

The Recovery Hub Ipswich

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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

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

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

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

Summary of findings

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Staff managed medications safely and recorded weekly audits.
- Staff completed risk assessments on all clients on admission and updated these weekly.
- We reviewed eight care records and found that they all had an assessment completed on admission.
- The service registered any clients with physical health concerns with the local GP surgery for ongoing monitoring and treatment. This included blood borne virus testing and vaccination.
- The service offered a weekly aftercare group for up to a year after leaving treatment and telephone calls to those clients who were not able to attend the group.
- Client feedback was positive, with clients feeling cared for and supported in their recovery.
- Clients were involved in setting their care plan goals and were all offered a copy of their care plan.

- Managers held weekly governance meetings to review audits outcomes, incidents and complaints.

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

- The detoxification policy did not specify how regularly observations should take place on clients during detoxification, and we saw a record where no observations had taken place for 18 hours.
- The policy for detoxification did not match practice, with staff implementing a standard alcohol detoxification regime for clients that did not reflect their clinical alcohol withdrawal scale score.
- The service did not offer Naloxone to clients who used opiates on discharge from treatment. Naloxone is an opioid antagonist that provides short-term reversal of an opiate overdose.
- The service did not provide supervision for the non-medical prescribers. However, they had recently recruited a consultant to provide supervision.

Summary of findings

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The Recovery Hub Ipswich

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to The Recovery Hub Ipswich

The Recovery Hub Ipswich aims to provide high quality, cost effective treatment to those recovering from addiction issues. The treatment options available include detoxification and therapeutic interventions to support abstinence from drugs and alcohol.

There is a range of psychosocial therapies, such as cognitive behavioural therapies, general health awareness and interventions such as mindfulness meditation and art therapy to support clients as part of their recovery programme.

The Recovery Hub Ipswich has been registered with CQC since April 2016 to provide accommodation for persons who require treatment for substance misuse. The service have a registered manager in post.

The service provides 16 beds.

The service was last inspected in February 2018 and was found to be in breach of and was found to be in breach of

- Regulation 12 Safe care and treatment;
- Regulation 17 Good governance;

The service was issued with requirement notices for regulations 12 and 17.

We found that the provider had addressed these previous concerns.

Our inspection team

The team that inspected the service comprised one CQC Inspection Manager, one CQC inspector and one nurse specialist advisor.

Why we carried out this inspection

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

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with three clients

Summary of this inspection

- spoke with the registered manager and the team manager
- spoke with three other staff members employed by the service provider, including nurses and support workers
- eight care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients told us that they felt safe at the service but that they had not always felt safe during detoxification due to lack of observations. Clients spoke highly of the staff and the treatment programme which they could see was helping their recovery.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

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

- The detoxification policy did not specify how regularly observations should take place on clients during detoxification, and we saw a record where no observations had taken place for 18 hours.
- There were no alarm systems in place for clients and staff to call for assistance if needed.
- The service did not offer Naloxone to clients who used opiates on discharge from treatment. Naloxone is an opioid antagonist that provides short-term reversal of an opiate overdose.

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

- Staff managed medications safely and recorded weekly audits.
- Staff completed risk assessments on all clients on admission and updated these weekly.
- The service employed enough staff for clients to have daily observations during detoxification and weekly reviews with their keyworker.
- Mandatory training levels were high with 100% completion rates for most training sessions.

Are services effective?

We do not currently rate standalone substance misuse services

We found the following areas of good practice:

- We reviewed eight care records and found that they all had an assessment completed on admission.
- The service registered any clients with physical health concerns with the local GP surgery for ongoing monitoring and treatment. This included blood borne virus testing and vaccination.
- Recovery staff completed observations and withdrawal scales daily and sent these to the non-medical prescribers to review and advise whether any action was needed.
- The service offered a variety of activities including meditation, 12 step groups and one-to-one counselling. Clients could attend mutual aid support groups.

Summary of this inspection

- The service held weekly team meetings for all staff. This included discussion on individual client issues, incidents and outcomes.
- The service offered a weekly aftercare group for up to a year after leaving treatment and telephone calls to those clients not able to attend the group.
- Staff were trained to level 3 or 5 NVQ in Health and Social Care dependent on their role.

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

- The policy for detoxification did not match practice, with staff implementing a standard alcohol detoxification regime for clients that did not reflect their clinical alcohol withdrawal scale score.
- The service did not provide supervision for the non-medical prescribers. However, they had recently recruited a consultant to provide supervision.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed supportive staff interactions with clients.
- Client feedback was positive, with clients feeling cared for and supported in their recovery.
- Clients were involved in setting their care plan goals and were all offered a copy of their care plan.
- The service ran a monthly family support group and families could visit weekly.

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

- The service used non-secure email accounts to send confidential client information to the non-medical prescribers which could put client privacy and confidentiality at risk.
- We saw care records that referred to a client having to crawl up the stairs to access bedrooms due to mobility issues. Staff had not addressed this to ensure they maintained client dignity and respect.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- The service offered access to religious and spiritual support and could cater for religious dietary requirements.
- Staff provided clients with a welcome pack on arrival that gave information about the service and treatment including the complaints procedure.
- Clients completed a satisfaction questionnaire on graduation from the programme. Managers reviewed the outcomes of these weekly.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Managers held weekly governance meetings to review audits outcomes, incidents and complaints.
- Managers had taken action to implement recommendations following the previous inspection.
- Staff morale was good and staff told us that they felt supported by managers and colleagues.
- Managers had completed a risk assessment to mitigate staff working with clients before their disclosure and barring service checks had been completed.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a mental capacity policy in place and 100% of staff had completed Mental Capacity Act training.

Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse/detoxification services safe?

Safe and clean environment

- The service was located in a building with numerous blind spots and ligature risk points (something that people might tie something to in order to harm themselves) The provider had completed a ligature risk assessment with actions to mitigate these risks.
- The service had shared bedrooms where clients would share with someone of the same gender.
- The service had a small clinic room that was clean and had adequate equipment. Staff monitored the room temperature but there were no measures in place if temperatures went outside range.
- The clinic room did not contain a sink for handwashing but antibacterial hand gel was available.
- The service was clean throughout, with cleaning completed twice a week and staff and clients maintaining cleanliness in between. There were no paper towels in the bathrooms at the time of inspection however, and there was fly repellent spray used in the kitchen where food was prepared.
- There were no alarm systems in place and staff did not carry personal alarms to call for assistance if needed. The service had not recorded any incidents over the past year where staff or clients had needed to call for assistance.
- A member of staff stayed at the service overnight in case of any incidents where staff were required.

Safe staffing

- The service employed two non-medical prescribers who worked on a part time basis to oversee client detoxification.
- The service employed enough staff for clients to have daily observations during detoxification and weekly reviews with their keyworker.
- The service did not have any vacancies at the time of inspection and did not use bank or agency staff.
- Staff were required to complete 12 mandatory training courses and 10 of these had 100% completion. These included risk assessment training, Safeguarding adults and medication administration.

Assessing and managing risk to clients and staff

- We reviewed eight care records and found that staff completed a risk assessment of each client following admission and that they updated these weekly.
- The service had a policy that included the need for staff to regularly observe clients during the first 24 hours of detoxification. However, the policy was not specific on how often these observations should be completed and we saw one record where no observations had been recorded over 18 hours. Clients we spoke with told us that they had not had observations regularly during detoxification.
- Staff we spoke with knew when and how to make a safeguarding referral and 100% of staff had completed safeguarding adults training.
- Medications were ordered through a local pharmacy and stored in a locked safe in the clinic room which was also kept locked at all times.
- The service had Naloxone on site in case of a client overdose whilst in treatment, but was not offered to clients on discharge from the service. Naloxone is an opioid antagonist that provides short-term reversal of

Substance misuse/detoxification

an opiate overdose. The Drug Misuse and Dependence: UK guidelines on clinical management (2017) recommend Naloxone is offered to all clients leaving residential drug treatment.

- Staff completed and recorded weekly audits of medication. However, staff had removed some medications from their blister packs so staff were unable to tell when their expiry date was.
- The service did not permit children visiting clients on the premises.

Track record on safety

- The service had not reported any serious incidents over the past year.

Reporting incidents and learning from when things go wrong

- The service had a policy for incident reporting. Staff reported incidents using a paper form and managers reviewed all incident forms.
- Staff discussed incidents and their outcomes in a weekly team meeting including reviewing any trends.

Duty of candour

- The service had a policy for duty of candour, and staff told us they were aware of being open and honest with clients when things went wrong.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- We reviewed eight care records and found that they all had an assessment completed on admission. The service employed two referrals co-ordinators who completed a pre-admission screen on new referrals.
- Staff requested that new clients supply a physical health summary from their GP prior to admission or gained permission to request one directly from the GP surgery.

- The service registered any clients with physical health concerns with the local GP surgery for ongoing monitoring and treatment.
- Staff referred clients to the GP for blood borne virus testing and vaccinations where required.

Best practice in treatment and care

- The service had a policy that alcohol detoxification would be commenced and titrated at levels dependent on clinical institute withdrawal assessment of alcohol scale scores. However, records showed that all clients were commenced and titrated at the same level regardless of their score, and we saw two records where clients with low scores that did not indicate medication was needed were given the same medication regime as other alcohol clients. Staff recorded clients feeling very tired during detoxification which corroborates medication levels being higher than needed.
- The service used recognised withdrawal assessments for clients, including the clinical institute withdrawal assessment of alcohol scale and the clinical opiate withdrawal scale.
- Recovery staff completed observations and withdrawal scales daily and sent these to the non-medical prescribers to review. The non-medical prescribers then informed recovery staff whether any action was required.
- The service ran daily groups and activities including 12-step groups, therapy groups and one-to-one counselling. Clients were encouraged to attend the local gym to benefit their physical health.
- The service offered access to mutual aid support groups including Alcoholics Anonymous and Narcotics Anonymous meetings weekly.

Skilled staff to deliver care

- The two non-medical prescribers were contracted on a part time basis and attended the service for new admissions and when required according to client need. The service had recently recruited a consultant psychiatrist to supervise the non-medical prescribers but at the time of inspection they were not receiving clinical supervision for their employment at the service.

Substance misuse/detoxification

- One member of staff stayed overnight at the service and in the event of a medical emergency staff would call 999 for assistance.
- Staff joining the service received a five-week induction and managers completed weekly supervision during this period.
- Staff had completed or were completing NVQ Health and Social Care at level 3 or 5 depending on their role.
- The service had a supervision policy that all staff received monthly supervision. We reviewed six staff files and found that although supervision usually happened in line with policy, four of these had gaps of eight weeks between some supervision sessions.
- We saw that managers had addressed staff performance issues and recorded this in supervision, including incidents of medication errors.
- Staff that had been in post over a year had all received an annual appraisal.

Multidisciplinary and inter-agency team work

- The service held weekly team meetings for all staff. This included discussion on individual client issues, incidents and outcomes.
- The service had good working relationships with local services, such as the GP surgery where clients could register for any physical health concerns.
- The service had good relationships with referring agencies and could provide them with progress reports if agreed.

Good practice in applying the MCA (if people currently using the service have capacity, do staff know what to do if the situation changes?)

- The service had a Mental Capacity Policy in place.
- Client's capacity was assessed as part of the admissions process. Drug and Alcohol testing was used to determine client's level of intoxication on admission and whether they had capacity to sign their treatment contract.

Equality and human rights

- Staff had all completed equality, diversity and human rights training.

- The service had bedrooms that required use of stairs to access them and so was not available to clients with reduced mobility or requiring wheelchair access.
- The service restricted access to mobile phones during treatment which had been agreed with clients as part of their treatment contact.

Management of transition arrangements, referral and discharge

- The service had two referrals co-ordinators who completed telephone assessments with clients referred to the service. The managers would then review and approve the referral.
- On admission staff completed an assessment of need and the non-medical prescribers assessed detoxification requirements on the same day.
- Staff completed discharge plans for all clients and provided information on services available after leaving treatment including mutual aid support groups.
- Staff provided clients leaving treatment with a harm minimisation document that referred to the risk of heroin overdose but did not cover any other substances.
- The service offered a weekly aftercare group for up to a year after leaving treatment and telephone calls to those clients not able to attend the group.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed staff interactions with clients that were caring and supportive.
- We spoke with three clients and who told us that staff were helpful and they felt supported.
- Staff knew who their clients were and understood their individual needs.
- The service used non-secure email accounts to send confidential client information to the non-medical prescribers which could put client privacy and confidentiality at risk.

Substance misuse/detoxification

- We saw care records that referred to a client having to crawl up the stairs to access bedrooms due to mobility issues. Staff had not addressed this to ensure they maintained client dignity and respect.

The involvement of clients in the care they receive

- Staff gave new clients a welcome pack on admission and allocated them a 'buddy' who had been in the service longer to help them settle in.
- Clients were involved in setting their care plan goals and were all offered a copy of their care plan.
- The service held weekly community meetings where clients could raise any issues and give feedback on the service. Staff displayed any actions resulting on a 'you said, we did' board in the communal area.
- The service ran a monthly family support group and families could visit weekly by prior arrangement.

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

Access and discharge

- The service had 11 clients in treatment at the time of inspection.
- The service did not operate a waiting list for access to treatment.
- The service had discharged 184 clients following completion of treatment in the last year.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a range of rooms including group rooms and a small clinic room. There was a communal living and dining space that clients could access at any time.
- The service had a garden that clients could access at all times.
- Staff and clients discussed food choice and feedback at the weekly community meeting, and clients could make drinks or snacks at any time in the communal kitchen area.

Meeting the needs of all clients

- Staff provided clients with a welcome pack on arrival that gave information about the service and treatment.
- Client dietary requirements including religious and cultural preferences were catered for by the service.
- Clients could access religious and spiritual support in the local community.

Listening to and learning from concerns and complaints

- The service had received five complaints over the past year about clients requesting refunds following early exit from treatment. None of these complaints were upheld.
- The service had a complaints policy in place and this was part of the welcome pack given to clients on admission.
- Clients completed a questionnaire on graduation from treatment and managers discussed the outcomes of these at the weekly governance meeting.

Are substance misuse/detoxification services well-led?

Vision and values

- The service vision of 'We believe that everyone has the capacity to recover' was displayed in the communal area. We saw how staff embodied these values in their work with clients.
- Senior managers were based at the service and staff and clients knew who they were.

Good governance

- We reviewed two staff files who had joined the service since the last inspection and saw that they both had one reference. One member of staff did not have a valid disclosure and barring service check in place; however, managers had completed a risk assessment to mitigate the risk of them working with clients without a valid certificate in place.
- Managers held weekly governance meetings to review audits outcomes, incidents and complaints.
- Staff attended weekly team meetings and we saw that actions were taken as a result.

Substance misuse/detoxification

- Managers had the authority and support to complete their roles.
- Managers had taken action to address the requirements following the previous inspection.
- The service had not reported any bullying or harassment cases in the past year.
- Staff were aware of the whistleblowing policy and told us they felt comfortable raising any concerns with managers.

Leadership, morale and staff engagement

- Five members of staff had left the service in the past year. The service had low sickness rates.
- Staff morale was good and staff told us that they felt supported by managers and colleagues.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that the policy for detoxification matches practice.
- The provider must ensure that the detoxification policy specifies how often staff should complete observations of clients during detoxification.

Action the provider **SHOULD** take to improve

- The provider should ensure that confidential information sent out of the service is secure.
- The provider should ensure that non-medical prescribers receive supervision.
- The provider should provide Naloxone for all clients with a history of opiate use on discharge from the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The providers detoxification policy did not match practice and did not specify how often observations should take place.</p>