Clarity House

Quality Report

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

Ratings

Overall rating for this location	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Inadequate

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

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

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

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

Summary of findings

Overall summary

We rated Clarity House as inadequate because:

- The service was not well led, and the governance processes did not ensure that procedures ran smoothly. Staff did not have access to a full range of policy and guidance. Staff did not engage in audits to evaluate the quality of care they provided.
- The service did not provide safe care. The service did not have enough adequately trained or experienced staff. Staff did not assess and manage client's risk or follow good practice with respect to safeguarding. The service did not control infection risk. The premises were not safe or well maintained.
- Managers did not ensure that staff received training, supervision and appraisal.
- The service did not support clients' privacy and dignity, the female bathroom, was the thoroughfare between the two sides of the building, and there was no female only lounge. Clients on occasions had to share single gender bedrooms.
- The service did not store medicines safely. Staff had not had training to administer emergency medicines held on the premises.

However:

- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions around their therapeutic care and provided a range of therapies suitable to their needs.
- Staff worked effectively with the community and found groups to meet the individual needs of their clients.

Summary of findings

Contents

Inadequate

Clarity House

Services we looked at

Residential substance misuse services;

Summary of this inspection

Background to Clarity House

Clarity House is run by Changes UK, an addiction recovery services provider.

Clarity House provides social assisted detox, with support from their partnering organisation. Some people are physically and mentally ready to undergo a detox at home but may not have the support at home.

Clarity House works in partnership with a community addiction service which included a local NHS trust which provided nursing support between 9am and 5pm, Monday to Friday.

Clarity House admits clients without any physical or mental health complications, who are likely to be more successful with their detoxification from opiates or alcohol in a residential setting rather than the community. All clients had to be referred by the partnering addiction recovery service.

Clarity House provides alternative therapies, including meditation, mindfulness, sleep hygiene and reiki. It also offers a weekly aftercare group for ex-clients. Clients normally stay with the service for six weeks. Clients attend community groups and attend other therapeutic sessions by the service's partner.

Clarity House are registered with the CQC for 'Accommodation for persons who require treatment for substance misuse'. They have a registered manager and have been registered since May 2017, this is their first CQC inspection.

Our inspection team

The team that inspected the service comprised of a CQC inspector, a CQC assistant inspector, a substance misuse nurse as a specialist advisor and an expert by experience who had used substance misuse services.

Why we carried out this inspection

We inspected this service as part of our ongoing inspection of substance misuse services.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from clients at three focus groups.

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the environment,
- spoke with five clients who were using the service,
- spoke with the registered manager, the service manager and the operations manager,

Summary of this inspection

- spoke with two other staff members; including the partnering organisation nurse and peer support mentor,
- received feedback about the service from a commissioner,
- attended and observed a hand-over meeting,
- looked at four care and treatment records of clients,
- carried out a specific check of the medicine management,
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients we spoke with were complimentary about the service, Clients told us that staff were kind, caring and treated them with dignity. Clients told us there was always a staff member there to give them one to one support when they required it and they always felt safe.

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?

Inadequate

we rated safe as [inadequate] because:

- The premises were not safe and well maintained, staff did not complete regular fire alarm testing and all portable appliance testing of electronic equipment was out of date.
- The service did not have enough appropriately trained staff who had received basic training to keep themselves and others safe from avoidable harm.
- Staff did not assess and manage risks to clients and themselves well. Clients and staff did not have access to personal alarms to call for assistance if needed. Staff had not completed an environmental ligature risk assessment and the ligature cutters where locked away.
- Staff did not understand how to protect clients from abuse. Staff did not have appropriate training on how to recognise and report abuse, staff had not completed recognised safeguarding training.
- Staff/client mix had not been risk assessed when collating the staff rota, there was not a lone working policy.
- Staff did not have easy access to clinical information overnight and at weekends. Client care records were not contemporaneous, some were incomplete, some care plans, risk assessments and emergency contact details were missing.
- The service did not store medicines safely.

However,

- The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers shared lessons learned with the whole team and the wider service when things went wrong.

Are services effective?

Requires improvement

We rated effective as requires improvement because:

- Staff did not complete comprehensive assessments with clients on admission to the service. Clients care plans were not always updated as needed. Care plans did not reflect the assessed needs, risk assessments where not present or incomplete.
- Staff did not participate in audit of practices related to the delivery of safe and quality care.

Summary of this inspection

- Managers did not make sure that staff had the range of skills needed to provide high quality care. They did not support staff with appraisals, supervision and opportunities to update and further develop their skills.
- The provider did not have a comprehensive set of policies, including the Mental Capacity Act 2015, mandatory training policy and lone working policy.

However,

- Staff provided alternative therapies suitable for the client group.
- The teams had access to the full range of specialists required through their partnering organisation to meet the needs of clients.
- The team had an effective working relationship with their partnering organisation.

Are services caring?

Good

We rated caring as good because:

- Clients told us that they were treated with compassion and kindness
- Staff found community groups to meet the individual needs of the individual clients and would take them to groups near where they would be discharged to give them continuity

Are services responsive?

Requires improvement

We rated responsive as requires improvement because:

- The design, layout, and furnishings of the house did not support clients' privacy and dignity. The female bathroom was the only thoroughfare between the two buildings and there was no female lounge.

However,

- Staff planned and managed discharge well.
- Staff knew how to investigate complaints and incidents and learned lessons from the results and shared these with the whole team and the wider service.

Are services well-led?

Inadequate

We rated well-led as inadequate because:

- Leaders did not have the skills, knowledge and experience to perform their roles, or have a good understanding of the services they managed.

Summary of this inspection

- Staff did not understand the provider's vision and values and how they were applied in the work of their team.
- Our findings from the other key questions demonstrated that governance processes did not operate effectively, and risk was not managed well. Leaders did not ensure effective governance measures, including audit, which was not in place around areas such as care records, risk assessments, training, supervision and appraisal.
- Staff did not have access to the information they needed to provide safe and effective care, there was no or insufficient policy or procedures covering areas including safeguarding, consent and mental capacity, mandatory training, lone working, infection control, whistleblowing, medicines management and search.
- The provider did not have a robust recruitment policy. Disclosure and baring service (DBS) procedure was unclear, and there were no documented risk assessments as to how they managed individual staff with a criminal record.

However,

- Leaders were visible in the service and approachable for clients and staff.
- Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff did not have access to a Mental Capacity Act 2005 policy.

Staff had not completed Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training.

Inadequate

Residential substance misuse services

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

Are residential substance misuse services safe?

Inadequate

Safe and clean environment

- The service did not follow infection control procedures. There were no handwashing facilities with soap/ handwash or towels. There was no hand gel available throughout the buildings.
- The environment was not properly maintained. Portable appliance testing was out of date at the time of the inspection. The management completed a comprehensive health and safety audit in December 2018 but had not completed all actions.
- The service did not adequately lessen ligature risks. There were no ligature risk assessments for the accommodation and there was one pair of ligature cutters that were not easily accessible. Staff kept them upstairs in the locked staff room/bedroom on the male side of the houses.
- Staff did not record routine fire alarm testing checks, their provider policy stated they were to be completed monthly. However, the fire risk assessment for the premises was undertaken by the fire service and had been completed in March 2019.
- Staff did not always have access to alarms. There was only one personal alarm which was kept in the staff bedroom, which the overnight lone worker held. When this alarm was used it produced a loud noise but did not send a notification anywhere else. In the female side of the house there was an alarm under the stairs directly linked to the staff bedroom. Staff told us the alarm was routinely checked, however, there was no documentation to evidence this. Clients did not have access to call alarms.
- The service did not have a female only lounge in line with national guidance on same sex accommodation and on occasions clients of the same gender shared bedrooms with their agreement. However, staff managed the gender mix in the accommodation flexibly and were able to select which house was male or female depending on client numbers.

Safe staffing

- The service had five substantive staff and eight peer support mentors/volunteers. The staff on site at weekends and overnight did not have all the appropriately training. The staff who worked these periods did not have the experience and skills to ensure client and staff safety. These staff were predominantly peer mentors on therapeutic earnings volunteers and had not necessarily undertook formal training that had all used the service. The service operated at weekends and overnight with no substantive member of staff on site.
- Staff worked long hours with short breaks, we saw one peer mentor who had worked the previous sleeping night finishing at 08.30 and was back at 15.30 to complete a late shift and work through the night to the following morning.

- On the day of our inspection there had been a male lone worker (sleep-in) between 21.30 and 08.30 working with four vulnerable female clients. The staff/client mix had not been risk assessed when collating the staff rota, there was not lone working policy.

Mandatory training

- The service did not have a mandatory training policy. Staff had not completed appropriate levels of training for safeguarding vulnerable adults and children, they had not completed basic life support training or completed Consent and Mental Capacity Act training. The management did not hold overarching records of staff training and they were unable to provide the details of what training had been completed, what was expected or when it was required to be renewed.

Assessing and managing risk to clients and staff

- Staff did not always complete a risk assessment for the clients. We looked at four client records. One had a comprehensive risk assessment, two had a partial one and one did not have a risk assessment at all. Furthermore, staff did not have access out of hours to the system that recorded the risk assessment undertaken by the professional staff who visited the service. Also, there was no information concerning unplanned exit from the service in the care plans and not all files contained emergency contact information.
- The service search policy was not adequate; the policy covered bag searches on admission only but did not explain what they were looking for or if there were any blanket restrictions.
- Clarity House admission policy states that on admission each client completes a licence agreement and an authorisation consenting to the release of information and a confidentiality and data sharing form. These were complete in three of the four records we looked at.

Safeguarding

- The service admitted people who were in a vulnerable situation – including women who had looked after children. Despite this staff did not recognise or know how to report safeguarding incidents. Managers did not provide staff with recognised safeguarding training.

Staff access to essential information

- Staff did not have easy access to care records. Paper records kept for clients, were not contemporaneous and did not contain sufficient information to safely support clients. However, the partnering organisation keep clinical records on an electronic record system, which Clarity House staff had limited access to between 9am to 5pm Monday to Friday with no access at night or weekends.

Medicines management

- Staff did not store medicines securely and safely. Each resident had a locked metal cupboard allocated to them in the staff bedroom. The staff bedroom had a number lock on the door. In the staff bedroom was a key safe that was broken and open which meant anyone with access to the staff bedroom could access the medicine kept in client locked cupboards. However, they do not hold opioids on site, whenever an opiate detox commenced the client would be taken with a member of staff to the local pharmacy for supervised consumption of the opioids. Benzodiazepine prescriptions were prescribed by the partnering organisation clinician and then taken to the local pharmacist by the clinician and collected by the clinician.
- An emergency medicine for opiate overdose was stored on the premises for use in emergencies. However, staff had no training on administering this medicine.
- The service did not have a dedicated fridge available for the storage of medicines. If required, managers informed us that they would utilise the fridge in the art/laundry room. On inspection this had not been risk assessed, temperature monitoring was not undertaken nor was it secure.

Track record on safety

- The service did not report any serious incidents over the last 12 months prior to the inspection. We spoke with staff and they knew what a serious incident was and how to report it.

Reporting incidents and learning from when things go wrong

- The service demonstrated that they learnt from incidents. They reported through the partnering organisations reporting system and in cooperation with their partners clinical governance, Clarity House were

provided with feedback as appropriate. We were given an example where appropriate action and policy change happened following an incident after a client who was detoxicating during his stay fell down the stairs during the night. Clarity House changed their policy to ensure all clients whilst detoxicating were allocated to the downstairs bedroom, and they also installed low level lighting in the hallway outside the bedroom.

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Are residential substance misuse services effective?

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

- We looked at four care records; two contained no care plan and for two the plans were incomplete. Assessments of the clients were done on admission by the partnering organisation, but the full record of this was not within the Clarity House notes. Out of hours staff did not have access to the care plan created by the partnering staff who visited clients.
- All clients referred to Clarity House were receiving treatment through the partnering organisation.

Best Practice in treatment and care

- Clients received support for their withdrawal from opiates and alcohol from professional staff from the partnering organisation who visited the house during working hours, and not at weekends.
- Clarity House provided a holistic and recovery-orientated programme for client's resident including meditation, mindfulness, healthy sleep groups and reiki. It also offers a weekly aftercare group for ex-clients. Clients attend community groups and attend other therapeutic sessions by the service's partner.
- Staff did not participate in clinical audit, benchmarking or quality improvement initiatives.

Skilled staff to deliver care

- The service did not have the skilled staff to identify or manage risks associated with opiate withdrawal. This was important because professional staff only visited the service Monday to Friday and during working hours. The service had recovery workers, peer support mentors and volunteers (people with experience of using addiction services), a care service manager and a project co-ordinator. The staff had not completed mandatory training or comprehensive induction training or specialist training for their role. However, peer support workers and volunteers completed a company induction requiring them to shadow staff with more experience and read and sign off a booklet covering areas such as confidentiality, data protection, emergency procedures, medicine and fire procedures.
- Staff did not receive regular supervision and there were no appraisal systems in place to ensure opportunities for staff to further develop their skills.

Multi-disciplinary and inter agency team work

- The service had no written record of the handover meetings between shifts. However, the meeting covered all areas of the client's needs such as appointments, activities and any areas of concern. The meeting was also utilised for elements of coaching between the management and oncoming staff.
- The management held weekly meetings with the partnering organisation nurse and social worker, these consisted of reviewing the clients currently within the service discharges and reviewing the pending resident list. This was documented and followed a set agenda.
- The service worked closely with local community organisations such as Alcoholics Anonymous and Narcotic Anonymous and regularly took clients to participate in their meetings.

Good practice in applying the Mental Capacity Act 2005

- Staff did not have access to a Mental Capacity Act 2005 policy.
- Staff had not completed Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training.

Inadequate

Residential substance misuse services

Are residential substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

- Clients told us that staff treated them with compassion and kindness, that staff understood their individual needs and supported them to understand and manage their care, treatment or condition.
- Staff understood the individual needs of their clients, including their cultural needs.
- Staff directed clients to other services when appropriate and if required, supported them to access these services.
- Clients said that staff treated them well and behaved appropriately towards them.
- Staff said they could raise concerns, about disrespectful, discriminatory or abusive behaviour or attitudes towards clients without fear of the consequences.
- Staff maintained the confidentiality about of information about clients.

Involvement in care

- Clients each held an individual recovery portfolio which they completed during their time at Clarity House. Staff and clients worked on this together including setting personal and group smart goals.
- The service held regular house meetings between clients and staff, where client feedback was requested. The service has implemented a 'you said, we did' board, as a result of these.
- Staff use the admission process to introduce and orientate clients to the service.

Involvement of families and carers

- Staff involved families and carers when appropriate.

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

Requires improvement

Access and discharge

- All referrals to Clarity House came from their partnering organisation. Clients told us they were not told about the service by their clinician in the partnering organisation and heard about it through friends and family, so had to request a referral. However, there was no waiting list for admission to Clarity House. The partnering organisations clinicians completed pre-admission assessment of the client and their physical and mental health conditions and medicines.
- There were no delayed discharges at the time of inspection. Clients were given information regarding local services such as alcoholics/narcotic anonymous. Clients were not admitted to Clarity House without a clear move-on plan for when they left the service. Some clients returned to the family home, with on-going support from the partnering organisation; others choose to move into Changes supported housing.

Facilities promote recovery, comfort, dignity and confidentiality

- The layout of the houses did not support client privacy and dignity. The accommodation was made up of two separate three-bed houses; there was only one internal access between the houses which was via the disabled shower room and toilet/female bathroom. The bathroom was used as a thoroughfare between the buildings by both clients and staff to access facilities in different parts of the building. The bathroom/toilet had to be locked on two sides when in use.
- There was only one bath in the property which meant male and female clients were sharing the same facilities. This set up could be compromising for either male or female clients.
- Clients did not always have single bedrooms, and at times shared single gender rooms when at maximum capacity. Staff managed accommodation flexibly and would swap the houses between male and female

depending on the gender mix of clients. Staff utilised the downstairs bedroom for any clients with a physical disability or if they were still undergoing detoxification whilst in residence.

- Staff and clients had access to a range of rooms and equipment to support treatment and care. Clients had access to a small outside space.
- Clients told us there was always plenty to eat and the food was good. Clients planned, ordered and cooked their own food with the support of a peer mentor and clients could make hot drinks and snacks 24/7.

Clients' engagement with the wider community and meeting the needs of all people who use the service

- Staff supported clients with a wide variety of support groups which they attended during days, evening and at weekends within the local community. Staff found specialist support groups within the local community which they took clients to during the time they were resident at Clarity House, including women only groups and Polish speaking groups.

Meeting the needs of all people who use the service

- The service was suitable for physically disabled clients, it had a downstairs bedroom, and disabled wet room downstairs.
- Staff could make information leaflets available in languages spoken by clients. Staff found local support groups suitable for clients needs for example a Polish speaking alcoholic anonymous group.
- Clients had a choice of food to meet their dietary requirements of their religious and ethnic groups.

Listening to and learning from concerns and complaints

- Clients told us they had no reason to complain. However, they knew how to complain and would have been confident to do so. Staff knew how to handle complaints appropriately and were aware of the complaint processes.
- No complaints had been raised in the last 12 months..

Are residential substance misuse services well-led?

Inadequate

Leadership

- Leaders did not have the skills, knowledge and experience to perform their roles in some areas effectively. Not all staff were supervised, and none had an appraisal. Staff were not up to date with training. Team meetings minutes were not sufficiently detailed to reflect discussions. Issues that had been identified by staff about the health safety audit had not all been actioned by the management. However, leaders where visible and approachable for clients and staff.
- Leaders where visible in the service and approachable by management and staff.

Vision and strategy

- The service had a vision and values statement incorporating, honesty, positive change, safety, quality, empathy and respect. Managers told us they had delivered training to the staff around their vision and values. However, we were not assured management and staff understood the vision and values of the service. Staff told us that it had been covered as a training exercise, but we did not see that it had been embedded into practice of all staff.
- Although staff have the opportunity to contribute to towards the strategy there is no set objectives for staff to work towards.

Culture

- Staff told us they felt respected and valued by their peers and managers. Work related stress was manageable and did not impact on their roles. Staff reported good morale amongst the team.
- Staff did not have access to a whistleblowing policy.
- Managers could access support to performance manage staff. However, we were told they had not needed to.

Governance

- Governance processes did not operate effectively. Policy and procedures did not provide staff with clear guidance on working with client's safely. There was no policy on mandatory training, lone working, whistleblowing, consent and mental capacity, and the search policy did not cover blanket restrictions. The

medicines policy was not specific to Clarity House and did not adequately cover storage. Areas it did cover such as pill count audit being actioned twice weekly, were only actioned once a week. During interviews it was clear that staff had inconsistent understanding of the policies and procedures of the organisation.

- Effective governance measures including audits were not in place around care records, risk assessments, employment records and environmental audits. Standard operating procedures did not provide adequate guidance to staff.
- Where we found organisational policies in place the document control was poor. Documents stated they would be reviewed after a specified timescale based on the dates on the front page. There were no dates from which the next review would be generated. It was not possible to know if policies were current or out of date.
- The recruitment process was not robust; the organisation did not systemically collect references and proof of identity before workers started. Their Disclosure and Barring Service (DBS) procedure was unclear, when staff had been identified as having criminal convictions, managers had not made a documented risk assessment as to how they were going to be managed to safeguard clients or staff.

Management of risk, issues and performance

- The management did not operate a local risk register.
- The management completed a comprehensive health and safety audit in December 2018, not all actions had been completed.
- The service had no plans for emergency i.e: adverse weather or flu outbreak.

Information management

- Staff had access to equipment and information technology needed to do their work.
- Managers did not have access to enough information to support them with their management role. For example, supervisions were not reviewed. Staff did not review client outcome measures to monitor the effectiveness of interventions provided by the service.
- Staff made notifications to external bodies when needed.

Engagement

- Changes UK had put an online feedback questionnaire, between January and March 2019.The feedback was positive; however, this was for Changes UK generally and we could not identify the percentage that applied to Clarity House.
- Changes UK have website that provides up to date information about the services they perform.

Learning, continuous improvement and innovation

- The service did not participate in any nationally recognised accreditation schemes.
- Staff did not participate in research or participate in quality improvements programmes.

Outstanding practice and areas for improvement

Outstanding practice

Not applicable

Areas for improvement

Action the provider MUST take to improve

A rating of requires improvement will result in an action the provider MUST take.

- The provider must ensure the layout of the accommodation supports client's privacy.
- The provider must ensure there is a separate female sitting room available.
- The provider must ensure infection control procedures are implemented.
- The provider must ensure there is always a staff member with appropriate training and skills on the premises.
- The provider must ensure safe storage of medicines is in place in line with guidance and policy.
- The provider must ensure staff are trained to administer emergency medicine kept on the premises.
- The provider must ensure that all staff have easy access to all relevant clinical information to undertake their roles.
- The provider must ensure risk assessment is completed around client staff mix.
- The provider must ensure clients and staff have access to personal alarms.
- The provider must ensure portable appliance testing is up to date.
- The provider must ensure a ligature risk assessment is in place and ligature cutters are easily accessed.
- The provider must ensure that the leadership and management have the required skills, experience and support.
- The provider must ensure all records are contemporaneous and contains sufficient information to safely support clients including clients care plans and risk assessments.
- The provider must ensure comprehensive polices are in place including mandatory training, mental capacity, search, whistleblowing, medicines and lone working practices, with good document control.
- The provider must ensure accredited mandatory training in safeguarding of vulnerable adults and children; basic life support and consent and mental capacity is in place, this needs to be covered by a mandatory training policy and a mechanism for oversight needs to be in place.
- The provider must ensure staff have a regular supervision and appraisal system in place.
- The provider must ensure there is a robust recruitment system in place.
- The provider must ensure effective governance measures including a risk register and a programme of audit.
- The provider must ensure staff do not work overly long hours.

Action the provider SHOULD take to improve

- The provider should ensure that there are enough staff of an appropriate gender to work overnight dependent on the client gender mix.
- The provider should ensure that fire alarm testing is routinely actioned and recorded.
- The provider should ensure plans are in place to eliminate the use of shared bedrooms.
- The provider should ensure the vision and values of the service are shared and embedded by all staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider must ensure infection control procedures are implemented. The provider must ensure risk assessment is completed around client staff mix. The provider must ensure clients and staff have access to personal alarms The provider must ensure a ligature risk assessment is in place and ligature cutters are easily accessed. The provider must ensure that the leadership and management have the required skills, experience and support. The provider must ensure comprehensive polices are in place including mandatory training, mental capacity, search, whistleblowing, medicines and lone working practices, with good document control.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider must ensure records are contemporaneous and contain sufficient information to safely support clients. The provider must ensure the layout of the accommodation supports client's privacy. The provider must ensure there is a separate female sitting room available. The provider must ensure infection control procedures are implemented. The provider must ensure there is always a staff member with appropriate training on the premises The provider must ensure safe storage of medicines in place. The provider must ensure staff are trained to administer emergency medicine kept on the premises.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider must ensure effective governance measures including audit in place. The provider must ensure comprehensive polices are in place with good document control. The provider must ensure risk assessment is completed around client staff mix. The provider must ensure accredited mandatory training in safeguarding of vulnerable adults and children; basic life support and mental capacity is in place. The provider must ensure staff have a regular supervision and appraisal system in place.

This section is primarily information for the provider

Enforcement actions

The provider must ensure robust recruitment systems are in place.

The provider must ensure portable appliance testing (PAT) is up to date.

The provider must ensure a ligature risk assessment is in place and ligature cutters are easily accessed.