

Addiction Recovery Centre

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

Overall summary

We undertook an unannounced, focused inspection of Addiction Recovery Centre following concerns identified at our last inspection in September 2018. During that inspection, we found the provider was not fully meeting the required standards of care. We had immediate safety concerns and found that the provider was not meeting the requirements to keep clients safe set out in Regulation 12 of the Health and Social Care Act, 2008 (safe care and treatment). We also had concerns about the provider's management and oversight of the services delivered which is covered in Regulation 17, Good Governance.

We took enforcement action and issued two warning notices in respect of each regulation which required the provider to make immediate improvements. We visited the service on 1 November 2018, we found the provider had met the requirements for the warning notice for regulation 12.

We undertook this inspection (January 2019) to check whether the provider had made the required improvements to the safety of the service.

During this inspection in January 2019, we found that the provider had made enough improvement to meet the requirements of the warning notice served in relation to Regulation 17.

The provider had made the following improvements:

- The provider ensured that staff received the necessary training to allow them to carry out their roles. An up-to-date training matrix was monitored by the management team. Staff were trained in key areas such as: safeguarding adults, the Mental Capacity Act, detoxification, detoxification monitoring tools, medicines administration. Staff that had not received some of the training at the time of our inspection were due to be booked onto it.
- The management team had oversight of incidents and accidents that occurred in the service. Staff meetings now included analysis of both incidents and accidents and fed back any learning.
- Staff audited their own practice. A series of audits took place within the service, records showed that staff followed up on actions from audits.
- The management team had begun to monitor outcomes for clients. Initial data was available which showed how long clients received treatment from the service, what the outcome of their treatment was and followed up on clients' status post discharge.
- The provider had begun sending statutory notifications to the Care Quality Commission and had a system for identifying which events led to a statutory notification submission.

Summary of findings

However:

- The management team were not trained in nor have the relevant support to manage staff performance. There was no human resource support or access to advice available which could lead to staff not being

managed and supported fairly. Where there were safeguarding concerns involving staff, thorough consideration to managing staff involved was not given.

- A safeguarding concern had not been raised with the local authority.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		

Summary of findings

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Addiction Recovery Centre

Services we looked at

Substance misuse services

Summary of this inspection

Background to Addiction Recovery Centre

Addiction Recovery Centre Portsmouth (ARC) is a residential drug and alcohol rehabilitation service, which also provides alcohol and drug detoxification treatment.

There is a treatment centre, which all clients attend Monday to Saturday, for individual and group sessions.

Accommodation for clients is provided in one of their four houses.

One house is for female clients and the other three houses, for males. The provider transports clients by minibus between the locations at set times. Local authorities refer into the service. Clients can also refer themselves.

The accommodation is registered with the Care Quality Commission to provide the regulated activity of accommodation for persons who require treatment for substance misuse and the treatment centre is registered to provide treatment of disease, disorder or injury. There is a registered manager in place.

Treatment provided is abstinence based and the programme consists of an induction procedure, group treatment, key working and counselling. There is also community-based engagement in the form of self-help groups and meetings, weekend activities, aftercare packages and drug and alcohol testing.

Our inspection team

The team that inspected the service comprised one CQC inspector, an inspection manager and a specialist advisor with experience of working in substance misuse.

Why we carried out this inspection

We carried out this unannounced focused inspection to find out whether the provider had made significant improvements to the safety of the service since we issued the warning notice (requiring the provider to make improvements to the safety of the services) in September 2018.

We told the provider they must comply with the requirements of Regulation 12 by 9 November 2018 and Regulation 17 by 21 December 2018.

Following the concerns raised from the previous inspection, the provider made the decision to voluntarily suspend admissions on a temporary basis.

On 26 October 2018 the provider informed us it believed it was now meeting all the requirements of Regulation 12 and would begin admitting new clients to the service again. We carried out an unannounced, focused inspection on 1 November 2018 to check whether the provider had made the required improvements to ensure the service was safe.

We found that whilst there was still much more improvement required but we were assured that the provider was now able to deliver low level detoxification safely. The provider gave assurances that they would only admit clients who required low level detoxification. We found that the provider had made enough improvement to meet the requirements of the warning notice served in relation to Regulation 12, safe care and treatment.

We carried out a further unannounced, focused inspection on 10 January 2019 to check whether the provider had made the required improvements to ensure the service was safe and compliant with the requirements of Regulation 17, good governance.

The warning notice served to notify the provider it must improve the service provided at Addiction Recovery Centre because:

1. There were no clear systems and processes in place to effectively manage the

Summary of this inspection

services and assess, monitor and improve the quality and safety of the service. For

example, a clear governance framework, clear processes for managing performance,

audits, monitoring of client outcomes etc

2. There was no clear, consistent approach for communicating and discussing essential

information such as the outcomes of incidents or complaints and ensuring learning is

taken from these and used to improve services.

3. There was no evidence that changes had been made as a result of complaints or

incidents.

4. Notifications were not submitted to external bodies as required, such as the Care Quality Commission and the local authority.

How we carried out this inspection

As this was not a comprehensive inspection, we did not pursue all key lines of enquiry. We only focused on the issues identified in the Regulation 17 warning notice served following the last inspection.

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?

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

During the inspection visit, the inspection team:

- spoke with the registered manager
- spoke with two staff
- spoke with three clients
- reviewed 13 care records
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients said the staff at Addiction Recovery Centre were very responsive to them and they felt the therapy groups were positive. One client also said it was good staff were

in recovery themselves as they had a real understanding of their problems. All clients said they would feel comfortable and confident to raise concerns with staff or management if needed.

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 did not inspect this key question at this time.

Are services effective?

We did not inspect this key question at this time.

Are services caring?

We did not inspect this key question at this time.

Are services responsive?

We did not inspect this key question at this time.

Are services well-led?

We were satisfied that the service had met the improvements that we detailed in the Regulation 17 warning notice served in September 2018 because:

- The provider had ensured that staff received the training to allow them to carry out their roles. An up-to-date training matrix was monitored by the management team. Staff were trained in key areas such as: safeguarding adults, the Mental Capacity Act, detoxification, detoxification monitoring tools, medicines administration. Staff that had not received training at the time of our inspection were due to be booked onto training.
- The management team had oversight of incidents that occurred in the service. An incident spread sheet had been developed which showed the type of incident, the actions taken by staff and any lessons learned. Incidents were discussed and analysed at staff meetings.
- The management team had developed a complaints log which showed the actions taken and gave consideration to the duty of candour.
- Staff audited their own practice. A series of audits took place within the service, records showed that staff followed up on actions from audits.
- The management team had begun to monitor outcomes for clients. Initial data was available which showed how long clients received treatment from the service, what the outcome of their treatment was and followed up on clients' status post discharge.
- The provider had begun sending statutory notifications to the Care Quality Commission and had a system for identifying which events led to a statutory notification submission.

However:

Summary of this inspection

- The management team were not trained in nor have the relevant support to manage staff performance. There was no human resource support or advice available which could lead to staff not being managed and supported fairly. Where there were safeguarding concerns involving staff, thorough consideration to managing staff involved was not given.
- A safeguarding concern had not been raised with the local authority.

Substance misuse services

Well-led

Information about the service

Summary of findings

Substance misuse services

Are substance misuse services well-led?

Governance

Staff were auditing their practice to ensure clients were safe and to make improvements to the service. At our last inspection in September 2018, we found that staff were not auditing their practice or making the necessary checks to ensure equipment was safe and well maintained. During this inspection, we found staff audited care records, medicines administration (MAR) sheets, 'as required' medicines records, controlled drugs, equipment in the clinic room and fridge temperatures. Staff completed a weekly check of the defibrillator to ensure it was in good working order. When audits showed errors or concerns, staff acted and put things right. For example, we saw the management team had taken appropriate actions where there had been recording errors on the medicines administrations charts.

Staff received or were booked to receive appropriate mandatory training. At our inspection in September 2018, we found staff were not up-to-date with mandatory training. There were key elements of training which were missing such as safeguarding and training in the Mental Capacity Act (MCA). There was a list of training that staff had attended but no expiry or renewal dates. The training spread sheet also included ex-employees. During this inspection we found that staff had completed training in safeguarding adults, MCA, detoxification and medicines administration. The management team were booked to receive advanced safeguarding training. All staff were trained to use detoxification monitoring tools including the Clinical Opiate withdrawal scale (COWS) and the Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA). Most staff had been booked onto a health and social care diploma and the management team informed us that the remaining staff would be booked on as soon as possible. All staff had received training in emergency first aid at work and the management team informed us they were going to book staff onto a refresher course. Staff had all completed an eLearning course in child protection. However, we informed the management team that a higher level of child protection training was necessary which they assured us they would book staff onto.

The management team had begun to collect data regarding outcomes for clients that received treatment at

the service. During the inspection in September 2018, ARC did not have a system in place to capture or monitor client outcomes. We found during this inspection, the provider had put a system in place to monitor outcomes of clients post discharge from the service. The monitoring of client outcomes tracker captured the length of stay for a client at the service and the circumstances in which a client left the service. If a client was discharged early there was a section to capture the reason for discharge, for example, if a client chose to leave before treatment was completed. The provider also captured the status of clients following discharge from the service; this included options such as relocation, returned to home address, moved into supported accommodation etc. The provider had put a system in place to monitor clients' status at timed intervals following discharge. This was at intervals of one week following discharge, one month, three months, six months and 12 months. The provider had established a consent form to be signed by clients at the point of discharge, to consent to being contacted by staff post discharge. However, this system was in its early stages and yet to be fully embedded.

The management team had put a process in place to identify and manage complaints. During the inspection in September 2018, the complaints policy did not separate informal and formal complaints or provide timescales in which responses should be sent to complainants. We discovered an example where a complaint was not provided in line with duty of candour. There was no evidence the complaint had been discussed with staff and learning shared at the staff meeting or during supervision sessions. During this inspection, we found the provider had reviewed the complaints policy. There was a clear structure in place to bring the complaints process to the attention of clients or people acting on their behalf. This included posters in the treatment centre and the clients' accommodation with information about the complaints system and clients were provided with information about how to complain when admitted. Three clients we spoke with confirmed they were aware of how to complain and had been given the relevant information. Clients stated they felt able to raise any concerns to the provider and would know how to do so.

Management of risk, issues and performance

Staff were monitoring incidents, discussing them at staff meetings and considering what lessons they could learn

Substance misuse services

from them. During the inspection in September 2018 we found staff did not always report incidents and there was no evidence that incidents were analysed to reduce the risk of their reoccurrence. The service had an incident tracking spreadsheet but information contained within it was brief. There were no actions detailed following an incident. There was no consideration of contacting the local authority or notifying the CQC. During this inspection, we found the provider had strengthened their processes following an incident. Information contained within the tracking spreadsheet was more detailed, there was a section with actions allocated to staff, who was allocated to investigate, timescales for investigation and a follow-up review and lessons learnt. Staff meeting minutes and management meeting minutes demonstrated that incidents were discussed regularly as a team.

The management team lacked the expertise to manage staff performance at a disciplinary level. There was no

human resource input into the service and the management team lacked any qualifications or experience in managing staff performance. The management team did not follow their own disciplinary procedure in one case. This meant that without the appropriate advice, staff might not be managed appropriately and situations where there were safeguarding concerns may not be dealt with appropriately.

Engagement

The provider had started to submit notifications to CQC as required by legislation. The incident form had a CQC notification tick box on it to prompt staff that they needed to consider whether a notification to CQC was necessary. Staff could describe the sort of incidents that were notifiable.

However, a safeguarding concern had not been raised with the local authority in line with legislation.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that external bodies where necessary are appropriately contacted, including the submission of safeguarding alerts.
- The provider must ensure that clients are kept safe because there are robust systems in place which deal with staff performance including access to professional HR advice where needed.

Action the provider **SHOULD** take to improve

- The provider should ensure that staff receive the required mandatory training for the service.
- The provider should continue to monitor client outcomes.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not ensure that external bodies were appropriately contacted, including the submission of safeguarding alerts. The provider did not ensure that clients were kept safe because there were not robust systems in place to deal with staff performance.

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.