

Kairos Community Trust

Quality Report

59 Bethwin Road
Camberwell
SE5 0XT
Tel: 020 77018130
Website: www.kairoscommunity.org.uk

Date of inspection visit: 6 September - 7 September
2016
Date of publication: 13/12/2016

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 standalone substance misuse services.

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

- The service did not keep clients safe from avoidable harm by managing medication effectively. It did not allow the use of certain medication used to treat alcohol dependency. Staff withheld it from clients to whom it had been prescribed without the necessary skills or authority, potentially causing harm to clients. Staff removed prescribed tablets of medicine from their original packaging and placed the tablets in a dosette box each week. This meant that the tablet could become ineffective or harmful when taken, putting clients at risk.
- Staff gave clients their prescribed controlled drugs but the storage, administration procedures and record-keeping were unsafe. A client's insulin was kept in an unlocked food fridge instead of a separate locked medication fridge. There was a risk that anyone could access the insulin.
- The service did not have clear protocols and procedures to minimise the risks of infection. Procedures for disposing of clinical waste were not robust.

Summary of findings

- The service did not have up to date, comprehensive risk assessments or records of clients' needs and treatment. There was a lack of crisis planning or clear arrangements for clients who may have exited the service early. Clients' care plans were not regularly updated and clients' progress was not recorded during their stay.
 - The system for safeguarding children from abuse was not robust. The service did not assess risks to children visiting the premises adequately. The service did not have a lone working policy to protect staff who worked alone at night.
 - The provider did not offer specialist training relevant to the needs of the client group. The service did not provide all staff with training in substance misuse. These issues regularly presented themselves in the service. Staff had not received training in safeguarding children. Staff were not trained in how to respond to violent and aggressive behaviour even though the provider's policy on violence and aggression stated that all staff should be trained in this area.
 - Rates of managerial supervision were below the providers supervision policy stated. The correct pre-employment checks were not completed on all staff at the service.
 - The service did not have effective governance systems in place to assess, monitor and improve the service.
 - As a result of the serious concerns we identified in respect of the way medicines were managed in the service we served a warning notice under section 29 of the Health and Social Care Act 2008 on the provider and the registered manager. This stated that significant improvements needed to be made by 28 November 2016.
- However, we found the following areas of good practice:
- The service had an aftercare programme clients could use after their treatment had finished and for as long as they needed it. The service also offered free places to clients if they could not fund themselves.
 - Clients all felt supported by the staff and that the treatment was helping them. The clients had access to a garden area with table and chairs. Staff supported clients to paint a mural on the wall in the garden.
 - The service had a 24 hour emergency telephone service that both staff and clients could ring in an emergency.
 - Staff had a good understanding of the client's housing and financial needs whilst in recovery.
 - The service offered a comprehensive range of one-to-one and group therapies for all clients.
 - Staff had worked at the service for years because they believed in the organisation's ethos.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		See overall summary.

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	11
Outstanding practice	20
Areas for improvement	20
Action we have told the provider to take	21

Kairos Community Trust

Services we looked at

Substance misuse services

Summary of this inspection

Background to Kairos Community Trust

Kairos Community Trust is a mixed-gender residential rehabilitation unit for up to 15 people with substance misuse problems. The provider is Kairos Community Trust which is a charitable organisation. At the time of our inspection there were 11 male clients using the service. Clients could access the service either through self-funding, the local authority or were offered free treatment by Kairos. The programme is based on the 12-step recovery model. This model provides both group therapy and individual support. The service admits clients who have completed opioid or alcohol detoxification and are abstinent.

The service is registered to provide accommodation for persons who require treatment for substance misuse.

The service registered with the CQC in 2011. There was a registered manager in place at the time of the inspection. We last inspected this service in 2013. At the time of the inspection, the service was meeting the essential standards, now known as fundamental standards.

Our inspection team

The team that inspected the service comprised two CQC inspectors, a pharmacist inspector, a specialist advisor who was a nurse with experience of working in substance

misuse services, 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, asked other organisations for information, and gathered feedback from care coordinators.

During the inspection visit, the inspection team:

- visited this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with 11 clients
- spoke with three members of the management team, including the registered manager, deputy manager and the director
- spoke with two other staff members who were counsellors employed full time by the service
- received feedback about the service from one care co-ordinator

Summary of this inspection

- attended and observed one assessment with a client and member of staff, and a client workshop.
- collected feedback using comment cards from 15 clients and former clients.
- looked at seven care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with all of the clients at the service. All clients felt safe and supported by staff. Clients said they felt the therapy programme was helping them in their recovery.

Clients stated that the service provided them with a stable environment, support system and fewer restrictions while they were recovering from their addictions. Clients described the staff as friendly, empathetic and caring. Most clients felt listened to by the staff and able to voice their opinions. Some clients had a copy of their care plans but others stated they did not.

The majority of the clients were happy with the premises and felt comfortable at the service.

We collected 15 comment cards of client feedback. All of these were positive about the staff and the treatment programme.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

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

- The medication management at the service was unsafe. The service did not allow the use of specific medication used in treatment for alcohol dependence. The service took away a client's prescription for this even though once prescribed it needs to be taken for one year. Each week, staff transferred clients' prescribed medicines from their original packaging to a dosette box. One client was prescribed a tablet which the manufacturer advised should be kept in the original packaging until immediately before it is taken. The removal of the tablet from the original packaging may have made it harmful or ineffective.
- The service was administering controlled drugs without a policy around this. We found insulin being stored in the communal kitchen fridge. This meant that anyone could access it and use it.
- Staff did not have a good understanding of what constituted abuse and what they should raise as a safeguarding concern for children. Risk assessments were not completed for children visiting the premises.
- The service did not have updated and comprehensive risk assessments for clients throughout their treatment. There were no risk management plans in place.
- There were no clear protocols in place for reducing the risk of infection on the premises.
- Early exit planning was not robust. The service did not have adequate crisis management in place for clients if they exited the programme early.
- The service did not have a lone working policy to guide and protect staff working on their own at night.

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

- The service had an on call phone system, manned by the management team, that clients and night staff could ring in an emergency at all times.

Are services effective?

We do not currently rate standalone substance misuse services.

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

Summary of this inspection

- Clients' care plans were not comprehensive. Client records did not always have the necessary information recorded. Staff did not record up to date information regarding clients' physical health needs in their care plans. Clients were not allowed to leave the service unaccompanied during their first week. However, this was not stated in any agreement that the client signed.
- Not all staff had not received specialist training to work with the client group they were supporting. The service did not provide training in substance misuse to enable staff to support the clients appropriately. The service's violence and aggression policy stated that all staff needed to be trained in this. We found no evidence that staff had received this training.
- Rates of managerial supervision were below the providers supervision policy stated. Not all staff had the correct pre-employment checks carried out before commencing employment with the service.

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

- The service offered one to one support and group therapy for each client, including recovery and relapse which was relevant to the client group.
- The service promoted an aftercare programme that clients could access with a flexible time frame supporting their recovery.
- Clients could move on to the provider's supported accommodation after treatment.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients felt supported by the staff and that the treatment was helping them in their recovery.
- Staff held a residents meeting every morning to help plan their day and check how they were feeling.
- Staff we spoke with had a good understanding of clients' recovery needs. We found several examples of staff supporting clients who were struggling with social issues that might have affected their recovery.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Staff took referrals over the phone if a client was pre detoxification so the client could move in as soon as detoxification was completed.
- The service had a garden area which was secluded and quiet, so clients could enjoy some calm and reflection. The clients had painted a mural on the wall.
- The service was able to admit clients with restricted mobility.
- The service had a complaints policy and clients told us they knew how to complain.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- The service did not have an effective governance structure in place to assess, monitor and improve the performance of the service. Policies were not updated routinely. The service did not participate in any audits.
- The service did not have a robust way of identifying and managing risk at the service. Therefore, they could not put strategies in place to reduce risk effectively.

However, we found the following areas of good practice:

- All staff knew the values of the organisation and gave this as a reason for working at the service for a long time.
- The director of the organisation visited the service once a week and spent time with the clients.
- Staff morale was good and they felt supported and able to raise concerns with management.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had not completed any training in the Mental Capacity Act or Deprivation of Liberty Safeguards. Staff

did not know the principles of the Act and how it related to the client group. This created a risk as staff did not know how or when they would need to assess a client for specialist support and a capacity assessment.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Kairos Community Trust provided a residential rehabilitation programme. At the time of the inspection, there were 11 clients and these were all male. The building had seven bedrooms, including one for staff when they slept over every night. Clients shared bedrooms with a person of the same gender. Clients undertook the cleaning of the property on a rota basis
- The clients were able to lock away their valuables in a small locker within the bedrooms. Staff had keys to the bedrooms in case of emergency. The staff gave clients a key to the building after one week of moving in.
- Staff provided clients with a food safety induction when they moved in. The chef cleaned the kitchen area when they were preparing and cooking food and maintained good food hygiene standards in the kitchen. The chef routinely checked the food and fridge temperatures and ensured that the records were kept up to date. The local authority had recently inspected the food hygiene standards at the service and found them to be satisfactory.
- Staff did not undertake infection control and prevention audits on a routine basis. This meant there was a risk infection risks had not been identified and put into place. At the time of the inspection there was no evidence that a health and safety risk assessment had ever taken place at the service. The provider subsequently provided a health and safety risk assessment after the inspection. This was dated 15 September 2015. The service carried out urine drug screening. Staff disposed of used dipsticks in the toilet and used urine pots in a domestic waste bin. This posed a risk to both staff and clients.
- The service had a control of substances hazardous to health policy. The policy identified what substances

could be used in the service. The policy stated that all bleach should be locked away. However, we noted a number of bleach based products in the toilets and one on the floor in the corridor holding a door open.

- The service completed a fire risk assessment annually. The most recent one was dated 3 June 2016. This detailed the fire tests that were carried out at the service. The service had emergency lighting in place, clearly marked fire exits and fire extinguishers present and in date. Fire alarms were tested weekly.
- Staff members slept overnight at the service and worked alone from the evening until the next morning when the day staff would come in on a weekday. However, the service had no lone working policy. Visitors were allowed on the premises up until midnight. The service did not have a clear visitor's policy and no risk assessment had been undertaken to ensure this was managed safely. There was an on call telephone that was manned 24 hours a day that staff and clients could call if there was an emergency. This phone was handled by the service manager and the deputy manager on a weekly rota and the night staff knew the protocol for using the on call telephone.
- Emergency equipment was not kept on site as staff were not trained to provide lifesaving care in an emergency. The service did not have any risk assessments to manage this risk or detail the decision not to keep emergency equipment on the premises.
- The service had a business continuity plan which outlined the protocols in place if there was an emergency affecting the operation of the service. It detailed the risk identified at the service and the level of risk that it would cause. It showed the actions that needed to be carried out to manage the risk. For example, if a client was in crisis, or ill health, after hours when staff were on their own, staff were to inform the

Substance misuse services

line manager on call. . We saw incidents of on call management being consulted when a client needed the emergency services because of ill health and staff calling an ambulance.

Safe staffing

- The service had a manager and deputy manager. Three full time counsellors worked Monday to Friday during the day and one night support worker in the evenings and overnight everyday including weekends. One of the night support workers was a volunteer.
- There were no staff vacancies at the time of inspection or in the past 12 months. The service did not use agency and bank staff.
- The service was staffed 24 hours a day. The night staff provided out of hours support.
- We checked eight staff records. The service had completed a disclosure and barring service check prior to the employment of new staff. However, two staff had no references from previous employers. Three staff had no records of any qualifications to work at the service. As a result the service could not be assured that all staff members had the relevant skills and experience to work with this client group.
- The service provided staff with a range of mandatory training, which, included health and safety, first aid, equality and diversity and safeguarding adults from abuse. The overall completion rate for mandatory training was 69%. All staff had completed training in safeguarding adults from abuse. Eighty eight percent of staff had completed equality and diversity training and 33% had completed health and safety training. Low mandatory training completion rates can put clients at risk if the staff are not able to manage or protect clients from avoidable harm. The provider had a policy for violence and aggression, which stated that all staff needed to have training in this. During the inspection visit, we found no evidence that staff were trained in how to deal with violent and aggressive behaviour.

Assessing and managing risk to clients and staff

- Staff carried out an assessment of each client before they were admitted to the service. At the assessment clients were asked about their substance misuse history, physical health needs and social circumstances. An initial risk assessment was completed as part of the assessment before the client moved in. However, the client's risk assessment was not updated once the client

was admitted or after any incident. Risk assessments did not include a crisis management plan or a plan to manage identified risks. The lack of an up to date risk assessment or management plan meant that staff were not aware of the current risks posed to and by the client or how to manage this. As a result staff may not be able to manage a client's risk appropriately.

- The service carried out random urine drug screening tests on clients with their consent, to manage the risk of relapse. Clients who tested positive were asked to leave the treatment programme. Staff explained this to the clients when they first arrived.
- The service had not raised any safeguarding alerts in the last 12 months. All staff were trained in safeguarding vulnerable adults from abuse. However, staff did not have training in safeguarding children from abuse. The provider had not considered that staff and clients were coming into contact with children at the service whilst they allowed them to visit the premises. The lack of training in safeguarding children from abuse meant that staff might not identify possible children safeguarding issues.
- The service allowed child visitors onto the premises, however they were not allowed upstairs. Staff did not undertake risk assessments to manage the risk around children's safety whilst on the premises. Staff did not monitor when children were onsite. This put children at risk during visiting hours as staff could not identify the risks to the children whilst on the premises.
- Clients signed a medication risk assessment to consent to their medication being handed over to the staff when they commenced treatment. Each client had completed either an alcohol or opiate detoxification before arriving at the service. Staff then stored the medication and administered it to the clients daily.
- The service's medicines management was unsafe. Staff had received a three hour training session to enable them to carry out medicines related tasks. However, they did not have to complete a medicines related competency assessment.
- The service did not prescribe clients medication but they administered it. When medication was administered by staff they completed a medicine administration record. The service's medication policy did not mention homely remedies. However, people were routinely given doses of ibuprofen and paracetamol as a homely remedy without appropriate risk assessments and documentation. This was unsafe

Substance misuse services

because there was a potential risk of harm if paracetamol was inappropriately administered to people vulnerable to its side effects, especially those whose liver may have been affected by increased alcohol intake.

- The manager informed us that controlled drugs were not kept on the premises because they did not have the procedures in place to do so. A controlled drug is a medicine controlled under the Misuse of Drugs Act meaning they have stricter legal limits. These include morphine and methadone. However, we found a controlled drug being stored and then administered to a client. The service did not have a controlled drug policy and no protocol in place to keep controlled drugs safely onsite. The service had no proper storage for this such as a locked cupboard fixed to the wall. Neither did they have a controlled drug register to appropriately record what was stored. This put clients at potential risk as staff could not store controlled drugs securely or manage and administer them correctly without appropriate training and protocols in place. There was also a risk that controlled drugs could be misappropriated.
- Staff stated that if clients had been prescribed Acamprosate and brought it with them to the service that they would not allow clients to take it even though it had been prescribed. Acamprosate is a drug used in alcohol dependency. It is prescribed to clients after detoxification to prevent relapse. It is recommended that it should be taken for one year once people commence taking it. None of the staff were medically qualified and had no authority to prevent clients from taking their prescribed medication without seeking medical advice in every case. Staff did not have records indicating when this medication was taken away from clients. The actions of staff potentially put clients at risk.
- We found that the service was secondary dispensing. This is when medicines are removed from the original dispensed containers and put into pots or compliance aids in advance of the time of administration. Medicines were dispensed from the pharmacy in their original boxes and sent to the service for individual clients. Two staff at the service removed medicines from the blister pack into a compliance aid that was prepared one week in advance. We saw one client's compliance aid where antibiotics had been dispensed seven days in advance. The tablets were cracked, had started to disintegrate and were no longer intact. This put clients at risk of

avoidable harm, as the tablets were no longer able to be consumed. We advised the service to seek immediate advice from the general practitioner who said they would re-issue the prescription.

- We found insulin being stored in an unlocked food fridge in the kitchen rather than in a locked medication fridge, this meant all staff and clients had access to it and could use it inappropriately. The staff could not give assurances that the insulin had been stored at the correct temperature or that it had been kept secure.

Track record on safety

- In the last 12 months, the service had reported no serious incidences.

Reporting incidents and learning from when things go wrong

- The service had an accident and incident policy setting out how to report an incident and what constituted an accident or incident. The policy was not dated and it was not clear who was responsible for investigating incidents.
- Four incidents had been reported in the last 12 months. They were related to calling the emergency services if a client was unwell and maintenance issues.
- Incidents that were reported had clear follow up actions detailed on the incident reporting forms. Records showed that incidents were discussed in the residents daily morning meeting and at the weekly staff team meeting.
- Managers meetings were held every six weeks. At these meetings managers discussed incidents that had happened within each service belonging to the provider. For example an incident that occurred at another service was discussed in the meeting and learning shared so that the risk of it happening again was reduced.

Duty of candour

- The registered manager was aware of their responsibility to apologise to clients when the service made a mistake. For instance a client and a member of staff had a verbal disagreement and the staff member apologised informally for any wrongdoing.

Substance misuse services

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

Assessment of needs and planning of care

- Clients that came to the service had recently completed a detoxification from either alcohol or opiates. After detoxification clients can suffer from withdrawal symptoms such as nausea, difficulty sleeping and stomach pain. Staff referred clients to the local general practitioner for physical health checks.
- Staff undertook an assessment of clients' needs which included their drug and alcohol history, physical health history and whether the client had a history of violence and aggression prior to admission.
- We reviewed eight client care records. Staff received information on the client's history and needs assessment from the referrer prior to them being assessed. However, some referral notes had been provided before the client commenced detoxification so there was a gap from the time of referral to the time the client was admitted. Things could have changed during this period for the client.
- Care records were not very comprehensive. While we saw that the service completed six week reviews for the clients these did not include updates on the clients' social care needs and discharge plans. The six week reviews were based on the clients progress within the therapy programme. The records did not contain daily progress notes. Staff told us they supported people with their various needs, including, housing, welfare benefits and family relationships. However, we saw no records of any of the support that staff were giving clients outside of the treatment programme. Staff said that they were a small team and discussed updates on clients daily as well as in the clients daily meeting. Staff said this was sufficient to keep each other updated on clients' changing needs. However, the lack of accurate records put clients at risk of inappropriate or unsafe care.
- The care records we looked at were not updated throughout the clients stay. A six week review of each client was completed detailing how they were progressing with their recovery and how the client felt they were coping. Clients' goals for their recovery were present but they were not followed up in their care plans.

- Some client data was kept on the computer. Paper files were also used for clients care plans and these were stored in filing cabinets that were not locked. We observed during the day shift that the office was attended by staff and sometimes clients and if the office was left unattended then it was locked.
- Clients spoke about the lack of sexual health awareness in the service and that it was not discussed in their key work sessions. However, the provider told us that clients were referred to sexual health services when this was appropriate.

Best practice in treatment and care

- The service operated a 12 week psychosocial treatment programme based on the 12 step model, known as the Minnesota model; for clients that were post detoxification. This included integrative group work, one to one counselling sessions and workshops. We attended a workshop that focused on recovery and relapse, covering issues like acceptance and compulsion.
- The service offered art therapy as part of treatment in accordance with the British Association of Art Therapists. Trained counsellors facilitated the 12 week programme and one to one counselling. Clients also attended external support groups such as alcoholics anonymous and narcotics anonymous.
- When clients started the programme they completed a life story that was presented to the group in their second week. This captured their journey and started their written work within the programme. This visual aid can help the client understand their thoughts and feelings for reminiscence.
- Staff did not participate in any audits to improve the service and ensure its smooth running. The service monitored outcomes for clients by providing them with an exit questionnaire upon completion of the treatment programme.

Skilled staff to deliver care

- The service comprised a manager, deputy manager, three full time counsellors and therapists and two night support workers.
- The counsellors at the service were all registered with the professional body the British Association for Counselling and Psychotherapy. Two of the counsellors

Substance misuse services

were members of the Federation of Drug and Alcohol Professionals. This is a professional body for the substance use field, which improves the standards of practice within this sector.

- The service had regular weekly staff team meetings. We saw minutes of this from the last six months. The minutes were hand written and not circulated to the team. Staff discussed new clients, incidents, staffing and maintenance issues. There were no action points within the meeting minutes. Tasks were not clearly delegated or nor was it recorded who was doing what.
- Staff received group supervision from their line manager and felt that it was helpful. Counsellors told us they received external peer supervision every two weeks. The supervision policy outlined that staff should receive supervision every two months, six annually. We looked at eight staff records and one staff member had received five supervisions in the last year, three members of staff had received four, one staff member received three and another had received two. We found no supervision records for the manager who was line managed by the director. The manager told us he was being supervised by him, but that he also received external clinical supervision every two weeks. From the supervision records we looked at it was not clear what development and personal support staff were receiving as this was not detailed in the notes. This meant that there was no evidence on whether staff were being supported appropriately to enable them to support clients effectively.
- staff without professional qualifications were not provided with specialist training relevant to the client group. A number of staff had lived experience of substance misuse, the provider did not offer training in substance misuse. Therefore staff may not be appropriately up to date with changes and developments in substance misuse issues.

Multidisciplinary and inter-agency team work

- The team had weekly team meetings where they discussed new referrals and clients to be discharged. This was attended by all staff at the service.
- The service liaised with the local GP about clients' physical health needs. Clients were referred by their care coordinators or care managers. The service received

referral notes from them and liaised with them at the client's six week review. Staff also updated care coordinators if there were any issues or for information sharing via email.

Good practice in applying the MCA

- In line with the principles of the Mental Capacity Act, staff presumed clients have mental capacity. Staff understood the need to make sure that a client was not intoxicated or under the influence when they were completing an assessment. Staff told clients about their rights and responsibilities and obtained their written consent to care and treatment. However, this client cohort may have fluctuating capacity due to the nature of their addiction, such as memory loss. Therefore staff needed to know what things could trigger a client's capacity to change, for example, so they know when to refer them to a specialist.

Equality and human rights

- The service provided staff with equality and diversity training as part of their mandatory training. All staff had completed this.
- The service was abstinence based which meant that clients could not use alcohol or drugs on or off the premises during their stay. Staff explained these restrictions to clients before they started to use the service. Such restrictions were appropriate for a service provided for people with a history of substance misuse.
- The service accepted both male and female clients and did not exclude anyone due to their ethnicity, culture or sexual orientation.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed a group workshop during our visit. Staff were respectful and provided practical and emotional support to the clients during the workshop. During the break from group therapy we saw staff sat outside in the garden with clients. Staff interacted with clients in a positive and thoughtful way. We saw staff being very flexible with clients and providing them with support if they needed it at that time. Staff listened actively to the

Substance misuse services

clients. For example, when doing an assessment with a prospective new client the staff member showed empathy with the client's situation and was non-judgemental.

- Clients gave positive feedback about the staff at the service. Clients felt safe and looked after. Clients told us that they felt able to inform staff if something was wrong or they needed support.
- Staff had a good understanding of clients' needs, especially in recovery.
- Clients gave their consent to random drug testing throughout their stay. Female staff carried out these tests for female clients and male staff for male clients. This promoted the dignity of clients.

The involvement of clients in the care they receive

- When new clients arrived at the service they were given a welcome pack which included a resident's contract and information pack. Before the client moved in they had an assessment, which detailed the house rules that clients needed to agree to. Staff gave clients a tour of the building before they moved in.
- Staff completed an initial risk assessment and care plan with the client. Clients told staff their history, physical and mental health needs. Every morning a member of staff held a residents' meeting where the clients' needs and preferences were discussed as well as any updates on when a new client was arriving or maintenance issues.
- Clients received weekly one to one counselling sessions and group work. Clients would have to give feedback informally by approaching staff directly. However, clients were given the opportunity to complete an exit feedback form when they left the service. These questionnaires detailed the client's feedback about their recovery and whether they would recommend the service to future clients. They also asked whether information was shared appropriately between clients and staff. The questionnaires however were filed away after the clients gave them in and the data from the feedback was not collated and used to improve the service.
- Staff welcomed family and friends to visit the service as they felt it could have a positive impact on clients' recovery.

- The service had a garden, which had a mural painted on one of the walls. It was painted by staff and clients. The painting detailed emotionally supportive quotes for clients to use as encouragement for their recovery.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Access and discharge

- Clients came to the service for psychosocial treatment after detoxification. The service had referral exclusion criteria, mainly that they would not accept people who had just come out of prison, who had a history of sexual offences or a history of arson. The manager said that this was due to the fact that they did not have the capacity to take on complex clients' and had done so in the past and it had not worked out.
- Clients stayed at the service for 12 weeks. However, staff were flexible on this and if the client felt they needed support for longer than the service could accommodate this. The service had an aftercare programme where clients could attend the service once they left. We saw clients returning to the service to attend groups and activities with the new clients. Clients could also be referred to the providers move on accommodation after completing treatment. Clients could access the service for free in exceptional circumstances if the client really needed treatment after a detoxification but was not linked in with a care manager and had no funds.
- When clients first arrived they were informed that random urine drug screening would be carried out during their stay. The service informed us that if clients did not remain abstinent then they would be discharged from the programme and emergency accommodation would be sought by the client's care coordinator or social worker. However, there was no provision available for an unplanned or emergency discharge if the client chose to leave early. This put clients at risk of becoming homeless if clients left on a weekend.
- The service took clients from all over the country, at the time of the inspection the clients at the service were from London and the surrounding counties. Clients were mainly funded by their local authority or on

Substance misuse services

occasion self-funding. Clients were either referred from the funding local authority or could self-refer. Clients did not wait more than 14 days to be seen for an assessment.

The facilities promote recovery, comfort, dignity and confidentiality

- The building was accessed on the ground floor and covered three levels, with a back garden situated on the ground floor. All bedrooms were upstairs and the majority of these were shared. The building had a communal kitchen and dining area with separate rooms for group work and therapy.
- All visitors were only allowed on the ground floor. However, there was no designated quiet area where clients could meet their visitors in private.
- Clients were allowed their personal mobile phones with them. However, they could not use them during their group therapy programme, only at break times and in the evenings. The service also had a pay phone by the main office that clients could use.
- The service had a spacious communal kitchen. The service had a chef who prepared breakfast and lunch for the clients every day. For the evening meals, clients would prepare and cook this themselves for the rest of the house. The kitchen was not locked so clients could prepare hot drinks and snacks when they wanted to.
- The service did not provide activities for the clients at weekends or in the evenings. Clients would arrange their own social activities at these times, for example, seeing friends and families or attending external support groups if they wanted to.

Meeting the needs of all clients

- The service had a chairlift on the stairs for people with decreased mobility. The garden was also on the ground level so clients and visitors with restricted mobility could access it. Group work and therapy took place in rooms on the ground floor.
- Clients received the complaints procedure and information about the service and details of the treatment within their welcome pack.
- The service provided information on narcotics anonymous in other languages such as Farsi. However, there was limited information available to clients who wanted to explore other aspects of their identity, such as their sexuality or ethnicity, other than their substance misuse needs.

- The chef prepared food based on what the current clients' dietary requirements were. Clients took it in turns to cook the evening meals so they had control of what food they wanted to eat themselves.
- If clients wanted to pray or attend place of worship then staff would give them the time, support and space to do this.

Listening to and learning from concerns and complaints

- The service had received no formal complaints in the last 12 months. We saw that the last complaint received was in 2014. Clients had a chance to informally raise complaints in the daily morning meeting. Clients also completed an exit questionnaire when they left the service. We looked at the most recent feedback surveys for the last six months and they all gave positive feedback.
- The service had a complaints policy which detailed how staff should deal with a complaint. However the policy was undated and had not been reviewed recently. The policy was inaccurate as the address of who to contact if the complainant remained unsatisfied with the response from the service was incorrect.
- Clients were given information on how to complain in their information pack that they were given at the beginning of their stay. It outlined the three stage process for clients to complain and where their complaint was sent.

Are substance misuse services well-led?

Vision and values

- The provider's mission was to help people understand their addictions and provide a community environment around this of trust, responsibility and respect. Staff all knew this mission and had worked at the service for many years because they believed in the ethos. The mission statement was in the client's brochure of the service.
- The director of the organisation regularly visited the service. All the staff had a close working relationship with him and clients knew who he was. He would visit the service and clients could speak to him on issues around their recovery and practical support.

Good governance

Substance misuse services

- The provider had a trustee board and a director and a manager for each service. The director and managers came together every six weeks for a managers meetings. We looked at the minutes for these from the last six months and saw that they discussed the day to day running of the services as well as complex cases.
- The service had a business continuity plan which addressed how to continue operating in the event of a disruption to service. The business continuity plan also included some risks that the service might have such as the death of a client and client's who could be victims of domestic violence. However it did not contain all risks that could arise at the service, for example, the risks around medicines management. This meant that some risks at the service were identified and managed but not others.
- Some of the service's policies and procedures were not up to date and were in need of a review. For example, the complaints policy had the incorrect information for where to send a complaint outside of the organisation, if a client was not satisfied with the response from the provider. The service's safeguarding policy did not mention children or other people who could be at risk of

abuse, so they could not outline how to report abuse of children. The service medication policy needed to be updated to reflect appropriate medicines management and storing controlled drugs on the premises.

- The service did not collect data on key performance indicators or outcomes. This meant that the provider could not identify the areas that they needed to improve on and how to develop the service so that it was safe, effective and responded to people's needs.

Leadership, morale and staff engagement

- The service did not conduct staff surveys. However, all staff reported that they felt able to provide suggestions and concerns to management. We heard how staff would speak to management when they felt unable to carry out certain tasks within the service.
- The service had a low sickness rate in the last 12 months. The service also had no current vacancies, as staff turnover was very low. Staff reported that they felt supported working at the service. They enjoyed supporting the clients. Most staff had worked at the service for a number of years. The service had a whistleblowing policy. Outstanding practice and areas for improvement

Outstanding practice and areas for improvement

Outstanding practice

The service provided free treatment to clients who did not have the funding to seek out treatment from other places.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure the proper and safe management of medicines, including controlled drugs.
- The provider must ensure that their policies and procedures take account of safeguarding children from abuse and that staff receive training and understand their responsibilities to safeguard children. The provider must ensure that if children are continued to be allowed on the premises that a risk assessment is completed and children are kept safe at all times.
- The provider must ensure there are appropriately detailed records kept in relation to risk management and the planning and delivery of treatment and care for clients.
- The provider must ensure that effective systems and processes are put in place to assess, monitor and improve the quality and safety of the service.

- The provider must ensure that the specialist training identified is sufficient to support staff to carry out their roles safely and effectively. The provider must ensure that staff receive training in violence and aggression as stipulated in their policy.
- The provider must ensure that pre-employment checks, including suitable references and written explanations of gaps in employment history, are completed for all staff.

Action the provider **SHOULD** take to improve

- The provider should ensure a robust lone working policy is put in place for the service and staff lone working at night are kept safe.
- The provider should ensure that staff receive supervision in line with the supervision policy.
- The provider should ensure that clients' confidential data is protected by storing files in a secure manner.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for service users.</p> <p>Staff were storing controlled drugs on the premises without the proper arrangements in place to do this safely and in accordance with legislation.</p> <p>There was a lack of assessment of risks to clients in a crisis and associated crisis plans.</p> <p>Regulation 12 (1)(2)(d)</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have an effective system in place to assess, monitor or improve the quality and safety of the services provided.</p> <p>The provider had not ensured that accurate and complete records were maintained in respect of each service user.</p> <p>The service did not have effective systems and processes in place to ensure safeguarding concerns in respect of children were identified and addressed. The provider had not ensured children were properly safeguarded.</p>

This section is primarily information for the provider

Requirement notices

Several of the provider's policies were not being followed by staff, were out of date or were not in place to mitigate the risks relating to the health, safety and welfare of service users and staff.

There was no child visiting policy in place

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

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff had not received appropriate training, to allow them to carry out their duties safely and effectively.

Staff were not trained in safeguarding children from abuse

Specialist training was not provided in substance misuse. Staff were supporting clients with substance misuse treatment

Staff were not trained in violence and aggression in line with the provider's policy.

Regulation 18(1)(2)(a)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

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

Recruitment procedures were not operated effectively.

The provider did not make available, in relation to each staff member, the information specified in Schedule 3

This section is primarily information for the provider

Requirement notices

(Information required in respect of persons employed or appointed for the purposes of a regulated activity) such as appropriate references and written explanations of any gaps in employment history.

Regulation 19 (3)(a)

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for service users.</p> <p>The administration and storage of medicines was unsafe. The service stored prescribed medicines of clients and did not administer them when required. The service did not seek any guidance before stopping a medicine prescribed by a medical professional.</p> <p>The provider had not assessed the risk of infection in the service and did not have processes in place to prevent, detect and or control the spread of infection in the service.</p> <p>Regulation 12 (1)(2)(g)(h)</p>