Whitecross 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

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 areas of good practice:

- Staff carried out excellent risk assessments before admitting any clients to ensure they could provide a safe service. There were clear and consistent rules in place to help reduce the risk of clients accessing drugs or alcohol. The provider had effective safeguarding procedures in place and carried out checks on all new staff. Medicines were stored securely and safely.
- Clients' care plans were of excellent quality, they were detailed, specific and holistic. Counselling staff were trained, delivered therapeutic treatment in line with national guidance, and received regular internal and external supervision. Staff participated in effective handovers, team meetings and liaised effectively with other services.
- All the clients we spoke with felt supported by staff and told us staff were caring, supportive and competent. The provider delivered workshops to family members to help them support clients in the service.
- The service was responsive to clients' individual needs. The service provided a fast track referral and admission for victims of domestic violence and the

Summary of findings

bursar at the service worked with clients to manage and address debt. Staff worked with clients to develop clear aftercare plans to ensure support in the community following discharge.

- The service had effective management. All staff understood the aims and values of the organisation and there were systems in place to monitor the quality of the service. Staff were trained, supervised and received regular appraisals. Staff morale was high; staff had confidence in managers and felt supported to carry out their roles.

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

- Secondary dispensing of medicines was taking place on a routine basis which meant the provider removed medicines from the pharmacy packaging and put them into a monitored dosage box before administering them to clients. The non- detoxification prescription/medicine administration records were not signed by a doctor.
- The GP did not routinely carry out liver function test before prescribing medication for alcohol detoxification, as per recongised good practice, and clients were not offered intramuscular thiamine to reduce the risk of cognitive damage during alcohol detoxification.
- Methadone tablets were used for clients undergoing opioid detoxification. This preparation is not licensed for this use. Clients were not informed about this issue.

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Background to Whitecross House

Western Counselling Service provides residential rehabilitation for clients with drug and alcohol problems using the 12 step model of treatment. The service was able to offer GP supported detoxification for non-complex clients. The majority of clients were funded by their home local authority but the service also admits self-funding clients.

Western Counselling Service is registered to provide accommodation for persons who require treatment for substance misuse and treatment of disease, disorder or injury. There was a registered manager in post.

Western Counselling Service operates from three locations:-

- Whitecross House the treatment centre which holds groups, one to ones and doctor's appointments
- Meijer House residential accommodation for men only with capacity for up to 20 men in four single and eight shared bedrooms
- St Davids House residential accommodation for women only with capacity for 14 women in seven shared bedrooms

We have inspected the Meijer House and St Davids House on three occasions, in October 2013, November 2012 and in 2008 under the previous care Act. On all three occasions we found the service to be meeting the regulations. Whitecross House has not been previously inspected. At this inspection we inspected all the registered locations.

Our inspection team

The team that inspected the service comprised CQC inspector Lesley Whittaker (inspection lead), one other CQC inspector, a pharmacist inspector, a clinical nurse specialist, and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, 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.

During the inspection visit, the inspection team:

- visited all three services, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with five clients
- attended a therapeutic group

Summary of this inspection

- spoke with the registered manager and the treatment manager
- spoke to the medical liaison officer
- looked at 12 medicines records
- observed medicines administration in the treatment room at all three locations
- spoke with eight other staff members employed by the service provider
- spoke with three staff members who worked in the service but were employed by a different service provider, including a clinical psychologist and addictions counsellors
- attended and observed a client review meeting
- looked at nine care and treatment records
- looked at 10 staff files
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients at the service were very positive about their treatment. They told us that staff were caring, understood their needs and ensured the environment was safe. Clients told us that they were supported to address any needs they identified. We were told by clients that it was important to them that some members of staff were in recovery from addiction themselves. We were told that there was always a member of staff available to listen.

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 areas of good practice:

- The service carried out excellent risk assessments before admitting any clients to ensure they could provide a safe service.
- The provider had effective safeguarding procedures in place.
- The provider had clear and consistent rules in place to help reduce the risk of clients accessing drugs or alcohol
- The provider carried out comprehensive recruitment checks before employing new staff.
- Medicines were stored securely and safely.

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

- Secondary dispensing of medicines was taking place on a routine basis and medicines were not administered from the pharmacy packaging.
- The non-detoxification prescription/medicine administration records were not signed by a doctor.

Are services effective?

We found the following areas of good practice:

- Clients' care plans were of excellent quality, they were detailed, specific and holistic.
- Admissions staff ensured unsuitable clients were not admitted for detoxification or treatment.
- Counselling staff were trained and received regular internal and external supervision.
- The provider liaised well with funders and other services.
- There was an effective system of handovers and team meetings.
- Staff worked with clients to develop safe discharge plans.

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

- The GP did not routinely carry out liver function test before prescribing medication for alcohol detoxification.
- Clients were not offered intramuscular thiamine to reduce the risk of cognitive damage during alcohol detoxification.

Summary of this inspection

- Methadone tablets were used for clients undergoing opioid detoxification. This preparation is not licensed for this use. Clients were not informed about this issue.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All the clients we spoke with told us they felt supported by staff.
- Clients told us they felt staff were knowledgeable, respectful and caring.
- Clients were involved in their treatment.
- Families were able to attend weekend workshops at the service to help them understand addiction.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service provided a fast track referral and admission for victims of domestic violence.
- The bursar at the service worked with clients to manage and address debt problems.
- Staff worked with clients to identify individual needs and post treatment options.
- Clients were supported to attend 12 step meetings to ensure they felt able to attend meetings on discharge.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All staff understood the aims and values of the organisation.
- There was supportive, visible and high quality leadership.
- The provider had effective systems in place to monitor the running of the service.
- Staff were trained and supervised.
- Staff morale was high and staff spoke positively about the management and culture of the service.

Detailed findings from this inspection

Mental Health Act responsibilities

The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health were to deteriorate, staff were aware of who to contact. There were no mental health nursing staff, however the service had links with the local mental health service for advice.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff we spoke with knew the principles of the Mental Capacity Act and were able to identify how substances could affect mental capacity, and how this could trigger issues around consent or treatment.

Staff checked before admission that the client had capacity to consent to treatment. Admissions staff checked with the client that they were not entering treatment under duress.

Staff recorded clients' initial consent to treatment and sharing information with others.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The service operated across three separate premises. Whitecross House hosted groups and individual one to one sessions. Meijer House provided accommodation for male clients and St Davids House accommodation for female clients.
- All the premises were clean and comfortable; however, we noted that the two residential houses were in need of refurbishment to update them. The provider had begun general refurbishing Meijer House, and we saw that some rooms had new carpets. One bathroom was closed as it was due for refurbishment, however clients had access to other bathroom facilities. One bathroom at Meijer House needed the flooring replaced and the provider had already purchased the flooring and was waiting for it to be fitted. The registered manager showed us dates in the diary for maintenance work.
- The provider carried out regular health and safety checks. Support workers at each house received health and safety training. Staff at each residential house carried out regular fire alarm checks and fire safety systems were checked weekly.
- St Davids House was part of an initiative to provide substance misuse treatment for victims of domestic violence. The provider had installed a close circuit TV camera outside the front door, so staff were able to check who was at the door before answering it.

Safe staffing

- The service had good staffing levels. The provider employed counselling staff and support workers. Support workers were responsible for ensuring the safety and smooth running of the residential houses. Meijer House had a member of staff who 'lived in' with their own room and specified working hours. They were available on call at night if there was an emergency. St Davids had the same arrangement; however the provider was currently recruiting for a new person. When the person who lived in was away other support staff slept in on a rota basis.
- Counselling staff were based at Whitecross House and delivered groups, workshops and one-to--one sessions.
- The staff team comprised a mixture of people who had a history of substance misuse and staff with no history of this. Some members of staff had previously been in treatment at the service.
- The provider carried out comprehensive checks on all members of staff and all the files we looked at were in good order. The provider carried out Disclosure and Barring Service (DBS) checks for all staff at three year intervals. Staff with convictions had comprehensive risk assessments and management plans. The provider had undertaken thorough checks for all employees which included an identity check, references and qualifications.

Assessing and managing risk to clients and staff

- The provider completed thorough risk assessments for each client. The admissions team carried out additional assessments for clients who were to undertake a community detoxification on admission. The provider had clear criteria on which clients they were able to safely support during detoxification and those clients they could not support. For example, the service did not admit anyone for alcohol detoxification with a history of alcohol withdrawal seizures. The GP who was contracted by the service to provide community detoxification checked all referrals.
- Admissions staff gathered further information on risk from referrers in respect of any offences for violence, family risks and any risk of loss of accommodation if they entered the residential program.

Substance misuse services

- Staff updated risk assessments weekly or following any incidents. Each client had a clear risk management plan.
- The provider had a safeguarding file in the office where any alerts made were logged. Staff we spoke with were confident in identifying safeguarding issues and what actions to take.
- Staff supported clients to maintain contact with children. Staff supervised visits with children or in the facillitated visits that should only be under supervision, social services..
- Medicines were stored securely and safely. There were medicine refrigerators at all the locations for medicines and the temperatures were monitored. The staff audited the quantities of medicines on a regular basis and had good processes to account for all medicines in the service. All the medicines we checked were in date and stored securely. There were no emergency medicines available. When we discussed this with the provider they told us that they had risk assessed all their clients and felt that they were not needed, but there was no documentation in place to support this.
- Medicines were supplied for individual clients by a local pharmacy. Where medicines were supplied in original packs the service was secondary dispensing some of these medicines into nomad blister packs (this was not in accordance with the medicines management policy), therefore some medicines were not administered from the labelled packs that had been supplied from the pharmacy.
- We saw a medicine log for all medicines received in to the service and for medicines returned to the pharmacy or service users. Where medicines were supplied in blister packs by the pharmacy pre-printed medicines administration record (MAR) sheets were in use. For other medicines MAR charts were produced locally, with the doctor writing and signing all MAR charts for detoxification regimes. All other MAR charts were written by a member of staff from the labels of the dispensed medicines, we did not see any evidence that these were checked by a second member of staff or signed by the doctor, and this was not in accordance with the provider's policy. Essential information on the service users was recorded including allergies to medicines, although this information was not always on the MAR chart.
- Unused medicines were returned to a pharmacy for disposal. Controlled Drug records were accurate and were in line with national guidance.
- There was also a system of administering homely remedies to service users. The use of homely remedies was assessed by the doctor for each client on an individual basis. These medicines were recorded on the MAR charts when they were used and also on stock record sheets. Staff would ask the doctor to review the client if these medicines were requested on a regular basis.
- We were told that support workers administered medicines to the service users. All staff administering medicines had received training on the safe use of medicines.
- Medicine incidents were reported to senior staff. All incidents were reviewed and any issues discussed at team meetings. The provider conducted regular medicines management audits e.g. completion of MAR charts, availability of medicines, storage, prescribing.

Track record on safety

- The provider had a system in place to record and learn from incidents. Staff initially recorded incidents on a paper form which was then uploaded onto the provider's electronic system. The treatment manager reviewed all incidents and discussed these either with the individual staff member or with the wider team.

Reporting incidents and learning from when things go wrong

- The provider learnt from incidents and made changes. For example, one client had received drugs through the post and the provider had changed their policies to ensure parcels were no longer accepted at the service.

Duty of candour

- Staff were aware of their duty of candour and the importance of being transparent when things went wrong.

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

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

- The admissions team gathered as much information as possible following referral in order to determine if the service could meet a client's needs. Admissions staff

used clear criteria to determine the suitability of referrals. A member of the admissions told us that if there were any physical health issues these would be checked by the GP who the service employed on a contract. Clients who had been detained under the Mental Health Act within the last two years were not admitted to the service.

- Staff told us that many referrals were not suitable, particularly clients needing alcohol detoxification, and needed a higher level of support than that provided by the service. Clients who were actively self-harming were not admitted. Clients who had an emerging mental health problem during treatment would be referred to the local mental health team and on to a more suitable treatment centre if needed.
- Admissions staff collected information from a range of agencies in addition to the client's care manager. The team requested information from the client's GP, the probation service if necessary, social services and mental health services.
- All clients had the assessment information in their files, including copies of consent to treatment which they had signed.
- Staff completed care plans to a high standard. Clients' care plans were detailed, recovery-focused and holistic.
- Clients were actively involved in the planning of their care. We looked at nine care records and all had been signed by clients. Clients were able to contribute to their care plans. Clients understood what was expected of them in treatment and were supported to identify areas they needed to work on.

Best practice in treatment and care

- Psychosocial therapies were delivered in line with the UK guidelines on drug misuse and dependence. There was a structured therapeutic program in place and participation in this was a requirement of residence. The service followed the 12 step model of substance misuse treatment.
- The provider demonstrated good practice in the assessment of clients for alcohol detoxification prior to admission and in the comprehensive assessment on admission with a risk assessment and care plan completed at the same time.
- However, we found areas of practice in the detoxification from alcohol which were not good practice. The service did not always carry out checks on clients' liver function before admission for detox. The service used chlordiazepoxide to assist withdrawal and this is contra-indicated where liver function is compromised. The maximum dose of 40mg four times daily is not in line with National Institute for Clinical Excellence (NICE) which advises higher doses if necessary to prevent withdrawal seizures.
- Clients were not offered Pabrinex injections, these injections decrease the risk of cognitive damage during alcohol detoxification. Clients who have had several treatments are at increased risk of cognitive damage.
- The service did not use the severity of alcohol dependence questionnaire (SADQ) which is recommended by NICE. We were told that use of this tool was being considered by the service. Staff at the service did not monitor clients' withdrawal symptoms effectively. Staff did not use an assessment tool derived from the clinical institute withdrawal assessment (CIWA) which meant staff may not detect under dosing of chlordiazepoxide which could lead to complications in alcohol withdrawals.
- The service demonstrated good practice in their detoxification from opiates. There were clear guidelines on the maximum doses at which clients could be admitted; 10mg for buprenorphine and 45mg for methadone. The detoxification was carried out over a reasonable period of 28 days and supportive medication for relief of symptoms was available following a GP visit.
- The service was using methadone tablets for clients undergoing opioid detoxification. This preparation is not licensed for this use and this practice does not follow NICE guidance. The service was not informing clients about this issue.
- Clients were prescribed temazepam for the first week of detoxification from opiates to help with sleep. Clients told us this would be more helpful towards the end of the detoxification. We discussed the use of temazepam with the GP as this medication is habit-forming. We were told the service was moving towards the use of promethazine which is not habit-forming.

Skilled staff to deliver care

- The service had a range of staff to deliver care. All staff who delivered counselling were qualified to a minimum of diploma level. The service employed support workers who carried out duties in the residential houses such as

supporting clients to make breakfast and carry out therapeutic duties. There was a support worker on duty at all times in both St Davids and Meijer House. Staff cover was 24 hour seven days a week.
- Staff received regular supervison from their line manager. Counselling staff received regular supervision from an external supervisor. All counselling staff were qualified to a minimum of diploma level.
- Staff had all completed their online mandatory and elective training. The provider had records to demonstrate that staff received annual appraisals.
- Support workers also escorted clients to appointments and to evening meetings and other activities. The registered manager told us that support workers had the opportunity to develop and take on more responsibility if they wished.
- Clients who were undergoing detoxification were able to access the local GP surgery and in addition the GP attended the service one day a week. Staff told us for any emergencies such as an alcohol withdrawal fit they would call 999.
- Staff were not trained to check clients withdrawal symptoms using a recognised scale and any action to take. This meant, for example, that if a client had break-through alcohol withdrawals staff would not necessarily recognise this

Multidisciplinary and inter-agency team work

- The admissions team told us that they knew all their referrers. The team communicated regularly with care managers both prior to and during admission. Reports were produced monthly, or more frequently if requested, for referring agencies.
- Western Counselling Service was involved in a specific piece of work with the local authority and a local domestic violence service (Gemini) to develop a rapid access to treatment for clients with substance misuse problems who were victims of domestic violence. The local authority had identified that clients with substance misuse problems were falling through the net as refuges were unable to house them. Western developed a fast track referral to admit suitable clients and have a specialist domestic violence worker who is based across Western Counselling and Gemini.
- Western Counselling had links to the local safeguarding and mental health teams.

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

- Staff we spoke with knew the principles of the Mental Capacity Act and were able to identify how substances could affect mental capacity, and how this could trigger issues around consent or treatment.
- Staff checked before admission that the client had capacity to consent to treatment. Admissions staff checked with the client that they were not entering treatment under duress.
- Staff recorded clients' initial consent to treatment and sharing information with others.

Equality and human rights

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- Western Counselling Service supported clients with protected characteristics (such as gender, race and religious belief) under the 2010 Equalities Act. Clients told us that they were supported irrespective of their race, religion or sexuality. We observed diversity in the client group during our inspection.
- Clients told us that staff had been sensitive and respectful about individual sexuality.
- However, there was no access for women with mobility issues at St Davids House. Meijer House had access to a downstairs bedroom and bathroom.
- The provider had a comprehensive list of restrictions, known as boundaries, in place. The registered manager told us that Western counselling was one of the stricter services. The registered manager explained that the greatest risk for clients was relapsing and resuming substance misuse. They explained that there were other risk behaviours such as becoming involved in a relationship with a peer which could increase this risk.
- All staff were able to explain that the purpose of the boundaries was to provide a safe structure to manage clients who had very chaotic lives. Clients we spoke with understood the purpose of these boundaries and had consented to abide by them.

Management of transition arrangements, referral and discharge

- The provider met new clients at the train station if they were arriving by train which helped new clients feel welcomed.

Substance misuse services

- All clients had a discharge plan. The provider was able to refer clients into secondary supported dry houses. Clients were then able to stay in the area if they wished and return to the service for aftercare.
- Clients were required to attend 12 step meetings as part of their treatment. This was to ensure that on leaving the service they had a familiar support network in place.
- The provider ensured that all clients had emergency plans in place following unplanned discharge from treatment which included who to contact and what medication clients should be given. Western Counselling was part of the Choices network. Choices is a network of residential substance misuse services which work together the enable a client who is discharged from one service to 'loop' to another with the agreement of their care manager. This minimises the risk of relapse and provides a further opportunity for clients to succeed in treatment.
- Clients who were not suitable to transfer to another service were given advice about the risk of overdose. The service did not currently issue take home naloxone (a drug which reverses opiate overdose).

Are substance misuse services caring?

Kindness, dignity, respect and support

- The registered manager told us that the core value of the service was that the staff cared. The registered manager told us that it was important staff felt they would be happy for a member of their family to receive treatment there.
- All clients we spoke with told us that staff were kind and respectful. Clients told us staff could be sensitive when appropriate but were also willing to challenge.
- Clients felt supported by the service and confident that staff could keep them safe. Clients told us there was always someone to talk to and that they were listened to.

The involvement of clients in the care they receive

- Clients were involved in their treatment from the point of referral. All clients had the capacity to consent to treatment and involvement was key to becoming abstinent from substances and remaining abstinent.
- Clients signed their care plans and also the consent to treatment and confidentiality agreements.
- The service operated as a therapeutic community which meant that, besides staff intervention, clients were responsible for seeking support for themselves and for supporting their peers. Clients told us that any difficulties between clients were addressed in the groups and that this enabled them to feel safe.
- Clients told us they were able to make treatment choices and able to discuss this in detail with their allocated counsellor.
- The provider ran workshops every few weeks for families to enable families to understand addiction and how to support clients in recovery. Clients told us their families could be involved and that they were supported to maintain contact with their children.

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

Access and discharge

- Admissions and discharges were planned and involved clients and other agencies involved in their care. The service was able to provide rapid admission for clients experiencing domestic violence by having a joint worker in post with a local domestic violence project.
- Wherever possible the service worked with clients to move into safe and supported housing.

The facilities promote recovery, comfort, dignity and confidentiality

- Western Counselling Services were focused on recovery from addiction and all groups activities were provided to address this in a holistic way. There were rooms that could be used for private one to one therapy.
- The house itself had a range of communal areas, as well as facilities to make drinks and snacks if clients wished.

Meeting the needs of all clients

- The provider had clear criteria in respect of which clients the service was able to support. The provider had effective systems in place to ensure they only admitted clients whose needs they could meet.
- Clients were encouraged to follow the 12 step model of recovery from addiction and there was a range of groups and individual sessions to facilitate this. Clients also had gender-specific days on Wednesday where

they attended a separate program. For example, the women attended groups on domestic violence and identifying unhealthy patterns in relationships on a Wednesday.
- Male clients who had been victims of domestic violence were able to undertake one-to-one work with the specialist worker.
- Clients were supported to attend external meetings with Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) during the evenings.
- The provider employed a bursar who worked closely with clients to resolve their financial problems. Many clients entered treatment with debts and rent arrears and the bursar was very effective at helping clients begin to resolve their finances.

Listening to and learning from concerns and complaints

- The provider had a complaints policy. Clients were given a welcome pack which explained how to raise a complaint. All the clients we spoke with knew about the policy but said they had no reason to complain. Clients told us they would feel able to make a complaint if they needed to. In the last 12 months the service had received one formal complaint and 85 compliments.

Are substance misuse services well-led?

Vision and values

- All staff understood the vision and values of the service. Staff consistently described the need to be caring within a very structured environment and to promote the 12 step model of abstinence.

Good governance

- The provider held several regular metings to ensure the service was running smoothly and delivered consistent care to all clients.
- Clients were reviewed fortnightly. We attended a client review meeting and observed that the meeting was well-structured and professional. The majority of staff involved in client care attended and demonstrated a thorough knowledge of the progress of clients they worked with. Support workers also contributed to the meeting which meant the team had an in-depth understanding of how each client was across all treatment areas.
- We reviewed the minutes of the monthly care team meeting. The meeting agenda included safeguarding, incident and accident reviews, discharges, allocations, health and safety, medication, competencies/care standards certificate and discharges. We saw that minutes recorded good discussion of agenda items.
- The provider held other meetings such as the monthly managers meeting and support and recovery workers meeting. The counsellors met bi-monthly.
- We saw that audits of care plans, disclosure and barring service (DBS), training and risk assessments had been carried out.
- The provider ensured staff were supervised regularly; both line management and external clinical supervision for counsellors. Staff had annual appraisals with training and development goals followed up by managers.

Leadership, morale and staff engagement

- Staff morale was high. All the staff we spoke with talked about their job satisfaction and how much they felt their work benefitted clients. Staff told us they felt they really made a difference and derived a lot of satisfaction from seeing clients complete the program.
- The provider had an affirmation book which contained positive statements by clients about the service. This was made freely available to staff and the registered manager told us it was very helpful if staff had a difficult day.
- Managers and senior members of staff at the service provided high quality leadership. Staff told us they had confidence in managers and colleagues. Staff described an open atmosphere and a willingness of all the team to talk through and manage any difficulties.

Commitment to quality improvement and innovation

- Western Counselling Services was participating in a project to work with victims of domestic violence who were prevented from accessing a refuge due to substance misuse problems. Staff we spoke with were very positive about this. The employment of the shared specialist member of staff with a background in domestic violence and substance misuse work had a positive impact across the service.

Outstanding practice and areas for improvement

Outstanding practice

- The collaboration with North Somerset Council and the Gemini Project was an excellent initiative and had reached a group of clients who struggled to access any services.
- The service had a bursar in post who worked with clients to address financial difficulties caused by their addiction.

Areas for improvement

Action the provider MUST take to improve

- Ensure that all prescription/medicine administration records are signed by a doctor.
- The provider must ensure that clients are fully informed when methodone is given in tablet form, rather than liquid (as per national guidelines) and should ensure the clients understand the reason for its use and their consent is sought.
- The provider must ensure that medicines are administered from their original packaging from the dispensing pharmacy.

Action the provider SHOULD take to improve

- The provider should ensure that there is a formal risk assessment process for emergency medicines.
- The provider should ensure that allergy status is recorded on all prescription/medicine administration records.
- The provider should ensure the GP routinely carries out liver function tests before prescribing medication for alcohol detoxification.
- The provider should offer and encourage clients to accept intramuscular thiamine to reduce the risk of cognitive damage during alcohol detoxification.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. The registered person must ensure the proper and safe management of medicines. The registered person must ensure that all prescription/ medicine administration records are signed by a doctor. The provider must ensure all medicines are administered from their original pharmacy packaging. The provider must ensure clients are informed that methadone tablets are prescribed off licence. Regulation 12 (1)(2)(g)