

Recovery Hub Ipswich

Quality Report

175 Felixstowe Road
Ipswich
IP3 8EB
Tel: 03000 030 3333
Website: www.recoveryhubipswich.com

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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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

We rated The Recovery Hub Ipswich as good because:

- The service had a sufficient number of staff to monitor clients for the first 24 hours of detoxification from both drugs and alcohol and for clients to receive weekly one to one keywork sessions.
- Staff completed a thorough risk assessment including risk of early exit from treatment and reviewed these in weekly sessions.
- Staff completed comprehensive assessment with clients on admission that included physical and mental health, accommodation and social needs. Staff screened clients before admission and only offered admitted them if it was safe to do so
- Staff collaborated with clients to set holistic personalised and recovery focussed care plans. The service offered a variety of treatment and therapies including 12-step therapy groups, cognitive behavioural therapy, relapse prevention and one to one keywork sessions.

Summary of findings

- Clients told us that staff were caring, kind and went above and beyond expectation to help them. Staff helped clients understand their treatment and demonstrated that recovery was achievable.
- The service offered a monthly family group and individual family therapy interventions where required. Clients had positive feedback about the family therapy they had attended.
- The service offered weekly aftercare groups to clients after completion of treatment. Clients could attend these for as long as needed.
- Staff supported clients with resettlement plans including accommodation, financial support and employment.
- Staff told us they felt supported in their roles and were proud to work for the service. They had good morale and worked well as a team.

However:

- The service did not have good medicines management and administration procedures. There were not always two members of staff administering medicines as specified in their policy. Staff completed medicines administration training but were not signed off as competent by an experienced person prior to dispensing medicines.
- Sixty five percent of staff had completed the required mandatory training for them to complete their roles safely.
- Managers had oversight of supervision and training but had not identified or addressed the gaps in management supervision or the mandatory training compliance.
- Managers did not have sufficient oversight of detoxification and medicine administration to be aware of the issues we raised around these.

Summary of findings

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Good 

Recovery Hub Ipswich

Services we looked at

Residential substance misuse services

Summary of this inspection

Background to Recovery Hub Ipswich

The Recovery Hub Ipswich is a residential service which provides detoxification and rehabilitation for people dependent on drugs and alcohol. The programme is designed to support people through 12-step based therapy. The service accepts publicly and privately funded referrals. The service accepts male and female clients.

The Recovery Hub Ipswich has been registered with CQC since April 2016 to provide accommodation for persons who require treatment for substance misuse. The service has a registered manager in post.

The service provides 17 beds.

The service was last inspected in July 2018 and was found to be in breach of Regulation 12 Safe care and treatment;

The service was issued with requirement notices for regulation 12:

- The provider must ensure that the policy for detoxification matches practice.
- The provider must ensure that the detoxification policy specifies how often staff should complete observations of clients during detoxification.

During this inspection we found that the provider had made all the required improvements.

Our inspection team

The team that inspected the service comprised two CQC inspectors and a specialist advisor who was a non-medical prescriber in substance misuse.

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 the location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with three clients
- spoke with the registered manager and deputy manager

Summary of this inspection

- spoke with three other staff members employed by the service
- looked at five care and treatment records
- looked at 13 medication records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients we spoke with gave positive feedback about the staff and service. They told us that staff were very helpful, caring and often went above and beyond their job to support clients.

Clients spoke highly of the family therapy support, aftercare and resettlement that was available to them. They also told us that access to local health services had been good.

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 rated safe as requires improvement because:

- The service did not have good medicines management and administration procedures and did not always follow their policy. There were not always two members of staff administering medicines and only one staff member signed the medicine administration record. Staff completed medicines administration training but were not signed off as competent by an experienced person before dispensing medicines. Staff decanted thiamine into a container without an expiry date.
- Sixty-five percent of staff had completed the required mandatory training for them to complete their roles safely.
- We saw one medicine record where staff had administered buprenorphine to a client prior to receiving the liver function test results required to show that buprenorphine was safe to prescribe.

However:

- The service had a sufficient number of staff to monitor clients for the first 24 hours of detox and for clients to receive weekly one to one keywork sessions.
- The non-medical prescriber completed weekly medication audits to identify any medicines errors and fed these back to the service
- Staff completed a thorough risk assessment including risk of early exit from treatment and reviewed these in weekly sessions.
- The premises were safe, clean and fit for purpose.

Requires improvement



Are services effective?

We rated effective as good because:

- Staff completed comprehensive assessment with clients on admission that included physical and mental health, accommodation and social needs.
- Staff collaborated with clients to set holistic personalised and recovery focussed care plans.
- Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. These included 12-step therapy groups, cognitive behavioural therapy, relapse prevention and one to one keywork sessions.

Good



Summary of this inspection

- Staff registered clients with the local GP surgery if they had ongoing physical health needs. Clients could access blood borne virus testing at the GP surgery.
- Recovery staff received external clinical supervision on a monthly basis.

However:

- Staff had not received management supervision in line with company policy throughout the past year.

Are services caring?

We rated caring as good because:

- Clients told us that staff were caring, kind and went above and beyond expectation to help them. Staff helped clients understand their treatment and demonstrated that recovery was achievable.
- Clients were fully involved in setting their care plan goals and knew what their goals were and how to achieve them.
- The service offered a monthly family group and individual family therapy interventions where required. Clients had positive feedback about the family therapy they had attended.

Good



Are services responsive?

We rated responsive as good because:

- The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.
- The service offered weekly aftercare groups to clients after completion of treatment. Clients could attend these for as long as needed.
- Staff supported clients with resettlement plans including accommodation, financial support and employment.
- The service had a sufficient number of rooms to deliver treatment including group and one to one rooms, with a large communal living area.
- Clients had access to hot and cold drinks and snacks. Clients catered their own food on a rota basis.
- Clients attended mutual aid support groups to help build recovery focussed support.

Good



Are services well-led?

We rated well led as good because:

Good



Summary of this inspection

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.
 - Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
 - Staff told us they felt supported in their roles and were proud to work for the service. They had good morale and worked well as a team.
 - Managers had recognised that staff turnover was a risk to the effective running of the service and implemented measure to address this including staff recognition, training and amended pay scales.
 - Managers completed audits of care records and identified any gaps. Audit outcomes were fed back to workers to address.
 - Managers held weekly governance meetings where performance and risk issues were discussed.
- However:
- Managers had oversight of supervision and training but had not identified or addressed the gaps in management supervision or the mandatory training compliance.
 - Managers did not have sufficient oversight of detoxification and medicines administration to be aware of the issues we raised around these.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards






The service had a policy on the Mental Capacity Act and would not accept admissions who lacked capacity due to being under the influence of drugs or alcohol.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Substance misuse services

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

Are substance misuse services safe?

Requires improvement 

Safe and clean environment

- The service was located across three buildings with numerous blind spots and ligature risk points (something that people might tie something to in order to harm themselves). The provider had completed a ligature risk assessment and did not accept referrals for people who were deemed at risk of deliberate self-harm.
- The service did not meet the requirements for mixed sex accommodation as it did not have segregated bathroom and toilet facilities in two of the buildings. However, the premises made facilitating segregated bathroom and toilet facilities difficult and clients were made aware on assessment that it was mixed sex accommodation. Bedrooms were shared by clients of the same sex.
- The service was clean and reasonably well furnished. Clients completed cleaning of all areas on a rota basis.
- The service had a contract with a private company for staff to alert in the case of an emergency. The company alerted emergency services and the provider's managers when required. There was a personal attack alarm in the clinic room. There had not been any incidents over the past year where staff or clients had needed to call for assistance.
- The clinic room did not have a sink for handwashing but antibacterial gel was available for staff to maintain infection control measures.

Safe staffing

- The service employed a sufficient number of staff for clients to receive weekly one to one sessions with their keyworker. The service had a member of staff on site overnight to provide 24-hour cover in case of any incidents.
- The service did not have any vacancies at the time of inspection and had not used agency staff over the past year.
- The service employed two part time independent non-medical prescribers to visit the service on admission of a new client to complete an assessment and commence detoxification prescribing.
- The service had 13 mandatory training courses that included drug awareness, care planning and administration of medicines. The service reported 65% compliance with mandatory training.

Assessing and managing risk to clients and staff

- We reviewed five care records and found that all clients had a comprehensive risk assessment completed following admission and that staff updated these weekly.
- Staff completed hourly observations of clients during the first 24 hours after commencing detoxification.
- The service had a policy for unplanned exits and client risk assessments included individual unplanned exit management plans.

Safeguarding

Substance misuse services

- The service had a safeguarding policy and the provider stated that all frontline staff had completed safeguarding training and were aware of the reporting process. Data from the provider stated that 73% of staff had completed safeguarding training.
- Staff we spoke with understood when and how to make a safeguarding referral if required.
- The service had not needed to make any safeguarding referrals in the past year prior to inspection.

Medicines management

- Medicines were supplied by a local pharmacy and delivered to the service.
- The clinic room was kept locked at all times and all medicines, including controlled drugs were locked in a safe.
- Staff monitored the temperature of the clinic room.
- Naloxone was stored in the clinic room in case of client overdose and was available to clients on leaving the service. Naloxone is an opiate antagonist that provides short term reversal of an opiate overdose.
- The service did not always ensure that two members of staff were present to administer medicines and only one member of staff signed the medicines administration record.
- Staff completed medicines administration training but their competency to administer medicines after training was not signed off by someone experienced in medicines administration.
- When staff decanted vitamins into a container, they did not always label the container with the expiry date of the medicine. Therefore, we could not be assured that these medicines were in date.
- The non-medical prescriber completed a weekly medication audit and recorded any medicine errors.
- We saw one medicine record where staff had administered buprenorphine to a client prior to receiving the liver function test results required to show that buprenorphine was safe to prescribe. The provider stated that detoxification needed to start as quickly as

possible for this client. However, this did not follow best practice recommendations as described in Drug misuse and dependence, UK guidelines on clinical management.

Track record on safety

- The service had not reported any serious incidents in the past year prior to inspection.

Reporting incidents and learning from when things go wrong

- Staff we spoke with knew what to report and how to report any incidents and could give examples of incidents they had reported.
- Managers emailed staff with any outcomes and learning from incidents and we saw examples of this.

Duty of candour

- The service had a policy on duty of candour and staff we spoke with understood the need to be open and honest with clients when something went wrong.

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

Good 

Assessment of needs and planning of care

- We reviewed five care records and found that all clients had a comprehensive assessment completed on admission that included physical and mental health, accommodation and social needs. The admission assessment also included drug and alcohol screening.
- Staff screened clients before admission and only offered admitted them if it was safe to do so.
- Clients provided consent to contact their GP on referral so that the service could request a health summary prior to admission. The service did not admit anyone who had not provided a copy of their health summary.
- We reviewed five care records and found that they all had a holistic and personalised care plan completed between staff and clients. Staff updated care plans on a weekly basis during one to one keywork sessions.

Substance misuse services

Best practice in treatment and care

- We reviewed 13 medication records and found that the non-medical prescribers mainly prescribed medicines as described by Department of Health guidance, drug misuse and dependence: UK guidelines on clinical management (2007) for detoxification. However, we saw one record that showed a client was prescribed a benzodiazepine reduction dose despite testing negative for benzodiazepines on admission. We raised this with the provider during inspection.
- The service used recognised withdrawal assessment scales. Staff completed these with clients undergoing detoxification daily and sent the results to the non-medical prescribers to review. The non-medical prescribers then informed staff if any action was needed.
- The service offered a variety of treatment and therapies including 12-step therapy groups, cognitive behavioural therapy, relapse prevention and one to one keywork sessions.
- Staff registered clients with the local GP surgery if they had ongoing physical health needs. Clients could access blood borne virus testing at the GP surgery.
- Staff encouraged clients to live healthy lives through healthy eating options and attending gym sessions three times per week.

Skilled staff to deliver care

- The service offered new staff a comprehensive induction. Staff were expected to complete the care certificate training within the first three months of employment.
- Staff had the opportunity to attend relevant training including motivational interviewing training, psychoactive substances training and to complete the level 3 diploma in health and social care.
- The service had a policy that specified recovery staff should receive supervision every 4 to 6 weeks. We reviewed four staff files and found that staff had not received supervision within policy timescales, with gaps of up to four months between supervision. However, since April 2019 supervision had taken place within policy guidelines.

- Recovery staff also received clinical supervision from an external supervisor on a monthly basis.
- Since May 2019, the non-medical prescribers had received monthly clinical supervision from a pharmacist.
- Staff had all received an annual appraisal.
- Managers monitored staff performance and we saw an example where managers had implemented poor performance monitoring for staff members.

Multidisciplinary and inter-agency team work

- The service held weekly team meetings where staff discussed each client, their progress and any issues.
- The service had good working relationships with local health services including the local GP surgery and other local health services including dental surgery that clients could access when required.
- The service maintained contact with referring agencies and could provide them with progress report and updates where needed.

Good practice in applying the Mental Capacity Act

- The service had a policy on the Mental Capacity Act and would not accept admissions of people who lacked capacity due to being under the influence of drugs or alcohol.

Are substance misuse services caring?

Good 

Kindness, dignity, respect and support

- Clients told us that staff were caring, kind and went above and beyond expectation to help them.
- Clients told us that staff helped them to understand their substance misuse and demonstrate that recovery was achievable.
- The service had a confidentiality policy in place and staff protected clients' confidentiality.

The involvement of clients in the care they receive

- We reviewed five care records and saw that clients were involved in setting their recovery goals.

Substance misuse services

- Clients we spoke with told us they knew what their care plan goals were and that these had been set collaboratively with staff.
- The service held weekly community meetings where clients could raise any concerns and discuss any issues arising.

Involvement of families and carers

- The service provided information to families about the service and about what treatment entailed.
- Staff encouraged clients to maintain and rebuild relationships with families and friends. Clients could telephone families and friends as often as wanted once they had finished their detoxification period.
- The service offered a family group monthly and families could visit each weekend.
- The service offered family interventions where support was needed, and clients told us this had been invaluable in repairing strained relationships.

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

Good 

Access and discharge

- The service could accommodate up to 17 clients and had 15 clients in treatment at the time of inspection.
- The service had criteria for admission and could signpost on any people who were referred who did not meet the criteria.
- The service completed a telephone assessment with clients referred to the service to ensure they met the criteria before admission.
- The service did not operate a waiting list for access to treatment.
- The service provided a welcome pack to all clients on admission to the service that gave information about treatment and the service offered. This included information on local service and how to complain.

- Staff completed discharge plans for all clients and provided information on services available in their local area, including details of local mutual aid support groups.
- The service offered weekly aftercare groups to clients after completion of treatment. Clients could attend these for as long as needed.

The facilities promote recovery, comfort, dignity and confidentiality

- Clients had access to their bedroom at all times but were encouraged to participate in activities in the communal areas during the day.
- The service had a sufficient number of rooms including group and one to one rooms. There was a communal lounge and dining room with a kitchen area attached.
- Clients had access to the kitchen area at all times where they could make hot and cold drinks as well as snacks.
- The service had a garden for clients to access fresh air and a designated smoking area.
- Clients catered their own meals, with the evening meal cooked on a rota basis. Meal plans were agreed as part of the weekly community meeting and dietary requirements taken into account.

Patients' engagement with the wider community

- Clients attended mutual aid support groups to help build recovery focussed support systems. Clients were required to attend a minimum of three 12-step fellowship meetings per week.
- Staff supported clients to find employment or voluntary work on discharge from treatment.

Meeting the needs of all clients

- The service was unable to accommodate people who use wheelchairs or had mobility issues due to the layout of the building. This was made clear to referrers.
- Clients could access religious and spiritual support in the local community.

Listening to and learning from concerns and complaints

- The service reported they had received one complaint in the past year. This had not been upheld.

Substance misuse services

- The service had a complaints policy in place and clients were aware of how to make a formal complaint.
- Clients could raise any concerns or informal complaints as part of the weekly community meeting or with their keyworker.

Are substance misuse services well-led?

Good



Leadership

- The registered manager, deputy manager and nominated individual were all based at the service and were visible and approachable to clients.
- Managers had the skills, knowledge and experience to perform their roles.

Vision and strategy

- The service vision was 'We believe that everyone has the capacity to recover' and this recovery focus was clearly demonstrated by staff through their interactions with clients.

Culture

- Staff told us they felt supported in their roles and were proud to work for the service. They had good morale and worked well as a team.
- Seven staff members had left the service in the past year. Managers recognised that staff turnover was a concern and had implemented a new pay structure, training schedule and staff recognition award to encourage retention of staff.
- The service had an Equality and Diversity policy that supported both staff and clients and protected against discrimination based on protected characteristics.

Governance

- The service had completed all the actions required following the previous inspection.
- Managers attended weekly meetings where they discussed performance and governance.
- The managers had oversight of staff training, appraisal and supervision. However, the gaps in management supervision had not been identified or addressed.
- Managers completed audits of care records and identified any gaps. Audit outcomes were fed back to workers to address.
- Managers had not identified any of the issues with medicines administration that we found during the inspection.

Management of risk, issues and performance

- The service had a business continuity plan in place in case of adverse events that would affect the running of the service.

Information management

- Staff had access to the relevant technology required to do their job. Client records were paper based and were stored in a locked cabinet in the staff room to maintain confidentiality.
- The service had a shared access drive on the computer system where staff could access policy and procedure documents.

Engagement

- Clients had the opportunity to provide feedback on the service as part of the weekly community meetings.
- The service had implemented a suggestions box and responses were published on a 'You said, we did' notice board.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all medicines are administered safely by competent staff.
- The provider must ensure that all staff complete mandatory training to support them to carry out their roles safely and effectively.

Action the provider **SHOULD** take to improve

- The provider should ensure that staff receive management supervision in line with company policy.

- The provider should ensure that managers have sufficient oversight of detoxification and medicines administration.
- The provider should ensure liver function test results are received where possible before starting clients on treatments, in line with national guidance.

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

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not always ensure that medicines were administered safely.

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not ensure staff completed mandatory training.