

The John Kitchen 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 do not currently rate independent standalone substance misuse services.

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

- Clients were at risk because the service did not manage medicines safely. Staff removed prescribed tablets of medicine from their original packaging and placed the tablets in a dosette box each week. In the case of one medicine, this was contrary to the manufacturer's advice and may have made the medicine ineffective. In addition, staff had not checked clients' health needs and ensured that it was safe to assist clients to take over-the-counter painkillers such as paracetamol. It was important that they made these checks because some clients may have had health conditions which placed them at risk when they took such pain-killers.
- Governance arrangements in the service required improvement. During the inspection, we confirmed that the service worked in collaboration with a contracted doctor to ensure that admissions for detoxification were safe. However, there were no written procedures about admission criteria for detoxification. Records were not kept in the service of the decisions made by the contracted doctor and staff in regard to the care and treatment of clients. Staff records in relation to the care and treatment offered to clients in the service were very brief and

lacked detail on the progress of clients at the service. We could not be certain that staff had fully identified and met clients' needs. Recruitment records did not explain how decisions had been made in relation to the recruitment of staff and volunteers. The provider had not ensured that there were effective systems in place to monitor the management of medicines in the service, the quality of procedures and record-keeping, or the competence of staff to undertake their work roles.

We found the following areas of good practice:

- The service was person-centred in its approach to the admission of clients to the service. Staff invited prospective clients to the service to explain to them how the service was provided and fully involved them in the admissions process.
- The service worked well with partner organisations to provide short-term accommodation and support to clients who were previously homeless. Clients were assisted to move on from the service to appropriate long-term accommodation.
- The service was pleasantly furnished and well maintained. Clients received healthy meals and were encouraged to participate in activities to help them recover from their substance misuse issues. Clients said that staff were caring and kind and that the service promoted their recovery.

Summary of findings

Contents

Summary of this inspection

	Page
Background to The John Kitchen Centre	4
Our inspection team	4
Why we carried out this inspection	4
How we carried out this inspection	5
What people who use the service say	5
The five questions we ask about services and what we found	6

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	9
Outstanding practice	18
Areas for improvement	18
Action we have told the provider to take	19

The John Kitchen Centre

Services we looked at

Substance misuse services

Summary of this inspection

Background to The John Kitchen Centre

The John Kitchen Centre is provided by Kairos Community Trust. It is registered with the CQC to provide: accommodation for persons who require treatment for substance misuse.

The John Kitchen Centre is described by the provider as a first-stage residential hostel for men and women who have a history of substance abuse and homelessness. The service has 24 single rooms. Accommodation is provided for up to twelve weeks. The service works with a range of agencies to support clients to move on from the service to appropriate long-term accommodation. The service has a large kitchen and dining area and provides meals both to clients using the service and to those who have moved on from the service.

The John Kitchen Centre provides, in conjunction with a contracted doctor from a local GP practice, alcohol and drug detoxification treatment for up to four clients at any one time. The other clients using the service have already received detoxification treatment either at the service or elsewhere. These clients can also access the contracted doctor for treatment.

The service is a 'dry house' and clients sign an agreement on admission not to use alcohol or non-prescribed drugs

whilst using the service. The service is provided in line with the Kairos Community Trust ethos which is based on the '12 steps to sobriety' model. The service receives referrals from drug and alcohol teams across London, hostel workers and some self-referrals. The costs of accommodation are met through housing benefit. The service seeks funding from drug and alcohol teams for the costs of detoxification treatment and post detoxification rehabilitation.

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

At the time of this inspection, a total of 23 clients were using the service, three of these clients were receiving treatment for withdrawal from alcohol or drugs.

CQC previously inspected The John Kitchen Centre in September 2013. We found the service was compliant with the regulations checked at that time.

Our inspection team

The team that inspected the service on 17 August 2016 comprised a CQC inspection manager, two CQC inspectors and a nurse specialist with knowledge of substance misuse services. An inspector visited the

service on 6 September 2016 to interview the contracted doctor. A CQC pharmacist specialist visited the service on 3 October 2016 to check the management and administration of medicines.

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.

Summary of this inspection

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 and asked other organisations for information.

During the visit on 17 August 2016, the inspection team:

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

- read four patient treatment records and medicines administration records
- spoke with the registered manager and the lead for medicines at the service
- spoke with two other staff members employed by the service provider
- spoke with two volunteers
- looked at policies, procedures and other documents relating to the running of the service.

We visited the service on 6 September 2016 and spoke with the doctor contracted to provide treatment to clients. A CQC pharmacist specialist visited the service on 3 October 2016 to check the storage and administration records. After the inspection, we received feedback about the service from a commissioner and further information from the registered manager.

What people who use the service say

Clients told us they had good relationships with staff and volunteers who were supportive and kind. They said staff and volunteers had a good understanding of the needs of people with a history of substance misuse and homelessness. Clients told us they were given a good introduction to the service. They said staff explained what was expected of them and what their rights were and they were able to ask questions about the service.

Clients said communal areas and their bedrooms were clean and comfortable and pleasantly furnished. They

told us there was a range of good food on offer at mealtimes. They said the registered manager was very approachable and listened to any concerns or worries they had.

Clients told us staff supported them to participate in a range of activities and groups. They told us they were able to see the doctor when they needed to. Clients told us the service helped them to recover from their history of substance misuse and to find accommodation when they moved on from the service.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

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

- Medicines were not managed and administered safely. Each week, staff transferred clients' prescribed medicines from their original packaging to a dosette box. One client was prescribed a tablet which the manufacturer advised should be kept in the original packaging until immediately before it is taken. The removal of the tablet from the original packaging may have made it harmful or ineffective.
- Staff had not kept detailed records in relation to medicines. Staff had not recorded the amount in milligrams of a medicine that they were administering to clients on the medicines administration record (MAR) chart. Staff had not assessed the risks in relation to the self-administration of medicines. Staff had not used urine testing strips appropriately and this may have compromised the safety of clients because staff had not obtained a complete and accurate picture of clients' substance misuse.
- At the time of the initial inspection of the service we found that there were no plans in place in relation to the observation of clients during detoxification treatment. This was contrary to national guidance. Since the inspection, the registered manager had rectified this.

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

- The contracted doctor undertook physical tests and assessed the health risks to clients before they started to use the service. The contracted doctor obtained information from clients' GPs on their health and medicines. During the course of the inspection the registered manager took immediate action to put an appropriate system in place to monitor the physical health of clients during detoxification treatment.
- Staff had appropriately dealt with a safeguarding issue.

Are services effective?

We do not currently rate standalone substance misuse services.

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

Summary of this inspection

- At our first visit to the service we found that staff were not fully competent in relation to their work role. The service had not trained staff in understanding of detoxification medicines or the use of urine testing strips. However, we noted on our subsequent visit that the registered manager had taken steps to rectify this since our inspection by arranging further training for staff.
- Staff did not keep records in relation to issues they raised with the contracted doctor and the advice they received. The provider could not be certain that care and treatment issues were always effectively followed up.

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

- The contracted doctor prescribed medicines in accordance with national guidance. They offered clients tests for blood borne viruses and vaccines when appropriate.
- The service, in conjunction with the provider's day service, offered a comprehensive programme of groups for clients to attend.
- Clients were able to see the contracted doctor for advice and treatment when they wished to do so.

Are services caring?

We found areas of good practice:

- Clients said staff were respectful and understanding in relation to their history of substance misuse and listened to their views. We observed positive interactions between staff and clients during the inspection.
- Clients said staff worked with them to develop a programme of activities to enable them to address their needs and ensure they could move on with their lives.
- Staff met with all clients every morning to help plan their day and check how they were feeling.

Are services responsive?

We found areas of good practice:

- The admission process was person-centred. Potential clients visited the service to find out more about it and to decide if they wished to apply to use it.

Summary of this inspection

- The premises were spacious and well-furnished. Clients said the environment contributed to their sense of well-being and helped with their recovery.
- The service had a programme that enabled clients to become volunteers. Clients were positive about the role of volunteers in the service.
- Clients told us there was a range of food and meals available to meet their individual needs.
- Clients knew how to make a formal complaint.

Are services well-led?

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

- The provider's governance structure was not sufficiently robust. There was not an effective system in place to assess and improve the service in relation to all the appropriate care standards. Audits and improvement actions were not taking place in relation to the quality of record-keeping on care and treatment and staff recruitment. Medicines management and administration were not being checked for compliance with the appropriate guidance.

However, we found the following areas of good practice:

- Staff and volunteer morale was good. Staff and clients were positive about the leadership provided by the registered manager. They also said that the director responsible for the service visited frequently and was approachable.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

In line with the principles of the Mental Capacity Act, staff presumed clients had mental capacity. When prospective clients came to view the service staff gave them detailed information about the service. Staff told clients about their rights and responsibilities and obtained their written consent to care and treatment.

The registered manager and staff team were able to explain to us what they would do to comply with the Mental Capacity Act should this become necessary.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Summary of findings

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- Governance arrangements in the service required improvement. During the inspection, we confirmed that the service worked in collaboration with a contracted doctor to ensure that admissions for detoxification were safe. However, there were no written procedures about admission criteria for detoxification. Records were not kept in the service of the decisions made by the contracted doctor and staff in regard to the care and treatment of clients. Staff records in relation to the care and treatment offered to clients in the service were very brief and lacked detail on the progress of clients at the service. We could not be certain that staff had fully identified and met clients' needs. Recruitment records did not explain how decisions had been made in relation to the recruitment of staff and volunteers. The provider

had not ensured that there were effective systems in place to monitor the management of medicines in the service, the quality of procedures and record-keeping, or the competence of staff to undertake their work roles.

We found the following areas of good practice:

- The service was person-centred in its approach to the admission of clients to the service. Staff invited prospective clients to the service to explain to them how the service was provided and fully involved them in the admissions process.
- The service worked well with partner organisations to provide short-term accommodation and support to clients who were previously homeless. Clients were assisted to move on from the service to appropriate long-term accommodation.
- The service was pleasantly furnished and well maintained. Clients received healthy meals and were encouraged to participate in activities to help them recover from their substance misuse issues. Clients said that staff were caring and kind and that the service promoted their recovery.

Substance misuse services

Are substance misuse services safe?

Safe and clean environment

- There was a locked gate between The John Kitchen Centre and the street. Reception staff controlled access to the service. Clients were able to come and go from the service as they wished.
- At the time of the inspection, there was no alarm system in place. This meant clients were unable to call staff for help in an emergency. Since then, the provider had arranged for an alarm system to be installed. Closed circuit television was used in communal areas.
- The service did not have a designated clinical room. The contracted doctor carried out consultations in the registered manager's office. The doctor told us he was able to conduct physical examinations in this room although it did not have an examination couch. He said that if it was necessary he could see a patient in their bedroom or at the GP surgery.
- All areas of the premises were visibly clean. There was a cleaning rota. Records of fire safety and health and safety checks showed these were taking place appropriately.

Safe staffing

- The John Kitchen Centre provided hostel accommodation for up to 24 clients. During weekdays, from 9am-5pm, there was always a minimum of three staff, including the registered manager on duty. One member of staff was on duty until 9pm. At weekends there was a member of staff on duty 9am to 5pm. Volunteers worked at the service during the day, for example on reception. Overnight, a volunteer slept in at the service, covering a shift from 9pm to 8am each night. There was an on-call system for staff and volunteers to use out of hours. Staff and volunteers told us this worked well and they got the support they needed. Clients said there were enough staff and volunteers available at all times to meet their needs.
- A contracted doctor from a local GP surgery visited the service one morning each week to medically assess new clients for detoxification treatment and prescribe medicines according to a standard protocol for those detoxing from alcohol. This protocol complied with the

relevant national guidance. Clients were not admitted to the service for detoxification treatment whilst the contracted doctor was on holiday. The contracted doctor was available by telephone to staff out of hours for support and advice. The contracted doctor's assessments and notes could be accessed by GP colleagues at the surgery to ensure continuity of care if the contracted doctor was unavailable.

- Clients at the service were registered with the contracted doctor. They told us that they could easily see the contracted doctor about any medical concerns they had.
- We reviewed three permanent staff and three volunteer recruitment records. We found there was evidence that written references had been requested and information obtained in relation to criminal records. However, we did not see notes of any interviews to confirm how decisions were made that volunteers or staff were suitable to work at the service.
- The service had a small staff team and there had been no turnover of staff in the previous twelve months and no staff sickness. Cover for staff holidays could be arranged from the provider's pool of bank staff. The service did not use agency staff.
- The provider's central administration sent reminders for staff to complete mandatory training in first aid, safeguarding adults and fire marshalling. Staff completion of mandatory training was 100%. However, during the inspection, we found that the provider had not ensured that staff received refresher training to ensure their continuing competence to administer medicines.
- Clients confirmed there was consistency in the staff and volunteer team at the service.

Assessing and managing risk to clients and staff

- There were appropriate arrangements for ensuring the service had all the relevant information in relation to risks to new clients. The service received some details of risks at the point of referral in written information from social workers and hostel workers. The service then asked potential new clients to visit the service. During this visit, staff carried out an initial assessment with the person and completed an application form with them.

Substance misuse services

Staff obtained information from the person about their health, history, social circumstances and substance misuse. If the service felt they could meet the person's needs they were given an admission date.

- At the time of our inspection, the service did not have a written admissions policy which explained the criteria used to ensure the service could safely manage risks during a client's detoxification treatment. During the inspection, we confirmed that in practice the registered manager and contracted doctor ensured that admissions were safe and compatible with National Institute for Health Care and Excellence (NICE) guidance for a community detoxification service. The contracted doctor was clear about the circumstances in which a person would not be suitable for the service. The contracted doctor obtained information from the client's GP and carried out a physical examination of the client before detoxification treatment commenced. They discussed with the client the information about risks in the client's comprehensive assessment to clarify their medical history and substance misuse history. They arranged for the appropriate health screening tests to be carried out. This included tests to check current levels of alcohol and drug use, blood borne virus tests and liver function tests. Since the inspection, the registered manager and contracted doctor have developed written admission criteria for detoxification treatment.
- Staff used breathalysers and urine tests to assess clients' substance abuse on admission and on other occasions if staff had concerns about substance abuse. During the inspection on 17 August 2016 we identified that some of the strips used to test clients' urine were out of date and staff disposed of these. We were also concerned that staff did not fully understand how to use the different types of urine testing strips to test for the presence of various substances. Staff may have wrongly believed that a client had tested negative for a particular substance, when in fact the negative test result would be because they had used the wrong type of testing strip. This potentially placed clients at risk in relation to their treatment because there was inaccurate information about their substance misuse.
- Room searches were appropriately carried out on admission and other occasions to check that clients had not brought alcohol or non-prescribed drugs into the service. New clients agreed not to go out of the service unaccompanied for the first two weeks of their stay at the service.
- Clients for detoxification treatment were only admitted when the contracted doctor was available to provide an initial assessment and develop a treatment plan.
- Staff demonstrated that they understood how to identify and report children's and adult safeguarding issues. We reviewed information on a safeguarding incident. The provider had reported concerns promptly to the local authority and worked effectively with partner organisations to ensure clients were safeguarded. The service had children's and adult safeguarding policies and procedures. At the time of the inspection, the provider asked clients in the agreement they signed on entering the service, to only see children visitors at the service for a brief period. Since the inspection, the provider has amended the 'house rules' to make it clear to clients that children under sixteen were not permitted in the premises at all.
- Volunteers worked alone in the service at night. Staff, volunteers and clients said they considered that they were safe whilst in the service. Staff and volunteers told us they were easily able to access support from on-call managers if required.
- Medicines management systems required improvement. Medicines were dispensed from the pharmacy in their original boxes and sent to the provider for individual clients. Two members of staff then removed all medicines from their original packaging into a dosette box that they prepared one week in advance. This was secondary dispensing and not good practice because it increased the possibility of error. In addition, some tablets may not remain intact when removed from their packaging. In the case of one client, staff had placed their prescribed sodium valproate tablets (epilim) in their dosette box. Several labels on the dosette boxes were from old medicines packaging and did not correspond to the current prescribed doses. Staff had ensured that medicines administration record (MAR) charts had the current dose

Substance misuse services

of medicines correctly recorded. On the 17 August we noted that staff had not always recorded when clients had refused to take a prescribed medicine which was contrary to the provider's procedures.

- A standard alcohol detoxification protocol was used for clients. It used chlordiazepoxide. The contracted doctor prescribed this medicine and labelled it to be taken as directed. Staff followed a standard protocol in relation to the dosage and did not record the dose in milligrams administered to the client on the MAR chart. This placed clients at risk because staff were not recording the actual dose of medicine they administered to clients.
- On 17 August 2016, we found that arrangements for controlled medicines were not completely safe and clients may have been at risk. Although staff had correctly used the controlled medicines log book this had not been kept secure. Staff immediately rectified this.
- The service had not completed risk assessments for any clients who self-administered their prescribed creams and ointments. Clients may have been at risk of not using these medications appropriately.
- Staff routinely supported clients to take doses of ibuprofen and paracetamol as a homely remedy without appropriate risk assessments and documentation. This was unsafe because there is a potential risk of harm if paracetamol was inappropriately administered. Clients may be vulnerable to its side effects, for example, those whose liver may have been affected due to increased alcohol intake.
- The service was not recording the temperature of the medicines refrigerator, however there were no medicines that required refrigeration when we visited.

Track record on safety

- The provider had an incident reporting policy and procedure. There had been one serious incident at the service in the previous twelve months. We read information about this incident which related to the safety of a client and were satisfied that prompt and appropriate action had been taken.
- Members of staff discussed the incident and had shared learning with others. The service had already taken action to improve the safety of clients and staff through the installation of CCTV in communal areas.

Reporting incidents and learning from when things go wrong

- Staff understood what types of incident should be reported. The provider had made changes to improve the safety of the service after incidents occurred. For example, supervision arrangements for volunteers were enhanced in response to an incident.
- Records of weekly team meetings showed that staff discussed incidents in order for the team to consider whether any changes in practice were necessary.

Duty of candour

- The registered manager was aware of their responsibility to apologise to clients when the service had made a mistake.

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

Assessment of needs and planning of care

- Potential clients were referred to the service by workers from hostels and drug action teams. If the registered manager thought the potential client's needs could be met by the service, they invited them for an interview and to view the service. If the person wished to proceed with applying to the service, they filled out an application form with the assistance of staff. Clients told us this process had helped them to understand what the service offered and what to expect when they first arrived.
- Once the application form was processed an admission date was set. On the day of admission, a member of staff completed a comprehensive assessment. If the client was admitted for detoxification treatment their admission was planned so that the contracted doctor could meet with them on the day after admission to plan their treatment.
- During the inspection we reviewed four client files; three of these clients were currently receiving detoxification treatment. The files included an application form, a risk assessment form and a comprehensive assessment

Substance misuse services

form. Assessment information was detailed and included the person's history of substance misuse, mental and physical health, employment history and family circumstances.

- The files at the service did not have information about the contracted doctor's assessments and treatment plans for clients having detoxification treatment. The contracted doctor recorded this information on the GP record system which could be accessed by GP colleagues if necessary. We spoke with the contracted doctor on 6 September 2016 about the medical checks they undertook before they commenced detoxification treatments for clients. The contracted doctor confirmed that they undertook appropriate blood tests and liver function tests and obtained information obtained from the client's previous GP. The contracted doctor had ensured clients received the appropriate tests and vaccinations for hepatitis and HIV in line with guidance on best practice.
- At the time of the initial inspection visit, on 17 August 2016, the service did not keep records of any advice the contracted doctor gave to staff in relation to the observations staff should make of clients during detoxification treatment. The service did not use any standard tools for making observations of clients' health during detoxification treatment. When we made our second visit to the service on 6 September 2016, we saw that the registered manager has introduced an appropriate system for carrying out such observations. They had bought the necessary equipment for staff to use to complete the observations, such as blood pressure monitoring equipment. Staff had received training on the use of the system.
- Staff recorded brief information in relation to the support planning and progress of clients at the groups they attended. Staff said that they were a small team and discussed updates with clients at the daily meeting. Staff said this was sufficient to keep each other updated on clients' changing needs. However, the lack of accurate records put clients at risk of inappropriate or unsafe care.
- The service did not have a procedure for staff to follow if clients unexpectedly exited from the service during detoxification. Since the inspection, such a procedure had been developed.

Best practice in treatment and care

- During the inspection we checked medicines administration charts for four clients and confirmed that the contracted doctor had prescribed medicines in line with national guidance.
- The service provided support to clients in line with the Kairos Community Trust ethos which is based on the '12 steps to sobriety' model. Clients at the service attended groups and staff provided individual counselling sessions. Clients could access relaxation therapy. Clients could attend external support groups such as alcoholics anonymous and narcotics anonymous. Staff also participated in groups at the Garden Day Centre which was located close by.
- Clients told us that staff supported them with welfare benefits, and in finding useful occupation and work.
- The provider had not undertaken any audits of care and treatment records at the service. The service monitored outcomes by asking clients to complete an exit questionnaire when they had completed their stay at the service.

Skilled staff to deliver care

- The contracted doctor visited the service once a week and was contactable at other times by telephone to give advice. The contracted doctor's GP colleagues provided medical cover when they were on leave.
- The registered manager and staff had significant experience in substance misuse services. The manager and three members of staff had national vocational qualifications in working with substance misuse. Additionally, staff had attended courses on counselling clients with substance misuse issues.
- Staff had supervision each month. Staff who had been at the service for a year had appraisal records. Staff told us that they found supervision supportive, and could express any concerns to their line manager. Volunteers at the service attended a monthly group supervision session.
- Staff had attended a variety of training sessions. During the first day of the inspection staff told us they would

Substance misuse services

like more training to understand detoxification treatment and medicines. When we returned to the service the registered manager had set up further training for staff from a pharmacist.

Multidisciplinary and inter-agency team work

- The contracted doctor visited the service once a week to medically examine any new detoxification clients prior to their detox commencing and see any other clients who had asked to see the doctor. Afterwards, the doctor met and spoke with the registered manager about treatment plans and any issues that had arisen. The registered manager verbally passed on any relevant information to the staff team and shift handover. There were no written records in the service of these discussions.
- The service maintained links with referring agencies, local hostels and drug action teams. A local authority commissioner told us that they had a constructive working relationship with the provider, who in their view provided an effective service.

Good practice in applying the MCA

- In line with the principles of the Mental Capacity Act, staff presumed clients have mental capacity. When prospective clients came to view the service, staff gave them detailed information about the service. Staff told clients about their rights and responsibilities and obtained their written consent to care and treatment. The registered manager and staff team could explain to us what they would do to comply with the Mental Capacity Act should this become necessary.

Equality and human rights

- The service was accessed by clients from diverse backgrounds. Clients told us they had not experienced discrimination based on their race or sexual orientation.
- There were some restrictions in place for clients at the service. For example, they could not bring alcohol onto the premises. Staff explained these restrictions to clients before they started to use the service and clients signed to say they understood and consented to them. Such restrictions were appropriate for a service provided for people with a history of substance misuse.

- There were clear procedures in place in relation to sanctions, such as the circumstances in which a client would be asked to leave the service.

Are substance misuse services caring?

Kindness, dignity, respect and support

- The five clients we spoke with were very positive about the kindness and consideration shown to them by staff and volunteers at the service. For example, a client said a member of staff had suggested they go for a walk round the park together when the client's mood was low and this had been beneficial. Clients said staff were very encouraging in relation to their recovery from substance misuse and supported them with planning their future. Clients said they felt staff were welcoming to them when they stated to use the service and they had immediately felt 'at home'.
- During the inspection we observed that interactions between staff and clients were friendly and respectful. A volunteer staffed the reception desk and welcomed people into the service.

The involvement of clients in the care they receive

- Staff add in welcome to service met with all clients in the morning to plan the day. Clients told us they were free to raise any concerns at this meeting. For example, minor disagreements between clients could be discussed and resolved.
- Clients told us they had a key worker who met with them each week and spoke with them about their support plan and discharge plan. Records included very brief support plans which described the groups and activities the client was attending. Records of key worker sessions were very brief or not on file.
- Clients were asked to complete an exit review form which gave their views on the service. We read six of these forms; the clients had given favourable feedback about the service.
- The provider promoted the involvement of former clients in peer support through volunteering at the service. Former clients were routinely involved in staff recruitment.

Substance misuse services

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

Access and discharge

- The admission process was person-centred. Potential clients visited the service and spoke with staff about the service and their needs.
- Staff and clients were aware that clients were expected to be at the service for twelve weeks and plans for discharge were discussed at the admission stage.
- At the time of our initial inspection visit to the service there was no formal procedure for an unplanned discharge of a client receiving treatment for detoxification. Staff told us about the caution they would take if this did occur which included trying all means to contact them and liaising with other professionals. Following the inspection, the registered manager formalised the process for staff to follow through the development of a procedure for unexpected exit from the service.

The facilities promote recovery, comfort, dignity and confidentiality

- The service was clean, pleasantly furnished and well-lit throughout. We saw six client bedrooms which were clean and well furnished. The service included a large dining area which was very spacious. There were smaller rooms available which could be used by clients to meet with their key worker.
- Clients were complimentary about the standard of maintenance and the decor of the building. They said that because they had experienced homelessness, it meant a lot to them that the service was warm, bright and homely. They told us that it made them feel better and encouraged their recovery.
- There was a range of information about local services displayed in communal areas. Confidential information was kept securely.

Meeting the needs of all clients

- Staff discussed clients' individual needs with them when they first visited the service. This included any specific cultural and language needs they had. Staff could

arrange interpreters if this was necessary. Clients told us the chef at the service was very helpful and responsive in terms of meeting their diverse dietary needs and preferences.

- The design of the service, with the bedrooms upstairs, and with no lift meant that it was not suitable for wheelchair users. The service could accommodate the needs of service users with minor physical disabilities.

Listening to and learning from concerns and complaints

- Clients told us they knew how to make a complaint. They explained that any concerns they had were raised in the daily meeting and they felt staff responded to them. They said these concerns were often about minor issues such as noise levels and were resolved through discussion. Clients said staff gave them written information about how to complain and their key worker also went through this with them. No formal complaints had been made in the previous twelve months.
- The registered manager met with clients and asked them to give their views of the service when they exited the service. The Director responsible for the service chaired regular meetings with clients. Clients said the staff team listened to and acted on their views. For example, clients reviewed and planned the menu with the chef and planned activities such as outings with staff.

Are substance misuse services well-led?

Vision and values

- Staff understood the provider's ethos in terms of supporting clients to experience life without substance misuse and to take responsibility for planning their future. Staff said the service aimed to provide a caring community which enabled clients to recover and move on with their lives.

Good governance

- At the time of the inspection the registered manager had been in post for several months and had been promoted to this role, having previously worked at the service.

Substance misuse services

- Governance required improvement. The provider was not undertaking any audits to check if medicines were being administered correctly or to ensure that urine testing strips were in date. There were no auditing arrangements in relation to the quality of care records. Client records were brief and did not give sufficient information on, for example, the client's progress as viewed by their key worker. We reviewed seven recruitment records at the service. References and DBS checks of criminal records were kept on file. We did not see evidence about how decisions had been made about the safe recruitment of staff and volunteers. Health and safety audits of the premises had been carried out.
- The registered manager met with the provider's managing director and other managers to give written feedback on the service in terms of incidents, staffing, admissions and discharges. The meeting also looked at policies, procedures and service development.
- The service monitored information on the completion of treatment goals by clients which showed a compliance of 64% in terms of staying clean and sober.

Leadership, morale and staff engagement

- Staff told us the registered manager and managing director were approachable. They said they would be able to raise concerns with management and were aware of the provider's whistleblowing procedure. Staff

said the managing director visited the service most weeks and spoke with them and the clients. They were confident that the managing director knew what was happening at the service and was committed to developing the service.

- No staff had been sick in the twelve months prior to the inspection. The previous registered manager left the service in December 2015 and no other staff had left. No staff survey had been undertaken for the service.
- Staff told us their morale was good. They said the staff team was cohesive and supportive. They received regular supervision, and appraisal, and felt supported by the registered manager and other senior staff.

Commitment to quality improvement and innovation

- A member of staff had recently been trained to provide relaxation classes to clients. These were now taking place in the service and staff told us they found them helpful.
- Clients using the John Kitchen Centre were expected to enrol in the provider's Garden Day Programme which was located close to the service. This offered clients group work and counselling. The Kairos Garden Day Programme was collaborating with Cambridge university research to evaluate clients' experience during recovery from substance misuse and clarify what they felt helped them most.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure the management and administration of medicines in the service is reviewed to ensure arrangements are as safe as possible for clients and minimise the risk of errors by staff. Medicines must be kept in accordance with the manufacturers' instructions. Information about the dosage of medicines should be clearly recorded on medicines administration charts. Staff should assess the individual risks to clients in relation to the use of over-the-counter pain relief medicines and the self-administration of medicines. Staff should record the prescribed dose of all medicines administered to clients on the medicines administration (MAR) charts. The provider must ensure that staff are competent to manage and administer medicines safely and understand the effective use of urine testing strips.
- The provider must ensure there are appropriately detailed records available in relation to risk management and the planning and delivery of treatment and care for clients.
- The provider must ensure that pre-employment checks, including suitable references and written explanations of gaps in employment history, are completed for all staff.
- The provider must ensure there is an appropriate governance structure in place. This governance structure must ensure all appropriate procedures are in place and put into practice. The provider must undertake audits of the quality of the service in relation to the relevant care standards and ensure improvements are made as necessary.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not being provided in a safe way for service users and minimise the risk of errors by staff. Medicines were not managed safely. Medicines were not always kept in accordance with the manufacturers' instructions. Information about the dosage of medicines was not always clearly recorded on medicines administration charts. Staff had not always assessed the individual risks to service users in relation to the use of over-the-counter pain relief medicines and the self-administration of medicines. Staff had not recorded the prescribed dose of all medicines administered to clients on the medicines administration (MAR) charts.</p> <p>The provider had not ensured that staff administering medicines and using urine testing strips had the qualifications, competence, skills and experience to do so safely.</p> <p>Regulation 12 (1)(2)(a)(b)(c)(e).</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have an effective system in place to fully assess, monitor and improve the quality and safety of the services provided.</p> <p>The provider had not ensured that accurate and complete records were maintained in respect of each service user; including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p>

This section is primarily information for the provider

Requirement notices

Regulation 17 (1)(2)(a)(b)(c)(d)(e)(f).

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

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

Recruitment procedures were not operated effectively.

The provider did not make available, in relation to each staff member, the information specified in Schedule 3 (Information required in respect of persons employed or appointed for the purposes of a regulated activity) such as appropriate references and written explanations of any gaps in employment history.

Regulation 19 (3)(a)