

# Kairos Community Trust

## 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 issues that the service provider needs to improve:

- The service had not addressed one of seven issues that we identified in our last inspection in September 2016, for which we took enforcement action. Staff still provided clients with one days' worth of medication in the morning and signed medicines charts without witnessing clients taking all their medicines. As clients admitted to the service were assessed to be able to administer their own

medicines, the service planned to support clients with the self-administration of medicines, rather than staff administer this daily. The medicines management policy was not up to date to reflect safe practice.

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

- The service had successfully addressed the six other issues identified at the last inspection. Staff now disposed of clinical waste appropriately, carried out infection control audits and stored medicines appropriately.

# Summary of findings

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# 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 service for up to 15 adults with substance misuse problems. The provider is Kairos Community Trust, which is a charitable organisation (registered charity number 1117763). 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 of addiction. 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 September 2016.

## Our inspection team

Team Lead: Natalie Austin Parsons

The team that inspected the service comprised one CQC inspector and one CQC pharmacy inspector.

## Why we carried out this inspection

We undertook this focussed inspection to find out if Kairos Community Trust had made the improvements that we said it should make following our last inspection in September 2016. This inspection was an unannounced inspection.

Following our inspection in September 2016 we took enforcement action and issued a warning notice requiring the service to make improvements to medicines management practice. These changes were:

- To ensure the safe administration of medicines.
- To ensure the safe and proper storage of medicines, including insulin.
- To ensure the service sought guidance before stopping a medicine prescribed by a medical professional.

- To ensure staff explained to clients how medicines would be handled.
- To ensure that effective systems and processes are in place to assess and control the risk of the spread of infection.
- To ensure clinical waste was disposed of appropriately.

These improvements related to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 12: Safe Care and Treatment

## How we carried out this inspection

During the inspection visit, the inspection team:

- Spoke with service management and deputy service manager

- Looked at the clinic room and how staff managed and stored medicines
- Looked at how the service disposed of clinical waste

# 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 service had not adequately addressed one of the seven issues that we identified in the last inspection, for which we took enforcement action. Staff still provided clients with a whole days' worth of medication in the morning. Staff then signed clients' medicines charts. Staff did not always witness clients taking their medicines.
- The service did not have a policy in place to manage the self-administration of medicines.

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

- The service had successfully addressed the other six issues identified at the last inspection. Staff now disposed of clinical waste appropriately, carried out infection control audits and stored medicines appropriately.

### Are services well-led?

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 have appropriate policies and procedures in place for the safe management of medicines.
- Senior staff did not have support from a pharmacist in the management of medicines or audit of the service. This meant a professional with knowledge of safe medicines management did not have involvement with the service.

# Substance misuse services

Safe

Well-led

## Are substance misuse services safe?

### Safe and clean environment

- At the last inspection we found that staff did not use clinical waste bags to dispose of clinical waste. During this inspection we saw that staff now used clinical waste bags.

### Assessing and managing risk to clients and staff

- At the last inspection in September 2016 we found that non-clinical staff made decisions about medicines without consulting a GP or the prescribing doctor. Specifically, staff refused to dispense a
- At this inspection this was no longer the case. The service had updated its admission criteria to include the need for clients to abstain from all substances. Therefore, clients that required the medicine acamprosate could no longer be admitted to the service as this was one of the medications that the service required clients to abstain from taking. This was explained to clients during the assessment process.
- At the last inspection we saw staff kept the medicine insulin in the communal kitchen fridge, meaning all clients and staff could access it. This was not safe.
- During this inspection we saw that the service had purchased medicines fridges that were kept in an appropriate location. These fridges were appropriate for securely storing medicines, and staff no longer stored insulin in the communal kitchen fridge.
- At the last inspection we saw a tablet container in the clinic room in which staff had stored an antibiotic medicine. This medicine was unstable outside of its original container and showed physical signs of disintegration. This meant that the tablet could have become ineffective or harmful when taken, putting clients at risk.
- During this inspection we did not see any tablets left outside of their containers.

- At the last inspection we found that the provider had poor infection control procedures in place.
- At this inspection we saw that the service had put systems in place to improve this. For example by introducing regular audits and providing staff with information.
- At the last inspection we saw that each morning staff removed a days' worth of a client's medicine tablets into a container and handed this to clients. For some clients this included their morning, afternoon and evening dose. Staff then signed the medicines chart to confirm they had given clients their medicines, although they
- During this inspection staff explained that this method was still in use. The service manager told us that, to meet the admission criteria for the service, clients would be assessed as able to self-administer medication and therefore staff did not monitor clients taking each tablet. We informed the service manager and deputy service manager that this practice remained unsafe. The service manager acknowledged that they needed to change practice in the service. They outlined a plan to support clients to store a week's worth of medicines in their bedrooms securely. Clients would no longer have medicines dispensed by staff each morning. Each client already had a lockable storage space in their room that could be used solely to store medicines.
- There was no policy in place at the time of this inspection to outline the safe administration of medicines or how self-administration would be carried out. The service manager acknowledged this was needed.

## Are substance misuse services well-led?

### Good governance

- The service did not have an up to date policy in place to support the safe administration or self-administration of medicines.

# Substance misuse services

- The service did not have regular input from a pharmacist. This meant staff did not receive independent advice or audits from professionals with knowledge of safe medicines management.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure the medicines management policy is up to date and outlines the safe management of medicines, including self-administration by clients and safe storage facilities.

- The provider must ensure that clients are assessed and able to self-administer medication.

### Action the provider **SHOULD** take to improve

- The provider should ensure the service has regular input from a pharmacist.



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>The administration of medicines was unsafe. Staff signed for medication administration when they had not always observed clients taking their medication.</p> <p>The medicines management policy did not outline how to administer medicines safely or how clients were supported with self-administration.</p> <p>This was a breach of Regulation 12 (1)(2)(g)</p>