

Resilience

Quality Report

Reform Road
Maidenhead
Berkshire
SL6 8BY
Tel: 01628 795939
Website: www.cranstoun.org

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

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

- The provider did not have robust procedures around health and safety and maintenance in the building. The local authority was responsible for the building and whilst the provider had asked for information to ensure appropriate measures were in place this had not been received. The provider had not been able to access the risk assessment for the building environment or the fire risk assessment. Electrical appliances had stickers where the portable appliance testing (PAT) was out of date. The service manager had placed this issue on the service risk register.
- The provider had an ineffective alarm system. Whilst wall mounted and personal alarms were available they did not ensure staff would receive support when needed in a timely manner.
- The provider had a lone working policy but this was not implemented at local level. This meant Resilience could not ensure the safety of staff who were working away from the building.

Summary of findings

- The provider employed one nurse for community alcohol detoxification. The provider had no current process in place to cover for the nurse in case of unexpected absence. This could put clients at risk during the detoxification programme. The pathway had not yet been implemented and the service manager agreed to address this concern prior to any detoxification programme being started.
- Risk management plans did not reflect the risks identified. Risks identified during assessment were not mitigated in the management plans.
- Staff assessed physical health specifically in relation to drug and alcohol use such as examining injection sites and offering testing and vaccinations for blood borne viruses. However staff did not assess other physical health concerns unless the client was seen by the GP in the clinic. We saw no evidence of physical health care assessments in the care records. However, the provider recently employed a nurse and planned to implement physical health care checks for all clients.
- The provider did not have a written partnership agreement with the prescribing GP practice. The two services worked well together but there was no formal agreement outlining lines of responsibility and accountability in relation to assessment and planning of care. However, the provider, the GP practice and commissioners expressed a commitment to producing a written partnership agreement.
- The provider took over the service in April 2017. No staff had received an appraisal but these were all due for March 2018. Staff reported reflective group supervision was no longer offered and that this would be beneficial.
- The provider did not have a robust complaints process in place. Information on how to complain was not readily available. We did not see a process in place to log verbal complaints. Clients informed us they had not been given information on complaints, however they stated they felt confident in raising concerns with their key worker or manager. The

provider did not display information on local advocacy services. However staff and clients reported staff advocated on their behalf when needed.

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

- Clients gave very positive feedback about the service. Clients described staff as helpful, supportive and responsive. Staff involved clients in their care plans and listened to their views. We observed positive and supportive interactions between staff and clients throughout the inspection. The provider encouraged service user involvement and there was a weekly service user forum chaired by a service user representative.
- The provider offered appropriate support to staff. All staff reported regular supervision and regular team meetings. New starters reported comprehensive inductions. Managers and staff received support with performance management concerns. The provider ensured safe staffing levels and all staff and clients reported activities were never cancelled.
- Staff demonstrated good awareness of safeguarding issues for both children and adults. Staff discussed safeguarding concerns during assessment, key worker sessions and within the team during the morning meeting and team meetings. Staff referred appropriately to the local safeguarding teams when necessary.
- All staff reported a significant improvement in mandatory and specialist training since the new provider took over. Staff received training in harm reduction, blood borne viruses, domestic violence, the outcome star and other specialist training. Staff employed by the service had previous training or relevant experience in substance misuse interventions. Staff took the lead in certain areas such as mental health or criminal justice which further improved expertise.
- The provider invested in apprenticeship and volunteer schemes. One staff member was on an apprenticeship programme and the service manager was looking to offer more of these. The provider

Summary of findings

offered an accredited volunteer and mentor scheme and recently employed a lead worker in this area which would give further opportunities to people wanting to work in the service.

- The provider offered flexible appointment times to clients and attempted to reach groups who may find it difficult to access treatment. Staff worked closely with domestic violence services and the police and all staff reported links with mental health teams had improved significantly. The criminal justice worker

provided in reach work to the prison and worked closely with probation. The provider was planning to work more closely with learning disability teams and was working towards a partnership agreement with some of these teams.

- Staff were overwhelmingly positive about the change to the new provider. Staff reported better processes, structures and direction. Staff morale was good and all staff reported feeling supported by the Resilience management team.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Resilience	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	15
Outstanding practice	27
Areas for improvement	27
Action we have told the provider to take	28

Resilience

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to Resilience

Resilience is an adult drug and alcohol recovery service covering the Royal Borough of Windsor and Maidenhead. It is a community based service offering a range of interventions and provides a community alcohol detoxification programme. It also provides a needle and syringe programme which is a place for people who are injecting drugs to obtain free sterile injecting equipment and advice.

The Royal Borough of Windsor and Maidenhead Public Health Team commission the service which is provided in partnership with a local GP practice. We did not inspect the GP practice as part of this inspection. The current contract started on 1 April 2017 and runs for three years.

Resilience is registered to provide the following regulated activities:

- treatment of disease, disorder or injury
- diagnostic and screening procedures

There is a registered manager in post.

CQC have not previously inspected this location.

Our inspection team

The team that inspected the service comprised two CQC inspectors and a specialist advisor who was a nurse with experience and specialist knowledge of substance misuse services.

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, asked other organisations for information, and sought feedback from clients using the service.

During the inspection visit, the inspection team:

- visited the main hub and looked at the quality of the environment and observed how staff were caring for clients
- spoke with four clients

Summary of this inspection

- spoke with the registered manager and the service manager
- spoke with eight other staff members employed by the service provider, including a nurse, engagement and recovery workers, an apprentice administration worker and a volunteer
- spoke with the lead GP in the prescribing service which works in partnership with the provider
- spoke with two commissioners of the service
- attended and observed a morning meeting, two clinic appointments, an initial assessment and an alcohol group
- collected feedback using comment cards from 10 clients
- looked at seven care records
- inspected the needle and syringe programme
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

- We reviewed ten comment cards which are cards provided by the CQC prior to the inspection to gain clients' views of the service. These were overwhelmingly positive and described staff as being helpful, respectful, responsive and professional. Clients reported their needs were met, they felt safe and had reduced their drug and alcohol use. There was only one negative comment which indicated the client would like a drop in facility and would like to see fewer professionals when coming to clinic.
- We spoke with four clients during the inspection and three gave very positive feedback. They found staff helpful, felt safe in the service, were supported to reduce their drug and alcohol use and felt confident staff would refer them to other services if necessary. They reported staff provided food vouchers, allowed them to use the phone and provided spare clothing if needed. They described staff as being flexible with appointment times, involving them in their care plans and providing advice on harm reduction and blood borne viruses and testing. One client reported problems with the initial keyworker, thought there were not enough groups and thought the clinic system was too rigid in its approach.

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 provider did not have robust procedures around health and safety and maintenance in the building. The local authority was responsible for the building but the provider did not have oversight of these processes. The provider had not been able to access the building risk assessment or the fire risk assessment. We observed electrical appliances where the portable appliance testing (PAT) was out of date. The provider was addressing these concerns with the local authority and the service manager placed them on the service risk register.
- The provider had an ineffective alarm system. Staff carried personal alarms when indicated and wall mounted alarms were present in some rooms. The provider had no process in place for testing the alarms. We pressed an alarm during the inspection and found the response to be poor. The service manager escalated these concerns and placed this on the service risk register.
- The provider employed one nurse for community alcohol detoxification. The provider had no current process in place to cover for the nurse in case of unexpected absence. This could put clients at risk during the detoxification programme. The nurse was new in post and not currently offering alcohol detoxification and the service manager agreed to address this concern prior to any detoxification programme being started.
- We reviewed seven care records and only three had up to date risk assessments, only four had a risk management plan and only three had a plan for unexpected exit from treatment. Risk management plans did not reflect the risks identified. However, staff confidently discussed risk assessment and we observed good risk management during one assessment, one daily meeting and two clinic appointments.

Summary of this inspection

- The provider had a lone working policy but this was not implemented at a local level meaning Resilience could not ensure the safety of staff who were working away from the building. Staff called in to advise they were safe but there was no allocated staff member to oversee this process on a daily basis and it was not clear who would recognise and escalate if a staff member did not call in.

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

- The provider offered a needle and syringe programme and staff ensured the equipment was well stocked and tidy. The provider displayed literature on how to use the equipment and on safer intravenous drug use. A number of staff completed naloxone training and trained clients in how to use naloxone and offered take home kits to use in an emergency. Naloxone is a drug used to treat opiate overdose in an emergency situation.
- The provider ensured safe staffing. Staff and clients stated activities were never cancelled and the provider had processes in place to manage annual leave and sickness. Staff had easy access to GPs for prescribing concerns.
- All staff reported a significant improvement in mandatory training since the new provider took over the service and we saw evidence that staff had completed these courses. However, there was no clear, single matrix to show staff training compliance and this was spread over a few different documents making it difficult to have an overview of total staff training or the identification of gaps.
- Staff demonstrated good awareness of safeguarding issues for both children and adults. Staff discussed safeguarding concerns during assessment, key worker sessions and within the team during the morning meeting and team meetings. Staff referred appropriately to the local safeguarding teams when necessary.
- Staff reported incidents appropriately and were trained in how to use the incident reporting system. Staff discussed incidents at daily morning meetings, team meetings and during

Summary of this inspection

supervision. Staff shared learning from incidents. However the provider did not keep a log of learning from incidents or develop separate action plans which would ensure learning was not lost.

Are services effective?

We found the following areas of good practice:

- Staff completed thorough assessments on entering treatment. The provider used a comprehensive assessment form and we observed this being used during an assessment. Staff completed recovery plans with all clients. However, staff did not always update recovery plans and although all care plans were recovery based in some way, there was variable quality within this.
- The provider reported good outcomes using national outcome measures. These showed an improvement in the effectiveness of the service and above average outcomes for all drug groups.
- All staff reported training had improved significantly since the new provider took over. We viewed training records indicating staff received training in harm reduction, blood borne viruses, domestic violence, the outcome star and other specialist training. Staff employed by the service had previous training or relevant experience in substance misuse interventions.
- The provider invested in apprenticeship and volunteer schemes. One staff member was on an apprenticeship programme and the service manager was looking to offer more of these. The provider offered an accredited volunteer and mentor scheme and recently employed a lead worker in this area which would give further opportunities to people wanting to work in the service.
- The provider developed good links with other services. Links with mental health services, probation, the police and domestic violence services were strong. The provider was working on developing stronger links with other services such as the local

Summary of this inspection

acute hospital and the shared care scheme with local GP practices. The manager allocated each engagement and recovery worker a lead specialism and this helped develop those links.

- The provider offered appropriate support to staff. All staff reported regular supervision and regular team meetings. New starters reported comprehensive inductions. Managers and staff received support with performance management concerns.

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

- The provider did not have a written partnership agreement with the prescribing GP practice. The two services worked well together but there was no formal agreement outlining lines of responsibility and accountability in relation to assessment and planning of care.
- The provider did not offer physical healthcare checks at the time of our inspection unless the client was seen in the prescribing clinic. We saw no evidence of physical health care assessments in client records other than specifically for drug and alcohol misuse in which staff were well informed. However, the provider recently employed a nurse and planned to implement physical health care checks for all clients.
- The service held multidisciplinary team meetings (MDT) for clients involved in the prescribing clinic. However, there was no formal MDT for all other clients of the service.
- Staff reported reflective group supervision was no longer offered and that this would be beneficial. However, staff regularly received individual supervision.
- The provider took over the service in April 2017. No staff had received an appraisal but these were all due for March 2018.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Clients gave very positive feedback on the service. We reviewed 10 comment cards and spoke with four clients during the inspection. Clients described staff as helpful, supportive and responsive. Staff involved clients in their care plans and listened to their views. Staff helped clients with food vouchers and provided spare clothing if needed. Staff supported clients effectively in reducing their drug and alcohol use. We observed positive and supportive interactions between staff and clients throughout the inspection.
- The provider encouraged service user involvement and there was a weekly service user forum. This was chaired by a service user representative supported by the service user lead. The provider encouraged feedback from clients using feedback forms, a suggestion box and the service user forum. The provider recently recruited a volunteer and mentor lead to support and encourage volunteers and mentors in the service.

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

- The provider did not display information on local advocacy services. However staff and clients reported staff advocated on their behalf when needed.

Are services responsive?

We do not currently rate standalone substance misuse services.

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

- We did not see any complaints leaflets during our inspection in waiting or reception areas. Complaints leaflets were not in the welcome pack and staff were unable to give us copies of the complaints leaflet. We did not see a process in place to log verbal complaints. Clients informed us they had not been given information on complaints, however they stated they felt confident in raising concerns with their key worker or manager.
- The provider did not currently offer community alcohol detoxification and had no access to inpatient alcohol detoxification beds unless this was part of a commissioned detoxification and rehabilitation care pathway. We reviewed one client file in which the client had been suitable for community detoxification some months ago but had since

Summary of this inspection

increased their drinking meaning they were now no longer suitable. However the provider recently employed a nurse to implement the community alcohol detoxification pathway and this was to be started shortly.

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

- The provider ensured they offered assessments quickly and within the target timeframe. Staff offered emergency appointments for assessment where indicated. The service allocated duty workers on a daily basis to screen new referrals and respond to any urgent need.
- The provider offered flexible appointment times to clients. The service opened late two evenings per week, early one morning per week and each Saturday morning. Clients in Ascot and Windsor found it difficult to access the main service and the provider ran a satellite clinic in Ascot and was due to set up a further clinic in Windsor. The provider attempted to reach other groups who may find it hard to access treatment, for example provided an outreach worker to the local homeless hostel, and a prison in reach and probation worker. Staff worked closely with domestic violence services and the police and all staff reported links with mental health teams had improved significantly. The provider was planning to work more closely with learning disability teams and was working towards a partnership agreement with some of these teams.
- The service had a number of private rooms where staff could see clients and a large room available for groups. The reception area was welcoming and provided a range of information leaflets relevant to the service.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were overwhelmingly positive about the change to the new provider. Staff reported better processes, structures and direction. Staff morale was good and all staff reported feeling supported by the Resilience management team. Only one staff member felt under supported. Staff worked well together and

Summary of this inspection

reported a happy staff team. Most staff felt supported by more senior managers within the Cranstoun group although some reported they felt listened to but not confident their individual concerns would be acted on.

- Resilience offered apprenticeships to staff, hosted placements for social work students and was considering offering placements to counselling students. Cranstoun provided recruitment and training of volunteers and peer mentors and Resilience recently employed a lead worker for this area and planned the first training course for June 2018. The Cranstoun group rated in the top 100 best not for profit companies in 2016 and 2017. The organisation held an investors in people accreditation.
- At Resilience the service manager ensured oversight of supervision, training, incidents and safeguarding, although in some cases documentation regarding this was difficult to review. The service manager added risks to the service risk register appropriately. The wider Cranstoun group was in the process of aligning all governance processes and all policies and procedures across all its services.

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

- The service lacked a written partnership agreement between Resilience and the GP practice which provided the prescribing. This meant clear lines of responsibility and accountability between the two services was lacking. However, Resilience, the GP practice and commissioners reported they were committed to producing a written partnership agreement.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- The provider had an up to date Mental Capacity Act policy. The provider recently provided training to all staff on the Mental Capacity Act.
- Staff showed a good understanding of mental capacity issues. Staff talked of fluctuating capacity, unwise choices and best interest decisions. Staff gave good examples of assessments of capacity for individual clients.
- The provider planned to add a section on mental capacity to the assessment form to further remind staff of the need to consider capacity issues.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- The provider shared the building with the local Public Health Team. The provider did not have a receptionist to welcome people into the building and the entrance area looked tired and in need of updating. The provider shared the main reception area with the Public Health Team and this was clean and well maintained. The reception area had comfortable couches, coloured cushions and music was playing. It contained lots of client information on drug and alcohol related issues, including harm reduction. The provider used private consultation rooms, a group room and a further reception area specific to Resilience and these were all clean and tidy. The provider had a staff and client kitchen and the local authority were responsible for cleaning. Resilience staff remained responsible for cleaning of individual equipment and we raised concerns about the cleanliness of the cooker and sandwich maker in the client kitchen.
- The provider had one clinic room which was clean, tidy and had a wipe-able floor. The clinic room contained a couch for physical examinations. Staff kept the equipment tidy and carried out an audit to check the calibration checks were completed. Staff checked the temperature of the fridge in the clinic room daily. The provider accessed a defibrillator machine kept in the Public Health Team office and this team were responsible for the checks. The provider had not ensured all staff knew how to use this equipment. The provider kept naloxone in the staff office and the temperature was checked daily. Naloxone is a drug used

to treat opiate overdose in an emergency situation. The provider had an infection control, bodily fluids and sharps policy and managed disposal of clinical waste appropriately.

- The local authority owned the building and was responsible for all health and safety and maintenance. The provider had a health and safety lead and carried out daily, weekly and quarterly health and safety audits but it was not clear how effective these processes were. The provider noted any health and safety concerns and escalated these to the local authority who was responsible for carrying out any improvements. Staff reported that maintenance concerns were generally addressed. However, the provider did not have access to the risk assessment for the environment of the building. The provider made recent attempts to improve these processes and requested this assessment from the local authority. The provider ensured fire evacuation signs were clear and up to date and identified and trained three fire wardens. However the provider was still waiting for the local authority to provide the fire risk assessment. The local authority remained responsible for fire drills. The provider arranged for their own health and safety manager to check the building in the meantime. The local authority was responsible for portable appliance testing (PAT) for electrical appliances and we noted a number of these had not been checked since 2015. We raised this with the service manager who agreed to escalate this. The provider attempted to mitigate these risks and escalated concerns to the local authority and added these concerns to the service risk register. Additionally the provider identified specific staff members each day to take responsibility for fire evacuation and health and safety checks.
- The provider had an ineffective alarm system. Wall mounted alarms were present in the consulting rooms and staff carried personal alarms if needed when in

Substance misuse/detoxification

other areas of the building. There was no process in place for checking the personal alarms and neither the personal alarms or the room alarms were linked to a system which indicated where the alarm had been triggered. The provider allocated two staff members each day to respond to incidents. However, during the inspection we tested the wall mounted alarm and found that staff could not easily locate where the alarm was coming from and the alarm itself was not loud enough for all staff to hear. One of the named respondents did not hear the alarm as they were in a consulting room in an interview. Staff did attend to identify where the alarm was sounding but the process was inefficient and unsafe. The service manager raised this with the local authority and placed this on the service risk register.

- The provider offered a needle and syringe programme and staff ensured there was adequate equipment and checked this daily. The provider displayed literature on how to use the equipment and on safer intravenous drug use. The provider encouraged clients to use the needle and syringe programme on their way out of the building to reduce the risk of using illicit drugs on the premises.

Safe staffing

- The provider ensured safe staffing levels. All staff reported adequate numbers of staff and staff and clients reported activities, groups and interventions were never cancelled due to staffing shortages. The provider had a process in place for managing annual leave and sickness.
- Resilience had 15 substantive staff and only one vacancy. The service did not use bank or agency workers but had access to Cranstoun bank staff if the need arose. Staff sickness was at 5.7 per cent. Two staff on long term sick recently returned to work.
- Staff had average caseloads of around 45 clients per worker. Supervisors regularly reviewed caseloads during supervision and the majority of staff we spoke with stated caseloads were manageable, although a couple of staff expressed concern that caseloads had recently increased.
- The service employed one qualified nurse who recently came in post to provide community alcohol detoxification. The provider did not have a process in place to cover the nurse in case of sickness absence. We

raised this as a concern and the manager agreed to address this. The nurse was not currently offering detoxification programmes so there was no immediate risk to clients.

- The provider worked in partnership with a local GP practice who held the prescribing contract. The GPs held daily clinics at Resilience and staff stated they always had access to the GPs.
- Staff reported training had improved significantly since the new provider took over the service and all staff reported being up to date with mandatory training. The service manager provided a list of mandatory staff training through both Resilience and Cranstoun. Resilience listed mandatory training in data protection, equality and diversity, health and safety, hidden harm, Mental Capacity Act and domestic abuse. All staff had completed this training apart from two staff members who had not yet completed the domestic abuse training. The Cranstoun training record listed the outcome star, harm reduction, boundaries and confidentiality, risk assessment and management, first aid and case note recording as mandatory. Staff attended these dates throughout 2017 but it was unclear which current staff had or had not completed this training. Supervisors and central office monitored training levels but a clear matrix detailing staff training in an accessible format was not available in the service.

Assessing and managing risk to clients and staff

- All staff reported that an initial risk screen was carried out at referral followed by a full risk assessment at the assessment appointment. The service offered urgent same day or next day appointments in the case of high risk referrals. Staff reported they reviewed risk at each appointment and formally updated risk assessments every 12 weeks. The provider used a risk assessment form that was comprehensive and covered all areas for example, drug and alcohol use, mental health, physical health, safeguarding and domestic abuse. This form also included a risk management plan. Staff talked confidently about risk assessment and we observed staff assessing risk comprehensively during assessment, key worker sessions and clinic appointments. In one of these observations the staff member gave appropriate and comprehensive advice on the dangers of self detoxing from alcohol.

Substance misuse/detoxification

- However, we reviewed seven care records and only three had up to date risk assessments, only four had a risk management plan and only three had a plan for unexpected exit from treatment. One care record indicated a risk of violence and aggression but this was not mitigated in the risk management plan. Another care record indicated a client whose drinking had significantly increased but the increased risks were not reflected or addressed in the risk management plan. Further care records indicated clients using illicit drugs on top of their substitute prescription, including injecting illicit drugs, but the risks of this were not discussed in the risk management plan.
- Staff spoke confidently about managing the risks of substitute prescribing. The prescribing was managed through a separate contract but key workers supported this process. The provider followed national guidelines in substitute prescribing and clients were screened for illicit drug use and regularly reviewed by both their key worker and the GP. The provider worked with local pharmacies who contacted the service if a client did not collect their prescription for three days which is good practice.
- All staff completed safeguarding training for children and adults. The provider had up to date safeguarding policies. Staff spoke confidently about managing safeguarding concerns and gave examples of referring cases to the local safeguarding team when appropriate. Examples included cases of domestic abuse, a case where a client was being exploited by others trying to take over his tenancy and examples of potential abuse of an older family member. Staff recorded any risks to children during initial assessments and recorded details of the children. Staff discussed safeguarding concerns at the daily meeting, at the team meeting and during supervision. We observed discussions about two potential safeguarding cases during one morning meeting and staff managed both these concerns appropriately. The provider offered safe storage boxes for medication to any client living with children or vulnerable adults.
- A number of staff completed naloxone training which ensured they could administer naloxone in an

emergency and also trained clients how to use naloxone safely. The provider offered take home naloxone kits to clients. Naloxone is a drug used to treat opiate overdose in an emergency situation.

- The provider ensured all staff members had current disclosure and barring service (DBS) checks.
- The provider had a lone working policy and staff explained they would carry mobile phones and would call in after outreach clinics or appointments to say they were safe. However, there was no procedure in place for allocating a responsible person each day to check that all staff were safe. The provider was unable to assure the inspection team that a named person would check on staff following visits or what processes would be followed should a staff member not call in.

Track record on safety

- The provider had an accident, incident reporting and investigation policy which was being reviewed along with other organisational policies. This detailed all actions to be taken in relation to incident reporting including investigation of serious incidents.
- The provider reported six deaths between May 2017 and November 2017. The provider reviewed and investigated these incidents and notified the CQC. The provider did evidence learning from serious incidents but all actions were reported on the patient incident recording system rather than a separate action plan which would enable learning to be logged and monitored more efficiently.
- The service manager provided examples of learning from recent incidents which included the development of an alcohol care pathway with the local acute hospital following a patient death.

Reporting incidents and learning from when things go wrong

- The provider used a system to record and investigate all incidents. All staff reported up to date training in using the system and all staff gave examples of incident reporting. These included prescription errors, verbal aggression, maintenance concerns and serious incidents such as deaths.
- The provider expected incidents to be reported within 48 hours and the team leader or service manager reviewed all incidents. Serious incidents triggered a

Substance misuse/detoxification

notification to the senior management team. The provider had a critical incident review group which reviewed and analysed incidents and recommended changes across the Cranstoun group to reduce the risk of similar incidents occurring. The service manager attended these meetings as well as quarterly area manager meetings where incidents and lessons learned were discussed. The service manager shared lessons learned from the wider Cranstoun group with the staff at team meetings. At a local level staff discussed incidents at the daily morning meeting, the weekly team meeting and during supervision. However the provider did not keep a learning log of all incidents which may mean lessons learned were lost.

- All staff reported support following incidents including debriefs. The service manager held a weekly debrief for all staff on Friday afternoon just before closing.

Duty of candour

- Duty of candour is a legal requirement that states providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. The provider had a new duty of candour policy awaiting executive sign off and a current duty of candour policy contained within their current incident reporting and investigation policy.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Assessment of needs and planning of care

- Staff followed up all referrals with a telephone call to the client and completed a registration form and an initial risk screen. Staff assessed urgent referrals quickly and all other referrals within one to two weeks.
- The provider used a comprehensive assessment form which was holistic and covered all areas including drug and alcohol use, mental health, employment, housing and risk assessment. We observed one assessment and found this to be thorough and comprehensive. Staff

discussed consent to treatment, consent to sharing information and agreed an initial care plan with the client. The provider expected staff to review care plans with clients at least every 12 weeks.

- We reviewed seven care records, one of which was an initial screening. In the remaining six records we found full assessments of current and past substance misuse, evidence of harm reduction advice and evidence of assessment of motivation to change. Staff completed recovery plans in five out of six records but only four of these were up to date. We found only two recovery plans were personalised and holistic although all of them had some element of recovery based care. Staff had not recorded they had given a copy of the care plan in any of the records but we spoke to two clients who reported they had been given a copy and clients reported they were involved in their care plans.
- The care records contained detailed information about prescribing and treatment but it was unclear who was responsible for specific tasks. The provider did not have a written partnership agreement with the GP practice which meant lines of responsibility were unclear in relation to assessment and planning of care.
- The provider used an electronic system for care records. The prescribing GPs did not have access to this system meaning information was shared verbally. The provider and the GP practice were working towards a shared platform for care records which they were hoping to implement by April 2018.
- The provider recently employed a nurse to conduct community alcohol detoxifications but this pathway was still being developed. The provider planned for this to be implemented in the next couple of months. The provider had no access to inpatient detoxification beds unless this was part of a planned detoxification and rehabilitation care pathway. Staff reported few clients were referred for this pathway.

Best practice in treatment and care

- Staff assessed physical health specifically in relation to drug and alcohol use. Staff checked injection sites where appropriate and discussed and provided testing, information and vaccinations for blood borne viruses. We found evidence of this in the care records and clients

Substance misuse/detoxification

reported staff discussed this aspect of physical health. The GP assessed physical health if clients were seen in the prescribing clinic. Staff requested GP summaries at referral to identify past and current medical histories.

- The provider recently employed a nurse and aimed to implement ongoing physical health checks for all clients, covering all areas of physical health but this was not happening at the time of our inspection. The nurse planned to start implementing health checks shortly starting with the most high risk clients. Staff reported good links with GP surgeries regarding physical health, however in the seven care records we reviewed we found no evidence of a physical healthcare assessment or ongoing physical health care unless it was related to injection sites or blood borne viruses.
- Staff used National Institute for Health and Care Excellence (NICE) guidelines in relation to blood borne viruses and the nurse used NICE guidance in relation to health checks and vaccinations. The GP used NICE guidance and the Department of Health guidance in relation to substance misuse prescribing. Staff were trained in using Naloxone and trained clients to use Naloxone in the case of an emergency.
- The provider offered psychosocial interventions in the form of one to one keyworker sessions and group work. Most staff had previous training in some psycho social interventions and the provider planned refresher training for all staff in motivational interviewing and brief solution focused interventions. This was planned for March 2018. Staff referred to the local improving access for psychological therapies team for other psychological support. The provider was planning to look at offering placements for counselling students.
- The provider ran a group programme but recognised there was a low uptake of these groups. The group programme included a motivation to change group using brief interventions, a choosing to change group, a structured relapse prevention group and acupuncture. The provider reported these were all based on evidence based research. The service manager planned to re address the groups with the staffing team, to promote them with service users and to add mindfulness and yoga to the current programme.
- Staff used the outcome star with all clients to promote recovery. The outcome star is a tool focussed on looking

at all areas of a person's life and not just substance misuse. This tool allowed clients and staff to note and review outcomes during care planning. We noted outcome stars in the care records we reviewed although the quality of these varied.

- The provider reported they used the diagnostic outcome monitoring executive summary (DOMES) produced by Public Health England to monitor effectiveness. The report indicated an improvement in the effectiveness of the service. The provider completed treatment outcome profiles (TOPS) and reports indicated Resilience was above the national average for all drug groups. The criminal justice worker reported figures during the week of inspection showed above average results for engagement of clients released from prison.
- The registered manager reported they carried out care record audits during supervision and conducted random case file audits. The provider recognised care records needed improvement. Staff mainly reported they were not involved in audits.

Skilled staff to deliver care

- The provider employed staff with experience in substance misuse and some staff had specialist experience, for example one staff member was a trained counsellor and psychotherapist, another had completed a foundation year in counselling and another had completed the first year of nurse training. All staff we spoke with reported some training in psycho social interventions. All staff reported training had improved since the new provider took over the service. Staff reported completion of a number of training courses specific to substance misuse such as blood borne virus training, naloxone training, harm reduction and drug and alcohol awareness. All staff completed the outcome star training and most staff completed risk assessment training. The provider had a number of different ways of recording staff training so it was difficult to have a complete overview of this. The provider planned motivational interviewing and brief solution focussed training for all staff in March 2018.
- The provider gave all engagement and recovery workers a specialist lead area which improved expertise. These included leads for mental health, criminal justice, the clinics and volunteers and mentors.

Substance misuse/detoxification

- The provider offered apprenticeships and staff were very positive about this scheme which offered opportunities for new staff. Staff were fully supported during apprenticeships. The service manager was considering other apprenticeship opportunities. The provider also offered a volunteer programme and this included an accredited training programme for volunteers. The service recently employed a volunteer lead who was undergoing specialist training for this role. The provider aimed to have the first volunteer training programme running by June 2018.
 - The provider had a robust induction programme and we spoke with new members of staff who reported a thorough and comprehensive induction including shadowing staff, clinics, assessments, time to read policies and procedures, and access to all training.
 - The provider employed one qualified nurse and worked closely with the prescribing GPs. Staff referred to external agencies for other professional disciplines such as mental health professionals, social workers or psychologists. Some staff reported it would be beneficial to have direct access to a consultant specialist psychiatrist.
 - All staff reported regular monthly supervision. The nurse received appropriate clinical supervision. Staff reported that group reflective supervision was offered previously but not currently and thought this would be beneficial. We reviewed four staff files and found supervision was logged and caseloads were reviewed. The new provider took over the service in April 2017 and appraisals were due within 12 months. All staff were due appraisals in March 2018. Team meetings took place weekly and all staff were expected to attend.
 - The provider dealt effectively with poor staff performance and all staff and managers we spoke with reported this process had improved significantly since the new provider took over. Both managers and staff felt supported with performance management processes.
- diagnosis clients. A worker from the CMHT also attended meetings at the Resilience. The manager was in the process of setting up links with the common point of entry service which was the main point of entry for all mental health concerns. The criminal justice lead offered prison in reach services and an outreach service for the probation hostel. The service worked closely with domestic violence services and was part of the local homelessness strategy to improve support for these client groups. The service recently worked in partnership with the police to protect clients vulnerable to gangs in the area and to raise awareness of modern slavery. The service was developing new pathways with the local acute hospital to improve community links for people admitted to the acute wards and was working with the alcohol liaison nurses there.
- The provider offered some shared care options but there was a need to develop this further. Only two clients accessed shared care. Shared care is when the client's own GP prescribes for the client in partnership with support from the community substance misuse team.
 - The provider worked closely with the GP practice who was awarded the prescribing contract. The GPs held clinics at the service daily and staff reported GPs were readily available for advice on individual clients. However there was no written partnership agreement in place for the two separate contracts. This meant that lines of responsibility and accountability were unclear within the two services.
 - The service held a multi-disciplinary team meeting (MDT) every month. The service manager, team leader, GP lead and other available staff attended. However this meeting was only for clients under the prescribing clinic. The service did not hold any other MDT meeting for other clients of the service. There was no formal arrangement to discuss other clients or to discuss outcomes of assessments. All staff we spoke with thought this would be beneficial. However, the provider did hold a daily morning meeting in which such issues could be briefly discussed and managers offered support during supervision.

Multidisciplinary and inter-agency team work

- The service had recently been developing strong links with other services. The manager allocated each engagement and recovery worker a lead specialism and this improved links with services. The mental health lead attended regular meetings at the community mental health team (CMHT) and discussed dual

Good practice in applying the MCA

Substance misuse/detoxification

- The provider had an up to date Mental Capacity Act policy. The provider recently provided training to all staff on the Mental Capacity Act.
- Staff showed a good understanding of mental capacity issues. Staff talked of fluctuating capacity, unwise choices and best interest decisions. Staff gave good examples of assessments of capacity for individual clients.
- The provider planned to add a section on mental capacity to the assessment form to further remind staff of the need to consider capacity issues.

Equality and human rights

- All staff received mandatory training in equality and diversity. The service strived to break down barriers in the local community and sought to be inclusive of all needs. The service worked hard to reach groups of people who may face barriers to treatment such as people with mental health problems, people experiencing domestic violence and homeless people.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed staff treating clients with respect, kindness and compassion throughout the inspection. Staff greeted clients in the front reception in a friendly manner and clients appeared pleased to see them. We observed an assessment, a group, two clinic appointments and a keyworking session and staff provided responsive, practical and emotional support as appropriate. During the observed assessment the staff member displayed good communication skills, was engaging and provided lots of reassurance to the client.
- Staff explained confidentiality to clients at assessment and we witnessed this in the assessment we observed. Staff asked clients to sign consent to sharing information forms with key people at assessment, and consent to gaining medical information from the client's GP. Staff explained why this information was needed and how it would be used.
- We reviewed ten comment cards which are cards provided by the CQC prior to the inspection to gain client's views of the service. These were overwhelmingly

positive and described staff as being helpful, respectful, responsive and professional. Clients reported their needs were met, they felt safe and had reduced their drug and alcohol use. There was only one negative comment which indicated the client would like a drop in facility and would like to see fewer professionals when coming to clinic.

- We spoke with four clients during the inspection and three gave very positive feedback. They found staff helpful, felt safe in the service, were supported to reduce their drug and alcohol use and felt confident staff would refer them to other services if necessary. They reported staff provided food vouchers, allowed them to use the phone and provided spare clothing if needed. They described staff as being flexible with appointment times, involving them in their care plans and providing advice on harm reduction and blood borne viruses and testing. One client reported problems with the initial keyworker, thought there were not enough groups and thought the clinic system was too rigid in its approach.

The involvement of clients in the care they receive

- Three clients we spoke with reported active involvement in their care plans and reported they had copies of their care plans and they were reviewed with their keyworkers at least monthly. We reviewed seven care records and all had a copy of the outcome star which is a recovery based tool for supporting and measuring change when working with people. Staff reported all treatment was client led and clients were actively encouraged to participate in their care plans. However staff did not record giving clients a copy of their care plans in the care records.
- Clients received a welcome pack which included information on the service, harm reduction, risks of particular drugs, the group timetable, service user rights and information on other support services. It included access to breaking free which is an online treatment and recovery programme for people with substance misuse problems.
- The provider reported they used a think family approach which recognises the importance of the whole family when working with people. One client reported his

Substance misuse/detoxification

girlfriend had attended appointments with him and we observed staff asking for details of family members at assessment. We saw evidence in one care record that staff signposted a carer to appropriate support.

- Staff reported they advocated for clients when needed and clients confirmed this to be the case. The service did not have leaflets on other advocacy services.
- The provider encouraged clients to be involved in the service and there was a weekly service user forum lead by the service user lead and a service user representative. The provider collected feedback from the forum, from feedback forms and used a suggestion box to ascertain client views. The service user lead fed back these views during team meetings. We observed evidence of change as a result of the forum such as client led notice boards in the reception area and the development of a client IT suite. The provider was reviewing the group work programme due to lack of attendance and one client was due to start a peer led drop in session and was using questionnaires to get feedback from other clients. The service user forum fed into the Cranstoun national service user forum .
- The provider was developing its volunteer and mentor programme and had recently recruited a volunteer and peer lead.

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

Access and discharge

- The service had no waiting list for assessment. The team leader allocated new referrals in the weekly team meeting and staff offered clients a full assessment appointment within one week of referral. The target for seeing clients who needed a clinic appointment for substitute prescribing was 21 days and the service consistently met this target.
- The provider ensured a duty worker was available each day and allocated duty workers at the morning meeting. Duty workers completed initial screenings via the phone

or if clients dropped in to the service. The provider facilitated urgent assessments when indicated such as pregnant clients or intravenous drug users and saw high clients risk within 24 to 48 hours if needed.

- The provider did not operate exclusion criteria apart from clients had to be age 18 or over. The provider attempted to move clients through the service more quickly and signposted clients to other services where appropriate when the service was no longer the most appropriate agency to support them. The provider was attempting to improve discharge rates.
- The provider attempted to re-engage clients who dropped out of treatment. The provider recently implemented a new engagement policy. Staff contacted clients who did not attend appointments by phone and letter and attempted such contact several times. Staff took account of risk factors before closing clients who dropped out of treatment and could not be contacted. Staff discussed all discharges with managers prior to closing. The provider reported an 11 per cent did not attend rate. Staff discussed the risk of disengagement at assessment and this formed part of the risk assessment form.
- The provider reported attempts to break down barriers to encourage more people into treatment. The provider had begun to implement new pathways with mental health services, criminal justice services and primary care to encourage people who may find it difficult to access treatment to attend. The provider was part of the local homelessness strategy and had proposed an outreach worker to work alongside other agencies in this area.
- The provider recently employed a nurse to implement the alcohol detoxification pathway. This pathway was not fully developed and the provider did not currently offer community alcohol detoxification. The provider hoped this would be implemented in the next few months. We reviewed one client file and found the client had been suitable for a community alcohol detox in October 2017 but the service was unable to provide this at that time. Since then the client increased their alcohol intake and other risk factors meant they would now be unsuitable for a community detoxification programme. The provider had no access to inpatient detoxification beds unless this was part of a

Substance misuse/detoxification

commissioned detoxification and rehabilitation programme, although was in the process of developing a pathway with the alcohol liaison nurses at the local acute hospital.

- Clients reported staff offered flexible appointments to meet their needs and staff rarely cancelled appointments. The provider ran an early morning clinic from 8.30am one morning per week and one evening clinic per week. The service stayed open until 7pm two evenings per week and opened on Saturday morning.

The facilities promote recovery, comfort, dignity and confidentiality

- The service provided a large reception area with comfortable seating, music and water. Staff met with clients in private meeting rooms or the clinic room, all of which had adequate sound proofing to ensure confidentiality. The service also had a room they used for meetings and groups, an enclosed outdoor space for use by clients and a client kitchen.
- The provider offered a variety of groups including an alcohol group, relapse prevention, motivation to change and acupuncture. Staff and clients reported there was a low uptake for the groups and the provider was addressing this by redeveloping the group programme and hopefully implementing the new programme over the next month. One area of development suggested gender specific groups might be beneficial and the manager was consulting staff and clients on these issues. The service manager explained they were hoping to provide train the trainer sessions for group leaders to improve effectiveness.
- The provider displayed a range of information leaflets in the reception areas. These included information on alcohol awareness, opiate overdose, domestic violence, self harm and the Samaritans. Staff provided feedback forms, a suggestion box and displayed a client notice board that was updated by clients.

Meeting the needs of all clients

- The service was on the ground floor and was accessible for people with disabilities.
- The provider recognised that leaflets and information in other languages or accessible formats were not available. The service manager was taking steps to deal

with this including sourcing leaflets from other resources and liaising with the local authority regarding the use of interpreters. This formed part of the action plan for the service.

- The provider held a satellite clinic in Ascot and ran two groups in Windsor. Clients in these locations found it difficult to access the main service in Maidenhead. Clients from Windsor reported the difficulties around public transport and thought the distance was a barrier to clients in these areas accessing treatment and support. The provider recognised this and was in the process of setting up a further satellite clinic in Windsor in the next few months.
- The provider aimed to encourage people who found it difficult to access services by other flexible arrangements. Staff provided an outreach service to the local homeless shelter and the criminal justice worker regularly visited probation services and offered an in reach service to prisons. Staff recently conducted home visits when indicated for people with physical health problems who may be unable to attend the service. Staff worked closely with domestic violence services and the police and all staff reported links with mental health teams had improved significantly. The provider was planning to work more closely with learning disability teams and was working towards a partnership agreement with some of these teams. The service provided information leaflets to sexual health clinics, mental health services and GP surgeries to encourage more people to access support.
- The provider was developing its volunteer and mentor scheme and recently recruited an engagement and recovery worker to lead in this area. The first training course for mentors and volunteers was planned for June 2018. The manager intended that relationships with voluntary organisations would be strengthened as part of this process and this would promote job opportunities for clients.

Listening to and learning from concerns and complaints

- We reviewed the provider's complaints procedure which was due for review January 2018. The provider informed us that the organisation was currently reviewing all policies and procedures. The policy stated the service manager and team leader managed complaints on a

Substance misuse/detoxification

daily basis and these were reviewed bi-monthly by the organisation's governance group. The director of operations held ultimate responsibility for complaints. The provider delegated complaints to a manager of another service where appropriate.

- However, during our inspection we did not see any leaflets or information advising clients on the complaint process. There were no leaflets in reception or waiting areas and they were not included in the welcome pack. We did see feedback forms for clients to complete in reception and other ways to give feedback but no official complaints information.
- Staff informed us they explained the complaints process to clients and initially would attempt to resolve complaints at a local level. Clients informed us they would complain to their key worker or the manager if necessary but they had not been given any information on how to complain. Staff explained that complaints were discussed during team meetings and feedback was given. Staff explained complaints were made in writing. There was no process in place to log verbal complaints. Following the inspection the deputy director of operations explained that from April 2018 all complaints, concerns and feedback would be logged on the incident reporting system.

Are substance misuse/detoxification services well-led?

Vision and values

- The organisational values were ambition, compassion, innovation and integrity and these were displayed in the service. Resilience promoted its services in the last year through stalls in the local area, presentations to the CCG, health and well being board and domestic violence conferences. Resilience was advertised on the local authority website and took part in twitter campaigns.
- The service aimed to provide a recovery orientated model and to change the culture of the service from a prescribing service to a service that provided a wide range of interventions that included prescribing. All staff we spoke to were keen to implement this model but

advised it was not completely embedded. Managers talked of ways in which to break down barriers to make treatment and support more accessible to all groups within the local population.

Good governance

- Cranstoun implemented annual periodic service reviews (PSR) across all its services and Resilience had their PSR in December 2017. The PSR identified quality and safety across services, devised improvement plans and provided assurance to the board about meeting standards. The PSR evaluated along CQC key lines of enquiry and we reviewed the action plan which followed the PSR. This identified a number of improvements to be made across all five domains of safe, effective, caring, responsive and well led. The service manager was implementing these findings into a service development plan which was currently in draft format.
- The wider Cranstoun group was in the process of completing a clinical governance alignment project across all its services. This was to involve a full review of all policies and procedures and the governance framework and structure. It was due for completion by the end of April 2018. During the inspection we reviewed a variety of current policies and found these to be comprehensive and up to date. We reviewed the organisational and management structure which showed the current governance group covered safeguarding, patient experience, quality and safety. Senior managers informed us the board met bi-monthly to monitor and review performance and information from these meetings disseminated down to the teams.
- At a service level Resilience staff received mandatory and specialist training although an easy overview of training compliance was not available. Staff had regular supervision although no staff had yet had an appraisal and these were due March 2018. Staff reported incidents and the managers ensured learning from incidents was discussed during team meetings, supervision and handovers. However the provider did not keep a log of learning from incidents.
- Commissioners reported positive relationships with the managers at Resilience and worked towards a shared vision with an open and honest relationship. The commissioners acknowledged the lack of a partnership

Substance misuse/detoxification

agreement with Resilience and the GP practice who gained the prescribing contract and all three services agreed the need for such an arrangement. This would enable clear lines of responsibility and accountability for each service.

- The service manager added items to the service risk register when indicated. We reviewed the risk register which included items such as lack of partnership agreement between the two providers, health and safety concerns and staff training. The service manager informed us she would add the alarm system and the PAT testing concerns to the risk register.

Leadership, morale and staff engagement

- All staff we spoke with reported they felt supported by the Resilience management team and positive about the change of provider to Cranstoun. Staff reported a lot of changes over the last year but the majority of these changes were positive and the service improved as a result. Staff reported better processes, structure and direction. Staff reported managers were approachable and relaxed. The majority of staff reported staff morale was good and all staff said they worked well together as a team and supported each other. One staff member reported managers listened and acted on concerns they had raised. Only one staff member felt under supported.

Staff reported they also knew more senior managers in the organisation and some staff felt able to approach senior management for support if needed. Some staff reported more senior staff in the organisation may listen but not necessarily act on individual concerns.

- All staff reported they knew how to raise concerns and would feel confident doing this. However, we did not see any information on whistleblowing procedures around the building.
- Managers were supported to gain further leadership skills. The team leader had completed an accredited award and the service manager was in the process of completing a level five management award.

Commitment to quality improvement and innovation

- The Cranstoun group rated in the top 100 best not for profit companies in 2016 and 2017. The organisation held an investors in people accreditation.
- Resilience offered apprenticeships to staff, hosted placements for social work students and was considering offering placements to counselling students. Cranstoun provided recruitment and training of volunteers and peer mentors and resilience recently employed a lead worker for this area and planned the first training course for June 2018.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure it has oversight of the environmental and fire risk assessment of the building, including ensuring portable appliance testing is carried out. The provider must ensure the alarm system is effective.
- The provider must ensure there are robust procedures in place for staff who are lone working.
- The provider must ensure there are adequate arrangements in place to cover for the alcohol detoxification nurse prior to this pathway being implemented.
- The provider must ensure risk management plans reflect the risks identified in assessments.
- The provider must ensure complaints information and procedures are displayed at the service and that there is a robust process for verbal as well as written complaints.

Action the provider **SHOULD** take to improve

- The provider should ensure a robust partnership agreement is agreed between the service and the corresponding GP prescribing clinic outlining clear lines of accountability and responsibility.
- The provider should ensure they have a clear overview of staff training and a learning log of incidents.
- The provider should ensure physical health assessments are carried out and recorded for all clients.
- The provider should ensure all recovery plans are up to date, holistic and recovery orientated.
- The provider should ensure there are effective multi-disciplinary meetings for all clients, not just those supported in the prescribing clinic.
- The provider should ensure staff appraisals are completed annually.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not have oversight of the premises' environmental and fire risk assessment. Portable appliance testing stickers were out of date. The alarm system was ineffective.</p> <p>Regulation 12 (1)(2)(d)</p> <p>The provider did not have a process in place to cover unexpected absence of the community alcohol detoxification nurse. The provider did not ensure risk management plans reflected the risks identified in client's assessments.</p> <p>Regulation 12 (1)(2)(a)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>The provider did not display complaints information and procedures and did not have a system in place to log verbal complaints.</p> <p>Regulation 16 (1) (2)</p>
Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have a robust system in place to ensure the safety of staff working away from the premises.

Regulation 17 (2)(b)