?		Inadequate	
Are services effective?		Inadequate	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Inadequate	

Overall summary

This was an unannounced, comprehensive inspection. We rated The John Kitchen Centre as inadequate. Immediately following our inspection, we took enforcement action to stop the provider from accepting new clients for detoxification treatment with immediate effect. We are also taking enforcement action where we will be proposing the cancellation of the registration of this location for the provider. This would mean that the provider will no longer be able to operate this service.

Overall, we rated the service as inadequate because:

- CQC previously inspected The John Kitchen Centre in August 2016. Following the August 2016 inspection, we told the provider that it must act to improve the service. During this inspection we found that the actions needed to improve the service had not been taken. This included improving the safety of medication management, ensuring that appropriately detailed records relating to risk management and the delivery of care were

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maintained for each client, that the necessary pre-employment checks were completed for all staff and that an appropriate governance structure and auditing system was put in place.

- Staff did not manage the care of people undergoing detoxification safely. The service did not identify and exclude clients whose needs could not safely be met by the service. Staff did not complete a comprehensive assessment of clients' needs, including their needs for physical healthcare or the extent and nature of their drug or alcohol dependence, before clients commenced detoxification treatment.
- Staff did not undertake ongoing monitoring of clients' withdrawal symptoms and physical healthcare status as required by the provider's detoxification protocols. This posed a risk that a physical deterioration in clients undergoing detoxification treatment would go undetected.
- The service did not have appropriate arrangements in place to respond to emergencies or access medical advice out-of-hours.
- Staff did not provide clients with sufficient information about treatment options, or the risks associated with their treatment, nor did they document their consent to treatment. Staff did not alert clients to the risks they faced if they exited treatment early. For example, the risk of loss of opioid tolerance - leading to risk of overdose - and the risk of seizures.
- Staff did not assess the risks to individual clients adequately on admission nor did they put plans in place to safely manage these risks. The service did not assess clients' mental health to determine whether their drug or alcohol misuse was masking an underlying condition.
- The provider did not have governance processes in place to provide assurance about the quality and

safety of the service, and to alert the provider to improvements that needed to be made. Managers did not audit the management of medicines, the quality and completeness of clinical records or staff employment files. Staff did not manage medications safely. They did not ensure that medications were stored safely, they did not undertake risk assessment of clients who administered their own medication and the provider had no system to enable staff to check if medications were missing. Staff did not manage risk posed by potential ligature anchor points to protect clients who were vulnerable to suicide or self-harm. The service did not consider the gender mix or location of clients' bedrooms, meaning that the provider was not doing all that was practicable to mitigate the risk of sexual safety incidents occurring.

- The provider did not complete the necessary pre-employment checks to provide assurance that volunteers and staff were suitable to work at the service.
- Staff did not work within their qualification or competency level and the provider did not assure itself that staff and volunteers were competent to carry aspects of their roles including managing medications.
- The service had not developed a culture of learning from incidents. Incidents were not discussed routinely by staff and staff did not act to identify learning from incidents to make improvements to the service.
- The provider did not have sufficient information available to staff about how to make a safeguarding referral.
- There was no system to ensure the provider's policies and procedures were regularly reviewed and reflected up-to-date professional guidance. Policies were not dated.

Summary of findings

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Inadequate 

The John Kitchen Centre

Services we looked at:

Substance misuse services

Summary of this inspection

Background to The John Kitchen Centre

The John Kitchen Centre was provided by Kairos Community Trust. It was registered with the CQC to provide accommodation for persons who require treatment for substance misuse. The John Kitchen Centre was described by the provider as a first-stage residential hostel for men and women who had a history of substance abuse and homelessness.

At the time of the inspection the service provided residential, medically monitored alcohol or opiate detoxification programmes to up to four clients at a time; in conjunction with a contracted doctor from a local GP practice. The remaining clients using the service had already received detoxification treatment either at the service or elsewhere, and they could also access the contracted GP for general health needs.

Staff worked with other agencies to support clients to move on from the service. Most clients transferred to one of the provider's long-term supported houses.

The service was a 'dry house' and clients signed an agreement on admission not to use alcohol or non-prescribed drugs whilst using the service. The service was provided in line with the Kairos Community Trust ethos which was based on the '12 steps to sobriety' model. The service received referrals from drug and alcohol teams across London, hostel workers and some self-referrals. The cost of accommodation was met through housing benefit. The service sought funding from drug and alcohol teams for the cost of detoxification treatment and post detoxification rehabilitation.

Clients had an allocated key-worker who supported them to rehabilitate from substance abuse through an individual programme of activities. This included attending local self-help groups such as Alcoholics Anonymous, Narcotics Anonymous, and Cocaine Anonymous. Clients also participated in activities and groups at the service and at the Kairos Community Trust Garden Day Programme which was located nearby.

Our inspection team

The team that inspected the service comprised one CQC inspection manager, three CQC inspectors, two CQC pharmacy inspectors and two specialist professional advisors with experience of working in the field of substance misuse as a nurse and a psychiatrist.

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?

Summary of this inspection

- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

During the inspection visit, the inspection team:

- visited the service and undertook an assessment of the quality of the environment and observed how staff were caring for clients
- spoke with eight clients
- spoke with the registered manager and director
- spoke with nine other staff members including a counsellor and four volunteers

- spoke with the prescribing doctor who was contracted to work for the service from a local GP practice
- observed a morning client forum meeting
- observed a staff handover meeting
- looked at nine client care and treatment records
- observed medicines administration and reviewed the medication management procedures and medication administration records
- looked at policies, procedures and other documents relating to the running of the service.

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 rated **safe** as **Inadequate** because:

- During our last inspection in August 2016 we identified that the provider did not ensure there were appropriately detailed records available in relation to risk management and the planning and delivery of treatment and care for clients. During this inspection we found that staff still did not assess, monitor or manage risks to people who used the service. Client risk assessments were not detailed enough, completed in a timely manner or updated when risks changed. Risks that were identified in risk assessments did not feed into risk management plans and the service could not demonstrate how they were working to manage or mitigate the individual client risks to keep them safe.
- Clients undergoing detoxification treatment were not monitored adequately. One volunteer slept at the service at night; including when clients were undergoing detoxification treatment. Clients undergoing detoxification treatment were provided with alarms but these required manual activation; which might not be possible if the client had a seizure. There was no procedure in place to routinely observe clients undergoing detoxification treatment through the night.
- Staff and volunteers did not have the skills and competency to safely meet the needs of clients. Managers could not easily monitor whether staff or volunteers had attended the necessary training to safely meet the needs of clients.
- The information needed to plan and deliver effective care, treatment and support was not readily available to staff. Staff working at the service did not have access to important clinical information about the clients' healthcare needs that had been documented by the service's contracted doctor. This included the record of the medical assessment; which was held at the GP surgery. This meant that staff did not have access to all the necessary clinical information to safely meet client's individual needs and prevent or minimise potential harm to clients.
- Clients were not adequately informed of the risks associated with detoxification treatment before they consented to this

Inadequate



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treatment. Clients did not have plans in place about how to safely manage themselves if they left the service during their detoxification treatment, to mitigate risks including overdose or seizures.

- During our last inspection in August 2016, we identified that the management and administration of medication needed to be reviewed to ensure arrangements were as safe as possible for clients and to minimise the risk of errors by staff. During this inspection, we identified that the procedure for administration of medications was still unsafe. Clients were not risk-assessed to administer their own medications. Volunteers who supervised administration of medications were potentially vulnerable to misusing medications and were often distracted when observing medication administration. Staff did not accurately record medication administration so the provider would not know if medication was missing. Staff did not store medications safely. The provider did not have a system to monitor the temperature of the rooms and fridges in which medications were stored and so could not guarantee they had been stored appropriately and were safe to administer.
- The service did not have the necessary resources to respond to physical health emergencies. The likelihood of these emergencies occurring was heightened by the fact that some clients underwent detoxification treatment from opiates or alcohol at the service. Medical cover was not sufficient and staff relied on an out-of-hours GP telephone number or the emergency services for emergency support out-of-hours. The service did not have emergency equipment or emergency drugs on-site that could help preserve life in an emergency.
- Staff did not consider whether the premises were safe when identifying whether client's individual needs could be safely managed by the service. Routine environmental observations and a ligature risk assessment were not in place. There were no risk management plans for clients who were identified as being at heightened risk of suicide or self-harm to protect them from environmental risks. The service did not consider the gender mix or location of clients' bedrooms, meaning staff were not doing all that was practicable to minimise the likelihood of sexual safety incidents occurring.
- Staff did not have access to the necessary information to inform them how to make a safeguarding referral. There was insufficient attention to safeguarding children and adults in the

Summary of this inspection

provider's adult abuse policy. Although the registered manager knew how to make a safeguarding referral, there was no information to other staff members informing them about how to do this if the registered manager was absent.

- During the last inspection in August 2016, we identified that the provider did not ensure pre-employment checks, including suitable references and written explanations of gaps in employment history, were completed for all staff. During this inspection the service still had not completed the required pre-employment checks for staff and volunteers. The provider had not satisfied itself that individuals with criminal backgrounds were safe to work with vulnerable people.
- Staff did not consider what could be learned from incidents that occurred and did not routinely discuss recent incidents. This increased the likelihood that similar incidents would re-occur in future.

Are services effective?

We rated **effective** as **inadequate** because:

- Clients' needs were not robustly assessed at the point of referral or when their detoxification treatment commenced. The contracted doctor relied on limited information to assess whether individual clients needs could be suitably managed by the service. They did not always wait for information from the client's GP. Physical examinations and blood tests were not routinely completed before commencing detoxification treatment and the prescribing doctor relied on clients to disclose information relating to physical and mental health conditions.
- Managers were not able to assure themselves that staff and volunteers had the necessary skills and experience to deliver good quality, safe care. Clients received care out-of-hours from volunteers who did not have the skills or experience to deliver effective care.
- People's care and treatment did not reflect current evidence-based guidance. Physical health monitoring did not take place for clients undergoing detoxification from opiates or alcohol according to the providers detoxification protocols. This presented a risk that physical health emergencies would not be detected and acted on promptly.
- Staff did not assess the severity of dependence effectively before they started clients on detoxification treatment. This meant that the contracted doctor had limited information to

Inadequate



Summary of this inspection

determine whether the provider's standard detoxification regimes were appropriate for individual clients. Withdrawal scales, which are ordinarily used to monitor symptoms of withdrawal as detoxification treatment progresses, were used during the assessment process rather than specific dependence measures.

- Withdrawal scales were not subsequently used according to the provider's detoxification protocols throughout the duration of detoxification treatment. This meant that staff were not closely monitoring the severity of withdrawal symptoms to determine whether the prescribed detoxification regime was appropriate for the individual. This also meant that staff would not be in a position to identify and take prompt action to avoid severe withdrawal symptoms such as seizures.
- People who misuse drugs and alcohol often also have an underlying mental health condition. Despite this, the provider was not proactive in assessing clients' cognitive and mental health state during and post-detoxification treatment. This meant that clients' who had been using alcohol or drugs to mask an underlying mental health condition would continue to live with the condition undetected.
- Staff did not obtain consent to treatment, or did not record this clearly, in line with the Mental Capacity Act 2005.

Are services caring?

We rated **caring** as **good** because:

- Clients were positive about the relationships they had developed with staff. They reported that staff supported them with their recovery and they felt that their time spent with the service had been beneficial.
- Clients were allocated a key worker and they worked to support clients to find appropriate move-on accommodation at the end of their treatment programme.
- Former clients were encouraged to keep in touch with the service and build on their skills by volunteering.

However:

- Some clients reported there was not enough structured activity to keep them occupied at weekends.
- Although staff involved people's families and carers in their care when requested, the service did not provide direct family support through interventions or mutual support groups for carers.

Good



Summary of this inspection

Are services responsive?

Good



We rated **responsive** as **good** because:

- The service contained plenty of large, bright spaces that promoted comfort and dignity.
- Staff supported clients' religious needs and dietary requirements.
- The service had developed working relationships with local mutual aid groups, and encouraged clients to attend these. This included an LGBT mutual aid group for clients who would benefit from sharing experiences with members of their community.
- Clients knew how to complain and were familiarised with the provider's complaints procedures when they commenced treatment.

However:

- The service did not have clear criteria about who should be excluded from the service because their needs could not be met safely. Exclusion criteria were not clearly set out in one place and staff were inconsistent about which criteria they could or could not safely manage at the service.
- Clients with known mental health conditions or histories of poor mental health had not been subject to review to establish whether or not the service could safely meet their needs. The need for this process was detailed on the provider's referral form.

Are services well-led?

Inadequate



We rated **well led** as **inadequate** because:

- The service did not have leaders with the right skills and abilities to run a service providing high-quality sustainable care. Leaders did not have the necessary knowledge or capability to lead a detoxification service safely and effectively. Leaders did not identify or understand the risks associated with the treatment they were delivering.
- The service had not taken action to meet the requirements identified during our last inspection in August 2016. These related to safe management of medications, developing governance systems to assure the quality and safety of the service, and operating effective recruitment procedures.
- During our last inspection in August 2016, we identified that the provider did not have an appropriate governance structure in place to ensure all appropriate procedures were in place and put into practice. We also identified that the provider did not

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undertake audits of the quality of the service in relation to the relevant care standards and ensure improvements were made as necessary. During this inspection, we concluded that the governance arrangements and their purpose were still unclear. The provider did not have appropriate systems to assess the quality and safety of the care and treatment they were delivering. There were no audits in relation to medication management, or adherence to best practice in relation to alcohol or opiate detoxification treatment.






- The provider did not capture the learning from incidents on its incident reporting system or ensure that incident reports fed into the provider's governance structure. This meant that incidents were not discussed routinely at meetings and changes made to the service as necessary to prevent similar incidents re-occurring.
- The provider's policies and procedures were not dated. There was no plan for routine reviews of policies and procedures which meant that the service could not assure itself that they were in line with up-to-date professional guidance.
- The provider did not have robust systems in place to ensure staff were competent to fulfil their roles. Information about training compliance could not easily be obtained, and there were no clear plans around how shortfalls in mandatory training compliance were being addressed. Staff competence to manage the medicines administration process was not monitored.
- The service did not have a service-level risk register or business continuity plan. Risks to the service had not been identified and there was no plan to initiate if the delivery of the service was compromised in any way to ensure the service could continue to operate.

However:

- Staff and volunteers enjoyed working at the service and felt appreciated for their contribution.

Detailed findings from this inspection

Substance misuse services

Safe	Inadequate 
Effective	Inadequate 
Caring	Good 
Responsive	Good 
Well-led	Inadequate 

Are substance misuse services safe?

Inadequate 

Safe and clean environment

- Staff had not considered how to manage environmental risks that could compromise the safety of clients who were vulnerable to self-harm or suicide attempts. We identified that at least four of the clients using the service at the time of our inspection had a history of self-harm or making suicide attempts. Staff had not considered how to safely manage these clients in the environment. The provider did not have a ligature risk assessment in place. Potential ligature anchor points had not been identified and staff did not have a detailed understanding of the environmental risks including ligature points and were not taking any action to protect clients against these risks. A ligature point is anything that can be used to attach a cord, rope or other material to cause harm by hanging or self-strangulation. For example, ensuite bedrooms had shower fittings, taps and window handles.
- The service did not consider the gender mix or location of clients' bedrooms, meaning that the risk of sexual safety incidents was heightened. The service comprised of mixed-sex corridors. Some bedrooms had ensuite facilities, others did not. Some females had to pass male bedrooms to access toilet and bathing facilities, for example, on the ground floor corridor. The provider had not considered how this might compromise the sexual safety of people using the service.
- An up to date fire risk assessment was in place and safety checks were being completed as planned.

- Portable alarms were given to clients undergoing detoxification treatment. This meant they could call staff for help in an emergency at night. However, this may not have been possible if the client was experiencing a seizure because the client had to manually activate the alarm. The remaining clients were instructed to locate the sleeping in night volunteer if they required assistance.
- All areas of the service were clean, had good furnishings and were well-maintained. A weekly checklist was completed by staff to provide assurance that different parts of the building were clean.
- Staff did not have clear guidance about how to follow infection control principles in relation to hand washing and infection prevention and control measures including hand washing were not audited.
- The service did not have a clinic room.
- Emergency equipment including defibrillators and emergency drugs were not kept at the service. This meant that, in the event of a clinical emergency, staff were not able to provide immediate medical interventions and relied on the emergency services or the local GP out of hours service. The likelihood of clinical emergencies occurring was heightened because some clients were undergoing detoxification treatment.

Safe staffing

- The provider had not ensured that the service was safely staffed by workers with the right skills, experience and qualifications to meet the needs of people using the service. Clients undergoing detoxification were not supported by suitably qualified staff at night. The

Substance misuse services

registered manager could not easily access information relating to staff training, which meant they did not ensure that staff with the right skill mix were deployed on each shift.

- The service was staffed by support workers and volunteers. The service did not employ registered nurses.
- During weekdays there were three members of staff on duty between 9am and 5pm, including the registered manager. At all other times there was at least one volunteer on duty, including a sleeping volunteer at night.
- The provider did not use agency staff. Volunteers were generally used to cover when staff called into work sick.
- No staff had left their jobs during the 12 months leading up to our inspection.
- Staff sickness was 8% during the 12 months leading up to our inspection. This was due to one staff member being on long-term sick leave.
- During our last inspection in August 2016 we identified that staff and volunteers were not always subject to the necessary pre-employment checks including suitable references and explanations of gaps in employment. During this inspection we identified that staff were still not subject to necessary pre-employment checks. We looked at five staff employment files. The provider had not sought references for three volunteers. The provider did not evidence how they had reviewed potential risks flagged in two staff disclosure and barring service checks and satisfied themselves that the person was safe and appropriate to work with vulnerable people.
- The registered manager did not have direct access to information about staff mandatory training compliance. Staff reported that an administrator working for the provider sent reminders to staff who needed to complete specific mandatory training courses, including health and safety awareness training.
- Not all staff and volunteers were up to date with appropriate mandatory training. For example, 47% of eligible individuals were recorded as having completed safeguarding training and 70% of eligible individuals had completed first aid training.

- Renewal deadlines were clearly recorded for staff who were currently compliant with specific training courses. However, there was no record to suggest when staff who had not yet completed required training courses would be booked to attend. For example, managers were not able to say when the staff who were not compliant with safeguarding training would be booked onto this training.

Assessing and managing risk to clients and staff

Assessment of Client risk

- Clients' individual risks were not clearly assessed on admission and plans put in place to mitigate and manage them. Risk assessments were not reviewed or updated when clients' potential risk changed.
- We looked at nine client care and treatment records. There were delays in the risk assessment tool being completed. We identified four clients who did not have a risk assessment in place when they commenced detoxification treatment. This meant that potential risks during detoxification were not identified and measures were not put in place to manage risks associated with detoxification from when their treatment started.
- The service's referral risk assessment tool was not comprehensive and not always completed fully. The referral form risk assessment tool was completed using yes and no answers to proforma questions, supported by a free text box. The form stated that clients assessed as being at high risk should be referred to the manager. However, no guidance to formulate risk levels was included in the tool.
- The service did not routinely review clients risk assessments following significant incidents to reflect changes in severity of risk, including self-harm incidents. We identified one client whose risk assessment had not been updated following an incident of self-harm. Therefore, there were no plans put in place to identify how this risk would be managed or mitigated.
- Clients did not have early exit plans in place to alert them to the risks of exiting detoxification treatment early and advise them how to manage their condition safely. For example, clients undergoing detoxification treatment from opiates were not informed of the risk of overdose. This risk increases due to loss of opioid tolerance during detoxification treatment.

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Management of client risk

- During our last inspection in August 2016 we identified that records relating to managing each client's individually identified risks were not sufficiently detailed. During this inspection we found that the necessary improvements had not been made. The risk assessment tool did not feed into risk management plans for clients to help staff understand how to individually manage each client's needs safely. We identified seven clients who did not have any form of risk management plan in place for their identified risks which included suicide and self-harm.
- Clients undergoing detoxification treatment were not adequately monitored. The service was staffed at night by one person, usually a volunteer. Clients undergoing detoxification treatment were provided with alarms, however these required manual activation and there was no procedure in place to routinely observe clients undergoing detoxification treatment through the night. Although staff reported that training was available in areas including physical health monitoring, training in recognising and managing seizures and medication management, this training was not formally recorded. Managers did not have a system to assure themselves that the staff member or volunteer had attended the necessary training to provide them with the skills and competency to safely meet the needs of clients. This meant that clients were at risk of receiving unsafe care and treatment as the service had not ensured that staff and volunteers had the competence and qualifications required to safely meet their needs.
- During our last inspection in August 2016 we identified that staff did not assess the individual risks to clients in relation to the use of over-the-counter pain relief medications or self-administration of medications. During this inspection we found that the necessary improvements had not been made. Staff did not assess whether it was safe for each client to administer their own medications. Although over-the-counter painkillers were no longer provided by the service and clients were encouraged to discuss the need for these medications with the prescribing doctor who could prescribe them, staff reported they would still allow clients to purchase their own painkillers and would store these in a locker with their other prescribed medications. There was no

system in place for staff to alert the prescribing doctor if this happened, presenting a risk that clients' own painkiller medication could interact with their other prescribed medications.

Safeguarding

- Appropriate systems to protect clients from abuse were not in place. The provider did not have sufficient information available to staff about how to make a safeguarding referral. The provider's adult abuse policy did not inform staff about the process they should follow to make a referral to the local authority safeguarding adults team. Staff were encouraged to escalate allegations of abuse or potential abuse to the registered manager. Although the registered manager knew how to make a safeguarding referral, this presented a risk that staff would not have the necessary information to be able to make a safeguarding referral in their absence.
- The provider did not have a policy informing staff how to handle allegations relating to vulnerable children.
- Safeguarding training compliance was low. Forty-seven per cent of eligible staff had completed and were up-to-date with safeguarding training.
- We identified one incident relating to an allegation that a client had sexually assaulted another client that, although discussed with police, had not been shared with the local authority safeguarding adults team.

Staff access to essential information

- Staff did not have easy access to essential information relating to client's care and treatment. The client care and treatment records completed by the contracted doctor were not stored on as part of the client care and treatment records. This included information such as medical assessments and clinical decisions relating to prescribing regimes for clients undergoing detoxification treatment. Staff relied on telephoning the contracted doctor if they required information relating to the doctor's notes or clinical assessment.
- Information relating to client care and treatment was stored in paper files. These were accessible to staff working at the service, and staff were not expected to record information on more than one system.

Medicines management

Substance misuse services

- Systems to ensure good practice in medicines management, including administration, medicines reconciliation, recording and disposal were not in place.
- Each client had a dedicated medication storage locker in the staff office that could be accessed by staff members and volunteers. Other medication and controlled drugs were stored in locked cupboards in the manager's office. The doctor conducted physical examinations at the local GP surgery where they worked.
- During our last inspection in August 2016 we identified that medicines were not stored in accordance with the manufacturer's instructions. During this inspection we identified further issues relating to the safe storage of medications. Medications were kept in lockable cabinets in the manager's office and individual client medication was transferred to client specific lockers in the staff office in the reception area. Room temperatures were not monitored or recorded in either of these locations. The controlled drugs cabinet in the manager's office was located above a radiator. These factors posed a risk that the medications being stored would be damaged by heat. The provider took immediate action during our inspection to ensure thermometers were situated in both locations to monitor and record room temperatures every day. There were no medications stored in the medication fridge during the time of our inspection.
- During our last inspection in August 2016 we identified that the management and administration of medicines at the service needed to be reviewed to ensure medication arrangements were safe and minimised the risk of errors by staff. During this inspection we identified that the process around administration of medications was not safe. Clients administered their own medications in the presence of one staff member or volunteer in the staff office. We observed that this process was regularly interrupted by others using the space. An incident occurred during our inspection where a client attempted to abscond with a strip of their medication whilst the staff member was distracted by another client. Two staff members reported they were not confident in overseeing medication administration because they could not easily observe clients. The provider's medication policy stated that all clients should be risk-assessed for safe self-administration of their medication. We identified that this risk-assessment did not routinely take place. These factors posed a risk that medications could be misused by both clients and volunteers who may be vulnerable to misuse because of being in recovery from addiction themselves.
- During our last inspection in August 2016 we identified that staff did not always record information about medication doses on medicines administration records. During this inspection this issue was still outstanding. We identified gaps in medicine administration records relating to two clients, one where a series of missed doses had not been explained and another where there was no record as to whether the medication had been administered or not.
- The provider did not complete routine stock checks to closely monitor the quantities of medications received, administered, and disposed of.
- Staff reported they conducted a check of medications and equipment once a week, however this was not completed in detail and was not recorded. This presented a risk that medications might go missing and the provider did not have appropriate systems in place to alert them to this. Since our last inspection in 2016, a pharmacist had been commissioned by the provider to carry out a check of medicines management. This had taken place several weeks prior to our inspection. This check had not flagged the concerns identified during our inspection.
- Staff reported they had received training in medicines management. However, the provider did not keep a record of compliance rates for this training. It was not clear which staff had completed the training and when they were due to renew their training. This presented a risk that staff who were not up to date with this training would be asked to manage and supervise administration of medications.
- During our last inspection in August 2016 we identified that the provider did not ensure that staff were competent to manage and administer medicines safely and understand the effective use of urine testing strips. During this inspection we identified that although staff understood the effective use of urine testing strips and

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these were stored securely, the provider did not complete competency checks to ensure staff and volunteers were safe and competent to supervise administration of medications.

- Staff did not know how to contact their controlled drugs accountable officer (CDAO). A CDAO supervises the management and use of controlled drugs within a geographical area and monitors concerns or incidents relating to controlled drugs. This meant that, in the event of an incident relating to controlled drugs, staff would not report to the necessary authority or be able to obtain important advice about how to manage such an incident safely.

Track record on safety

- No serious incidents had been reported at the service in the 12 months leading up to our inspection.

Reporting incidents and learning from when things go wrong

- Staff did not always report incidents according to the providers incident reporting system. We identified two incidents that had been raised during staff meetings that had not been reported using the providers incident reporting system.
- Staff did not identify learning from incidents to help prevent similar incidents re-occurring. The incident reporting template did not prompt staff to record any learning points from incidents. Although a standard agenda item existed in the staff weekly business meeting called 'CQC and governance', this was not routinely used to discuss recent incidents and what the learning from incidents was. Also, incidents were not discussed at the monthly management meeting. This meant that there was no established mechanism for learning from incidents to be shared across different locations within the provider. We reviewed seven incident reports that took place within the last 6 months. There were no recorded learning points from any of these incidents.
- Staff reported they were confident in submitting paper incident reports and would freely discuss matters they thought should be reported as an incident with the registered manager.

Duty of candour

- Staff explained that they understood their duty to be open and transparent with clients and their families if something relating to their care and treatment went wrong.

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

Inadequate 

Assessment of needs and planning of care

- We looked at nine care and treatment records. Clients' physical and mental health needs were not thoroughly assessed prior to or on admission. Clients were registered as new clients on a permanent basis at the GP practice where the prescribing doctor worked. This meant there was a delay in receiving the client's existing medical notes. The prescribing doctor therefore relied on scant clinical information from referral forms and client disclosures about physical or mental health conditions, substance misuse history and information about previous detoxification attempts, before they decided whether it was appropriate to commence detoxification treatment.
- We identified that for four clients, information received from the referrer was minimal and they commenced detoxification treatment without the service having obtained any information from their existing GP such as long-term health problems or to prevent double-prescribing of medications and harmful drug interactions with medications they may have already been prescribed.
- The provider did not do all that was reasonably practicable to identify and safely manage potential physical and mental health complications that could occur during detoxification treatment. The medical cover was not enough to safely meet the needs of clients undergoing detoxification treatment. These clients were not routinely seen by the doctor outside of Tuesdays, when they were contracted to work for the service, for monitoring of their withdrawal symptoms. Staff could not easily access a doctor out-of-hours or in an emergency. They relied on a GP out-of-hours service, and informal text messaging with the prescribing doctor who was only able to give advice if they were available.

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- The prescribing doctor did not routinely complete physical examinations, blood tests or cognitive assessments of clients before commencing detoxification treatment, in line with national professional guidance. This posed a risk that complications relating to poor liver function, infected injection sites or cognitive impairment caused by alcoholism may have gone undetected. We identified four clients who were undergoing or had recently undergone alcohol detoxification treatment who had not been subject to liver function tests to ensure that it was safe for them to commence their treatment.
- Comprehensive assessments of the clients' drug or alcohol dependence level, healthcare and other needs had not been completed before detoxification treatment started. The service had not ensured that adequate information had been gathered so that robust decisions were made pre-admission to ensure that service users could be safely detoxed.
- Staff did not use recommended tools to assess service user's dependence before starting their detoxification treatment. The service did not use Severity of Alcohol Dependence Questionnaires or the Alcohol Use Disorders Identification Test before commencing alcohol detoxification in line with The National Institute for Health and Care Excellence (NICE) guidance. We identified four clients who were not subject to these assessments prior before starting alcohol detoxification treatment. This presented a risk that the detoxification regime decided may have been inappropriate, potentially increasing the likelihood of withdrawal symptoms including seizures.
- Use of the Clinical Institute Withdrawal Assessment for Alcohol scale and Clinical Opiate Withdrawal Scale to monitor the severity of withdrawal symptoms was not systematic. The service did not routinely follow their own protocol around frequency of completion for these withdrawal measures during detoxification treatment. One client had not been subject to any withdrawal monitoring scales at all during their detoxification. This meant the service could not be assured that standardised prescribing regimes appropriately met the needs of the service user during detoxification. It also meant that service users' health and safety were put at risk during detoxification as the severity of their withdrawal symptoms was not monitored.

Best practice in treatment and care

- The physical health of clients undergoing detoxification treatments was not monitored and recorded at regular intervals during withdrawal. This included blood pressure, pulse and respiratory rate. The service was using the National Early Warning Sign (NEWS) system to monitor physical health during detoxification. Guidance attached to the tool stated that this should be completed on admission for baseline readings and then repeated twice per day for 72 hours and that this should be increased according to NEWS guidance if these fluctuated. However, for four clients who had undergone detoxification treatment, this guidance had not been followed. For an additional client, no physical health monitoring had been completed at all during their detoxification. This meant that signs of physical deterioration during treatment may have gone unidentified and interventions to support the client not sought in a timely manner.
- Clients had not been given sufficient information about treatment options and did not have their consent to treatment documented. We identified six clients who had undergone detoxification treatment. There was no documentation in the care and treatment records at either the service or the associated GP practice to show these clients had been informed of the risks associated with undergoing detoxification treatment or discussed the medications they were prescribed. Consent to detoxification treatment had not been obtained and recorded for any of these clients. This meant that clients were not given all the information necessary to give informed consent to start detoxification treatment.
- The service's assessment and review procedures did not identify that service users may be misusing alcohol or drugs to mask mental health or other conditions and did not review their mental health needs during or post detoxification. People with undiagnosed mental health needs commonly misuse substances to help them manage the symptoms of their condition. These underlying needs can be masked by their substance misuse. None of the clients who had undergone detoxification treatment and whose records we reviewed had been subject to screens for emerging or previously masked mental health needs before, during or after their detoxification treatment. This meant there

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was a risk that service users did not have their needs reviewed or addressed as they underwent treatment, putting them at risk of receiving unsafe care and treatment.

- Naloxone was not available to service users who were undergoing detoxification treatment. This presented a risk that service users who might overdose on opiates could not have their overdose reversed. This meant that the service did not do all that was reasonably practicable to mitigate and manage the medical risks associated with detoxification.
- Although vitamin B was prescribed to clients undergoing alcohol detoxification treatment, a high-potency vitamin B and C injection was not routinely prescribed to clients, in-line with NICE guidelines. One staff member reported that they allowed clients to stop taking vitamin B supplements if they were eating healthily. People who are alcohol dependent are advised to take vitamin B supplements to prevent the development of Wernicke's encephalopathy, a neurological disorder caused by vitamin B deficiency, which alcohol dependent people are prone to.
- Clients blood borne virus status was requested when clients were referred to the service. If their status was unknown, the contracted doctor could complete a blood borne virus screen and put the client in touch with aftercare and support if they received a positive diagnosis.
- Staff supported clients to lead a healthy lifestyle. The service had links with a local gym. This meant that clients were entitled to a discount membership rate. Clients were signposted to the prescribing doctors GP practice for support with smoking cessation. Staff were also aware that they could signpost clients to a local pharmacy that provided smoking cessation services if needed.
- The service's treatment model was based on the 12-steps to sobriety. Clients attended group sessions at the provider's garden day centre and met individually with a counsellor. Staff actively supported clients with welfare benefits and in identifying suitable occupational activities.

- Staff discussed occasions where they actively supported clients who needed to be admitted to hospital. This involved visiting the client each day and arranging for them to be transferred back to the service at the end of their stay.

Skilled staff to deliver care

- Staff did not work within their qualification or competency level. Not all staff and volunteers received regular supervision. Staff did not receive an annual appraisal.
- Although staff reported that training was available in areas including physical health monitoring, training in recognising and managing seizures and medication management, this training was not formally recorded. Managers did not have a system to assure themselves that the staff member or volunteer had attended the necessary training to provide them with the skills and competency to safely meet the needs of clients.
- There were no arrangements in place for 24/7 access to medical or nursing care for clients undergoing detoxification treatment. The service did not employ nursing staff and the contracted doctor was contracted to work on Tuesdays only. Clinical information was not routinely and systematically shared between the prescribing doctor and staff at the service. Information detailing the prescribing doctor's assessment was not present in any of the client care and treatment records we reviewed and was not readily accessible to staff working at the service.
- The registered manager, deputy manager and counsellor received external clinical supervision on an ad-hoc basis. Some staff received one to one supervision sessions with their line manager. We reviewed two paid staff and three volunteer employment records. Both paid staff and one volunteer had received sporadic supervision during their time working at the service. Supervision was not consistently scheduled on a monthly basis.
- Staff did not receive an annual appraisal or routinely engage in conversations about career development.
- All staff and volunteers completed an induction when they started working at the service. This included an

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overview of fire safety, managing environmental hazards, upholding equality and diverse needs, and fostering positive relationships and communication skills.

- Clients accessed both joint and individual sessions with counsellors at the service. Separate referrals needed to be made to other services if clients required psychological support, dietic support or speech and language therapy.

Multidisciplinary and inter-agency team work

- A weekly staff meeting took place, which was followed by a residents clinical meeting. Discussions at the residents clinical meeting focused on clients' therapeutic progress, and was not attended by the prescribing doctor. The weekly staff meeting was attended by paid staff. Volunteers did not attend this meeting. Staff explained that updates to the service and its operations would be shared with volunteers on an ad-hoc basis during daily handovers. The prescribing doctor did not attend multidisciplinary or handover meetings.
- Staff held a handover session between shifts. All staff including volunteers attended this handover. Staff discussed events during the previous shift and any operational changes that needed to be shared.
- The service had a working relationship with the local GP practice where the prescribing doctor worked. This meant that, in the prescribing doctors absence, the GP practice could be contacted for advice or appointments relating to clients' physical health.
- The service had developed working relationships with other support agencies including local alcoholics anonymous groups. Staff encouraged clients to attend group sessions at other agencies and conducted a briefing at the start of each day to disseminate information relating to local groups.

Good practice in applying the MCA

- Staff presumed clients had the mental capacity to make informed decisions, in line with the principles of the Mental Capacity Act.
- Staff did not record whether they had obtained clients' consent to detoxification treatment following a suitable discussion about the risks associated with this

treatment. We did not identify that this had been recorded for any of the care and treatment records we reviewed belonging to clients who had undergone or were undergoing detoxification.

- We did not identify any examples where staff had reason to believe a client lacked the capacity to make a specific decision, and staff did not recall needing to complete a mental capacity assessment during their time working at the service.
- Staff did not receive training in the Mental Capacity Act.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- During the inspection we spoke with eight clients about their experience of using the service. We observed that staff had developed therapeutic relationships with clients and interacted with compassion and respect.
- Six clients reported that staff supported them with their recovery and that they were finding their experience of using the service was making a difference to them. Each client was allocated a named support worker who worked with the client towards moving on from the service, normally to longer-term hostel accommodation, and supported them to access a range of mutual-aid groups.
- Three clients reported that there was not much to do at weekends and that the therapy programme only ran during weekdays. This was also highlighted by clients in feedback questionnaires.
- Staff promoted equality and diversity at the service. Clients who we spoke with shared the provider's ethos and appreciated that the service was non-judgemental and welcomed people from all backgrounds.

Involvement in care

Involvement of clients

- Clients reported they got on well with staff and felt that they supported them to understand their care and treatment. Three clients reported that they regularly

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discussed how they felt about their recovery goals with their allocated support worker. Staff did not routinely hold discussions about medications to help determine the best medication for them.

- Clients were encouraged to provide ongoing feedback about the service during the daily client forum meeting. All clients were asked to complete a feedback questionnaire when they left the service.
- The provider promoted the involvement of former clients in peer support through volunteering at the service.
- Clients did not have access to an external advocacy agency.

Involvement of families and carers

- Although the service did not directly provide family interventions, staff knew about local services they could signpost families to for structured addictions support programmes.
- Staff reported that if necessary, family members could attend meetings with clients and their key worker, provided the client had asked for this. The service did not hold carers' support groups.
- The service did not have a mechanism for families or carers to provide feedback about the service, although the complaints procedure was open to families and carers.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Good 

Access and discharge

Discharge and transfers of care

- The service did not have clear criteria to identify clients that could be safely admitted for detoxification and service users who should be excluded because their needs could not be safely met. Exclusion criteria were not clearly set out in one place. Differing information about who could not safely be accepted to the service

was contained in the exclusion policy, medicines policy and the referral form. Staff were inconsistent about the criteria they should use when deciding whether a service user could safely be detoxified in the service.

- We identified five clients who had a history of mental health conditions, including one who had made a previous suicide attempt during detoxification treatment. Staff had not considered whether the service could safely manage their individual mental health needs. This contradicted guidance contained on the service's referral form which stated that service users with mental health conditions should be reviewed by the manager for a decision as to whether the service could safely meet their needs. There was no evidence that the manager had reviewed these cases in line with the provider's guidance on their referral form.
- The service did not have alternative pathways for clients whose needs could not be safely met by the service. Staff explained that if they decided the service could not safely meet someone's needs, they would tell the referrer to seek an alternative placement.
- Staff initiated discussions about clients discharge from the service during admission. Most clients progressed from the service to one of the provider's supported living houses, following successful completion of the post-detoxification programme.

The facilities promote recovery, comfort, dignity and confidentiality

- Staff and clients had access to a full range of rooms to support clients' psychological support, including a range of rooms for activities, group and one to one sessions. Staff had access to dedicated office space.
- A large communal hall was available on the ground floor for clients to use at all times. This was used for dining and activities. A lounge area and access to the internet was also available in this space. Clients had access to drinks and snacks at all times.
- Staff did not conduct physical examinations of clients on-site and there were no facilities available to do so. Physical examinations were booked to take place at the GP practice if necessary.
- Clients could leave the building at any time. There was an area immediately outside the building where clients could smoke or get fresh air.

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Clients' engagement with the wider community

- Staff reported that they supported clients who wished to participate in evening classes or college courses as long as they didn't interfere with their rehabilitation programme. For example, one client had been supported to attend an art evening class. Once clients had completed the post-detoxification programme and moved on to one of the provider's supported living services, they received support to gain voluntary and work experience.
- Staff supported clients to involve loved ones and family members in their recovery if this was in line with the client's wishes.

Meeting the needs of all clients

- The service was not fully accessible to people with disabilities. There was no lift and clients needed to use stairs to access the bedrooms. Therefore, the service could only offer care and treatment to people with minor disabilities. One client reported they struggled with the stairs at the service because they had a mobility issue.
- Staff supported clients with religious needs. For example, kosher food had been sourced for a previous client who was Jewish. Staff provided clients with details about local places of worship. Staff reported that they recognised all religious events during the morning client forum.
- Clients reported that the service met their dietary requirements. These were noted by staff, who ensured appropriate food was available to meet all clients' needs.
- Staff had supported LGBT clients to attend an LGBT alcohol support group.
- Staff did not have easy access to interpreters and reported that the service had never provided care and treatment to anyone who was non-English speaking.

Listening to and learning from concerns and complaints

- All clients were informed about how to make a complaint by staff following their admission to the service. Clients signed to say they had understood the complaints procedure. Clients reported they knew how to complain.

- The service had a complaints policy in place. This outlined that formal complaints should be acknowledged within two working days and responded to within 28 working days.
- Minor concerns were responded to informally during discussions with staff. The service had received one documented complaint in May 2018, relating to noise at the back of the building. This complaint was discussed at the subsequent staff business meeting.

Are substance misuse services well-led?

Inadequate 

Leadership

- Leaders were visible in the service and approachable to both clients and staff. Both the service manager and director integrated with clients, for example, sharing meal times together.
- Leaders had a good understanding of the provider's other services, how they operated and how they joined up. However, leaders did not demonstrate an understanding of their regulatory responsibilities in line with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure that substance misuse services, particularly detoxification treatments, were safe, effective and delivered in line with best practice.
- Whilst there were no formalised opportunities for leadership development, the current registered manager had progressed from a deputy manager post and was able to act up and gain experience in their existing role.

Vision and strategy

- Staff knew and understood the provider's ethos and values and demonstrated these in their day to day work. Staff shared a common aim: to provide support to people who were often homeless, towards supported living and provide them with the skills to live independently and substance free in the future.

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- The provider's values were outlined to staff and volunteers during their induction. The values were individuality and identity, rights, choice, privacy, independence, dignity, respect and partnership.

Culture

- Staff felt respected, supported and valued and were positive and proud about working for the provider and their team.
- Staff felt able to raise concerns without fear of retribution and reported that leaders fostered an open culture.
- Although there were no formalised occupational health schemes in place, staff reported they provided emotional support to each other.
- Staff reported that special messages of thanks were posted on the provider's website. Reports on the previous year and special thanks to staff for their hard work were given during the provider's annual general meeting.

Governance

- During our last inspection in August 2016 we identified that the provider did not have an appropriate governance structure in place to ensure all appropriate procedures were in place and put into practice. During this inspection we found that this had not improved. There were insufficient governance systems and procedures in place to ensure that the premises were safe; there were sufficient staff with the right skills and experience; that staff were trained and supervised; clients were assessed and treated well; referrals were managed well; incidents were reported, investigated and learned from.
- Staff did not identify learning from incidents to help prevent similar incidents re-occurring. The incident reporting template did not prompt staff to identify any learning from incidents. Although a standard agenda item existed in the staff weekly business meeting called 'CQC and governance', this was not routinely used to discuss recent incidents and what the learning from incidents was.
- The provider's policies and procedures were not dated, nor did they indicate when each policy was next due for review. This included the provider's medication policy

which included the provider's detoxification protocols. The registered manager reported that policies had not been updated since 2015. This meant that the provider's detoxification protocols had not been re-visited following the 2017 publication of the 'Drug misuse and dependence: UK guidelines on clinical management' guidelines by the Department of Health. There was therefore no system in place to ensure that the provider's policies were up to date with the latest professional guidance.

- The provider did not appropriately monitor staff competence to fulfil their roles. Staff and volunteers were not subject to competency checks to assure the provider that they could safely oversee administration of medications. Medication management training compliance was not closely monitored, presenting a risk that staff or volunteers who had not received up-to-date training in medication management may be rostered to oversee the administration of medication. For training courses where compliance was monitored, the provider did not act to improve completion of the training. For example, nine staff had not completed safeguarding training and there was no date set by which these staff will have completed their training.
- During our last inspection in August 2016 we identified that the provider did not undertake audits of the quality of the service in relation to the relevant care standards or ensure that improvements were made as necessary. During this inspection we found that the necessary auditing processes had not been introduced.
- Medication audits were not effective at assuring that medications were managed safely. Although staff reported that they checked medications management every Wednesday, these checks were not documented. We identified that two service users' medicine administration records contained discrepancies that could have been detected by a robust auditing process, and that medication stocks were not routinely checked. Although the provider had invited a pharmacist to conduct an audit in October 2018, this did not identify the issues that we identified relating to medicines storage, stock checks and discrepancies in medication administration records.
- There was no auditing process to assure the provider that clients undergoing detoxification treatment were receiving safe care and treatment in line with best

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practice. For example, the provider did not monitor adherence to the necessary physical health checks during detoxification treatment, or ensure withdrawal scales were completed to provide assurance that the service users' health was safeguarded during detoxification treatment.

- The auditing process for service user care and treatment records was not effective at identifying shortfalls in their completeness and quality. A file-tracking checklist was in place and completed by a volunteer once per week. This checking system assured the provider that certain records were present, but did not assess the quality of the care and treatment records. For example, one of the checks was performed to prove a risk assessment was in place, but there was no assurance around whether they had been updated in a timely manner or whether appropriately detailed management strategies were in place to mitigate risk.
- Audits of staff employment checks did not take place, and frequency of staff supervision was not closely monitored.

Management of risk, issues and performance

- Staff did not have access to a service-level risk register. Staff were not readily aware of what the acknowledged risks to the service were.
- The service did not have a documented business continuity plan. This meant that, in the event of an emergency, for example, compromising the building, staff did not have a contingency plan to fall back on to ensure the ongoing safe running of the service.

Information management

- The team manager had limited access to information relating to performance of the service and key performance indicators or targets were not routinely used.

- All records relating to the running of the service including client care and treatment records, staff employment files and incident reports, were completed on paper and filed manually.
- Information systems maintained the confidentiality of clients. Records were stored in locked cabinets and a board containing details of current clients was displayed in the manager's office out of general view.

Engagement

- Staff, clients and carers had access to up-to-date information about the work of the provider. Regular updates were verbally communicated, and a printed annual report was readily available. The annual report provided details about the provider's different programmes and residential services. It also provided updates on new additions to the provider's portfolio of move-on hostels.
- An annual general meeting was held. Clients, staff and their families could contribute their thoughts about developments to the service.
- The overall provider had recently won an award for charity of the year in the London Borough of Southwark. Staff were preparing to attend an awards ceremony to receive this award.

Learning, continuous improvement and innovation

- We did not identify any examples of staff participating in research projects during the time of our inspection. The provider was not undertaking quality improvement initiatives and did not participate in accreditation schemes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure each client is risk assessed on admission to the service, that risk assessments are updated regularly and following incidents, and that identified risks feed into a risk management plan so that staff know how to safely manage the individual needs of clients. Regulation 12 (1) (2) (a) (b)
- The provider must ensure staff can easily access clinical information, including clinical records completed by the contracted doctor, relating to each clients' care and treatment. Regulation 12 (2) (i)
- The provider must ensure clients are aware of the risks associated with detoxification treatment and are made aware of the risks associated with exiting detoxification early. Regulation 9 (1) (c) (3) (a) (b) (c) (g)
- The provider must assure itself that staff have the right qualifications and competencies to carry out their roles, including assurance that individual staff members are competent to safely manage medications. Regulation 19 (1) (b)
- The provider must ensure medications are stored and managed safely, and must develop a process to provide ongoing assurance that medications are stored and managed safely including auditing and stock checks. Regulation 12 (1) (2) (g)
- The provider must ensure they have the appropriate resources to respond appropriately in a clinical emergency, including access to a doctor and emergency equipment and emergency drugs. Regulation 12 (1) (2) (f)
- The provider must consider environmental risks when determining whether clients' needs can be managed safely by the service, and must clearly document and review environmental risks including ligature points. Regulation 12 (1) (2) (d)
- The provider must take action to consider the gender mix and location of client bedrooms to mitigate the risk of sexual safety incidents occurring. Regulation 12 (1) (2) (b) (d)
- The provider must ensure staff can independently make a safeguarding referral to the local authority safeguarding team. Regulation 13 (2)
- The provider must complete the necessary pre-employment checks for all staff and volunteers and assure itself that staff and volunteers with criminal backgrounds are safe to work at the service. Regulation 19 (1) (a) (b)
- The provider must ensure incidents are reported, discussed by staff, and that lessons are learned from incidents. Regulation 17 (1) (2) (e) (f)
- The provider must ensure clinicians have a suitable amount of information to assess whether or not individual clients needs can be safely managed by the service before commencing detoxification treatment. This includes establishing the severity of dependence and assessing clients cognitive and mental state. Regulation 12 (1) (2) (a)
- The provider must ensure ongoing physical health monitoring and monitoring of withdrawal symptoms is carried out for clients undergoing detoxification treatment. Regulation 12 (1) (2) (a) (b) (g)
- The provider must develop a clear set of exclusion criteria so staff know what different needs the service can or cannot safely manage. Regulation 12 (1) (2) (a)
- The provider must develop systems to assess the quality and safety of care and treatment including audits. Regulation 17 (1) (2) (a) (f)

Action the provider **SHOULD** take to improve

- The provider should consider how to improve activity provisions at weekends.
- The provider should ensure each policy and procedure is dated and that review dates are recorded to help ensure policies and procedures are in line with professional guidance.

Outstanding practice and areas for improvement

- The provider should develop infection, prevention and control protocols.
- The provider should ensure staff know how to contact the Controlled Drugs Accountable Officer.
- The provider should develop a service-level risk register so the key risks to the delivery of the service can be recognised and mitigated.
- The service should implement a business continuity plan so that the service can carry-on operating in an emergency.

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	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

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.

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

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

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

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