

The Recovery Hub Ipswich Community Interest Company.

Quality Report

175 Felixstowe Road,
Ipswich
Suffolk,
IP3 8EB.
Tel: 01473 402841
Website:

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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 did not have adequate medical cover. at the time of inspection, the service employed one nurse prescriber to prescribe medication for detoxification and to provide advanced guidance to all staff.
- The service did not communicate regularly with the clients' GPs about medications prescribed. They did not request historical medication information that

Summary of findings

may have been relevant to a client's treatment or risk assessment. Staff did not request GP notes or share information with the clients GPs relating to treatment. Staff wrote in clients notes if they had visited the GP and gave an update to the non-medical prescriber of any changes to other medication. However, staff kept client notes separate from their files and medical charts. This meant staff could not access all information about a client easily.

- Staff did not carry out correct procedures with the storage, administration and disposal of medicines. Staff did not log or audit medication. There was no medication fridge. Staff and the prescriber wrote extra notes on the medication records that meant the charts were disorganised and unclear.
- There were no hand hygiene facilities in the clinic room, the site did not have any clinical waste bins to dispose of clinical waste appropriately
- Staff did not update clients' notes regularly. Staff did not record on clients' risk assessments what clients and staff could do to prevent or eliminate risks to clients. Staff did not update risk assessments during treatment.
- Managers did not have an effective way to communicate messages across the team. Staff did not complete daily handovers. Staff did not have opportunity to debrief after an incident and if there had been lessons learnt, managers did not share these among the team. There were no full team meetings.

- Two members of staff did not have a disclosure and barring certificate, managers had not risk assessed these individuals, both had client contact.

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

- The accommodation was clean and tidy both at the main site and in the separate house. Clients had full use of the lounge, kitchen and garden. The garden at the Recovery Hub Ipswich was well maintained and had several projects that client's had worked on.
- Staff discussed with clients harm minimisation and the risk of overdose if or when they left treatment. All files contained a signed document explaining these risks.
- We observed, appropriate and respectful interactions between staff and clients. Staff felt passionate about their roles. Clients told us they felt they had always been treated with respect, staff had been available to support them through the day and night.
- Clients could request for a family visit whilst engaging in treatment. There was a large open area designated for children and families to visit.
- There was a variety of structured group sessions, one to one sessions and meetings. Staff provided a range of activities for the evenings and weekends.

Summary of findings

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The Recovery Hub Ipswich.

Services we looked at

Substance misuse services

Summary of this inspection

Background to The Recovery Hub Ipswich Community Interest.

Ipswich Recovery Hub is a residential rehabilitation service for men and women aged 18 years and above with drug or alcohol problems. The service has been open and registered with the Care Quality Commission, since April 2016.

The Recovery Hub is registered to provide the following regulated activities:

- Accommodation for persons who require treatment for substance misuse

The accommodation across the road is at 166 Felixstowe Road, Ipswich, IP3 8EE.

There are four bedrooms a shared bathroom, community kitchen, diner and lounge.

The Recovery Hub Ipswich's mission is to provide high quality, cost effective treatment to those recovering from addiction issues.

The treatment options include detoxification medication and a plan to reduce and become abstinent from drugs and or alcohol. There is a range of psychosocial therapies, such as cognitive behavioural therapies, general health awareness and interventions such as mindfulness meditation and art therapy.

The service has an on-site café, which is open to the public five days a week. There is space within this café for community meetings and functions. Clients are provided with lunch in the café and use the space when it is closed to the public. Local Alcoholic Anonymous meetings are held in the café on Thursday evenings.

The service provide 12 beds

At the time of our inspection, there were four privately funded clients and one statutory funded client. The average length of stay was four weeks however, the treatment programme can be offered up to 24 weeks.

This is the first inspection undertaken by the care Quality Commission.

Our inspection team

The team that inspected the service consisted of CQC inspector Lynda Day (inspection lead), two other inspectors, and an inspection manager.

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?

Summary of this inspection

- Is it well led?

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information.

During the inspection visit, the inspection team:

- visited the main service and the other accommodation, 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 the service director
- spoke with four other staff members, including the non-medical prescriber and support workers
- collected feedback using comment cards from three clients
- looked at five 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

Clients said staff were respectful and caring, and they encouraged honesty and offered good advice about recovery.

Clients spoke highly about their experience and said they enjoyed staying at the rehabilitation service and getting involved in all of the activities.

One client had not been to a residential rehabilitation service before, and felt staff explained treatment clearly and made them feel at home.

Two clients said they enjoyed taking part in the cooking and household chores, which added to the feeling of community.

All clients said they enjoyed the food and had input into the menu choices.

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:

- Staff did not follow protocol in relation to safeguarding, staff did not report to other professionals involved with their clients care when there had been safeguarding issues.
- One member of front line staff had not completed their refresher training for the administration of medication.
- The provider did not have an emergency medical bag, resuscitation equipment or emergency drugs. The clinic room did not have any hand washing facilities. There were no infection control posters or information on hand washing practice within the service. There were no clinical waste bins.
- There were no alarm systems in place, staff did not use or carry personal alarms. The only way to call for assistance was to shout, some staff worked alone at night.
- The service employed one nurse who was expected to provide medical input to the service 24 hours a day, seven days a week.
- Staff did not include information on client's risk assessments about why risks were included or how staff and clients were going to manage these risks. Staff did not update risk assessments regularly.
- Staff had no effective way of auditing controlled drugs, the non-medical prescriber said staff counted medication weekly, we saw no records of stock checking.
- Managers had not given staff feedback about incidents. Staff who were not on duty did not know if an incident had taken place. Staff were not given the opportunity to debrief after an incident. There were no lessons learnt or shared learning amongst the team.

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

- The accommodation was clean and tidy cleaning duties were shared between clients and completed daily.
- There was enough staff to have 1:1 time with client's. Staff said they had time to carry out all duties and see clients when needed.
- The service employed ten staff, from a mixture of disciplines. There was a non-medical prescriber, a therapist, and seven

Summary of this inspection

recovery workers, some delivered group sessions to clients. Staff had a range of experience from being in recovery or having had work or training in domestic violence, therapies or addictions.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- Staff did not request GP notes or share information with the clients GP relating to treatment. Staff wrote in clients notes if they had visited the GP and gave an update to the non-medical prescriber of any changes to other medication.
- Client notes were kept separate from their files and their medical charts were kept in another location. This meant staff could not access all information about a client easily and key information may be missed if a clinical person needed to view their file.
- Staff were not regularly completing recognised tools which give staff an indication of withdrawal symptom severity for clients, in line with guidance from the national institute for health care excellence.
- Staff did not complete regular audits of individual client files. Managers audited files monthly, yet some clients were in treatment for less than a month. This meant some files may not be audited.
- Staff did not complete handovers effectively between shifts. Staff completed progress notes in client files as a way of monitoring clients progress, we saw some notes had gaps and not every clients notes had been updated daily.
- There was no formal structure of communicating and sharing information. Managers had not implemented team meetings. This meant staff did not have the opportunity to discuss wider service issues. Managers held a clinical meeting to discuss clients' progress.

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

- Out of five files reviewed, four had care plans. Objectives were recovery focused, holistic and outlined key skills clients could develop to aid recovery.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- We observed appropriate and respectful interactions between staff and clients. Staff felt passionate about their roles.
- Clients told us they were treated with respect. Staff were available to support them through the day and night.
- The Recovery Hub Ipswich has a café attached to the service, there was a large open area designated for children and families to visit. Family and friends could visit at weekends and have lunch with clients.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients knew how to make a complaint and said they could talk to staff at any time. Staff gave clients information on how to make a complaint at the start of their treatment and staff displayed information, so clients knew how to complain.
- Staff provided a range of activities for the evenings and weekends. Clients could attend the gym, garden, create artwork, learn mindfulness meditation, watch a film and attend recovery meetings.
- There was not a waiting list at the Recovery Hub Ipswich, managers said they would take clients on at short notice when there were beds available.

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

- The service did not have any leaflets or information about harm minimisation and safety information for people who may still be using drugs or alcohol.

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:

- Within supervisions staff had not discussed individual clients treatment or been given feedback from incidents or shared learning. Staff files did not show if discussions about practice, development points or key learning had taken place.
- Staff did not complete any clinical audits. The non-medical prescriber said that a weekly medication audit takes place, which consisted of counting medication to check the stock records are accurate. There were no audit documents in place.

Summary of this inspection

- Two staff members did not have a disclosure barring service certificate in their file, which meant managers could not assess and manage risks to clients and staff. There were no alternative arrangements or risk assessments in place to manage risks whilst working without a certificate.

However, we also found areas of good practice, including that:

- Staff said they enjoyed their job, found it rewarding and thought the team was good to work with. All staff were passionate about recovery and grateful for having a part in developing a new service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff obtained consent to treatment from each individual client. Staff did not conduct a capacity assessment with clients as a matter of course.
- Staff gave clients information on advocacy and information was on the notice boards in the accommodation.
- Staff did not revisit consent to treatment during clients' detoxification or treatment.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The provider did not have an emergency medical bag, resuscitation equipment or emergency drugs. Staff used a blood pressure monitor and weighting scales to monitor a client's health.
- The accommodation was clean and tidy; cleaning was shared between clients and was done daily. We saw a cleaning rota, which managers checked weekly to ensure all tasks were completed.
- There were no hand washing facilities in the clinic room. There were no infection control posters or information on hand washing practice within the service. Staff and clients had access to hand sanitiser. There were no clinical waste bins in the service. The clinic room was carpeted which limited the ability for staff to keep space sterile.
- There were no alarm systems in place. Staff did not use or carry personal alarms. The only way to call for assistance was to shout. Some staff worked alone at night and would not have had other means for alerting other clients if assistance was needed. However, the service had live CCTV recording throughout the main areas. Clients were aware of the policy and agreed to the terms of those recordings.

Safe staffing

- There were 10 staff members at the Recovery Hub Ipswich, with a mixture of disciplines. There was a non-medical prescriber, a therapist, and seven recovery workers. There were no vacancies at the time of our inspection.

- Staff worked four shifts per week during the day, and one shift per week at night. Managers allocated one member of staff to the night shift. This staff member would sleep at the service, to be available should clients need assistance.
- Managers were on call and said the non- medical nurse prescriber was available 24hours a day seven days a week, Managers had no alternative plan if the non-medical prescriber could not get to work. Managers informed us they were in the process of employing a new non-medical prescriber, increasing the medical staffing cover.
- The provider did not use agency or bank staff, managers would ask staff not on shift to cover if there was sickness or absenteeism.
- There was enough staff to have one to one sessions with client's, and staff said they had time to carry out all duties and see clients when needed.
- There had been one member staff who had left the service since it had opened in April.
- The non – medical prescriber came to the service to complete an initial assessment with clients. New clients were booked to come in up to a month in advance of treatment starting. However, managers would admit someone on the day of arrival. The nurse ran a clinic every Friday for clients to drop into should they wish. The non-medical prescriber discussed every patient on Mondays, via telephone with the manager, to reflect on treatment. During the night, staff would call the services only nurse for advice, or a duty manager.
- There was a member of staff on duty all night for clients to speak with if they felt unwell, and in a case of emergency took clients to hospital or called 999.
- The Recovery Hub Ipswich offered mandatory training by staff using eLearning and face to face. Managers

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submitted a training matrix which showed, 67% of staff had completed first aid, risk assessment and administration of medication. Fifty six per cent of staff had completed personal boundaries and 11% of staff had completed basic drug and alcohol awareness and group facilitation. Not all staff had completed all mandatory training, which meant that not all staff had the required training for their role.

Assessing and managing risk to clients and staff

- We reviewed five client files, staff completed a risk assessment on admission. Staff did not record comprehensive information about risks or how staff were going to manage these risks. Staff did not update risk assessments regularly.
- Staff did not know how to make a safeguarding alert. Managers did not know that other professionals involved in the clients care must be notified as part of the safeguarding process. Although clients were given information about safeguarding in the welcome pack, staff had not followed procedure.
- Staff did not carry out correct procedures with the storage, administration and disposal of medicines. Staff stored medication in a safe. However, there was no fridge for medication. There was no effective way of auditing controlled drugs. The non-medical prescriber said staff counted medication weekly but we saw no records of this stock checking. Staff were using a recognised medication administration record sheet however, staff had not completed a second check identifier, such as a photograph, date of birth or national insurance number to help check the identity of each client. Not all boxes such as the date, time or amount of medication were completed after administration. One manager had crossed out a signature when drugs were administered, one chart had different doses of medication in the same box, to give to client's morning and night. Staff did not log the number of tablets given to clients. There were hand written notes on charts, which were on the side or to bottom of the pages, we could not identify or reference these notes. The providers policy stated a clear log of medication should be made.

- One member of staff had not completed up to date administration of medications training as managers said this did not apply, as they were previously a nurse. This member of staff was dispensing medications.

Track record on safety

- There were four incidents recorded. These varied from treatment issues, medication issues and other concerns raised from outside of the organisation.

Reporting incidents and learning from when things go wrong

- Whilst staff knew what to report as an incident, managers had not given staff feedback about these incidents. Staff who were not on duty did not know if an incident had taken place. Staff were not given the opportunity to debrief after an incident. There were no lessons learnt or shared learning amongst the team. Managers said they did not know a member of staff had been assaulted even when this had been reported on an incident log.

Duty of candour

- Staff were open with clients and would inform them if a mistake was made. Clients were given the opportunity to ask staff about any issues if needed. One client said staff were honest and open about all aspects of treatment.

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

Assessment of needs and planning of care

- We reviewed five client care records and all clients had been assessed on the day they started treatment. The assessment included an account of the client's personal history a summary of substance misuse and any past treatment history. Staff used a recognised assessment tool for assessing levels of initial dependency.
- Staff did not assess the risks in relation to medicine management. Staff did not request any GP notes or share information with the clients' GP relating to treatment. Staff did not inform a GP once medication

Substance misuse services

had been prescribed relating to detoxification. This could increase the risk of a client being prescribed double medications or medication which should not be prescribed if taken with other medication.

- Communication between teams and other professionals was poor. Staff wrote in client's notes if they had visited the local GP and gave an update to the non-medical prescriber of any changes to other medication. However, staff kept client notes separately from their files and their medical charts were kept in another location. This meant staff could not access all information about a client easily and key information may be missed if a clinical person needed to view their file.
- Four out of five files we reviewed contained a care plan, objectives were recovery focused, holistic and outlined key skills for client's to develop, such as working on relationships, employment or completing 1:1 sessions. Staff reviewed these care plans with clients. Clients said they felt included when developing care plan objectives.

Best practice in treatment and care

- Staff followed guidance from the Drug Misuse and Dependence: UK Guidelines on Clinical Management (September 2007) when prescribing medication.
- Therapists offered a range of therapies, which follow the National Institute for Health and Care Excellence guidance, including a structured therapy programme that was supported by solution focused treatments. Client's sessions were completed both in groups, and in one to one sessions.
- Staff used recognised tools from National Institute for Health and Care Excellence in relation to best practice in detoxification and withdrawal for alcohol or opioids. These tools were being used which gave staff an indication of withdrawal symptom severity for clients. However, there were some gaps in these forms, which meant that client's had not been monitored as regularly as required. Staff had monitored one client once in the morning and then again later that day, but not at night or the next day. The non-medical prescriber said staff needed to ensure they complete these forms as per guidance. They confirmed that staff had been informed of this.

- Staff did not undertake regular audits of individual client files. Managers audited monthly, yet some clients were in treatment for less than a month. There was a variation in the quality of regular progress reporting in the client records.

Skilled staff to deliver care

- Eleven percent of staff had completed basic drug and alcohol awareness training. Two new staff were enrolled to complete a level one national vocational qualification in health and social care, which included topics on substance misuse.
- Staff received supervision with their manager monthly. Staff were all in their first year of employment and appraisals had not yet been conducted.

Multidisciplinary and inter-agency team work

- There was a lack of communication across the team. Staff were not sharing care and treatment information with other professionals outside of the Recovery Hub Ipswich. Staff were not completing handovers effectively between shifts. Staff completed process notes in client files, we saw some notes had gaps and not every clients notes had been updated daily.
- There were no full team meetings scheduled. Managers held a clinical meeting to discuss clients progress, only staff who had involvement on a client's care plan attended this meeting.
- Clients' had a weekly meeting where they have opportunity to raise any issues.

Good practice in applying the MCA

- Managers said staff were trained in the Mental Capacity Act (2005) prior to inspection. Staff had knowledge of how they would discuss treatment options with clients who were intoxicated.
- Staff obtained consent to treatment from each individual client. Staff did not conduct a capacity assessment with clients as a matter of course.
- Staff gave clients information on advocacy and information was on the notice boards in the accommodation.
- Staff did not revisit consent to treatment during clients' detoxification or treatment.

Equality and human rights

Substance misuse services

- Staff were not trained in Equality, Diversity and Human rights.
- The service offered was not accessible for people requiring disabled access. Managers said they had plans to amend this but plans had not been finalised.

Management of transition arrangements, referral and discharge

- Staff had contact with other community agencies such as, housing, recruitment, finance and education. Staff would refer clients back into the community within their local area. One client who graduated said staff supported them with employment in their local area.
- The service had an admission criteria, where they would accept anyone who was drinking 15 units a day for men and 10 units a day for women. People drinking over 15 units a day would need to reduce to below 15 units before coming into treatment. Staff gave advice and encouraged client's to seek medical attention when necessary.
- Staff discussed harm minimisation and the risk of overdose with clients when they left treatment. All files contained a signed document explaining these risks

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed appropriate and respectful interactions between staff and clients. Staff felt passionate about their roles.
- Clients told us they felt they had been treated with respect. Staff were available to support them through the day and night.
- Clients said they felt safe as they could always go downstairs during the night to talk to staff. The meetings were good and they enjoyed taking part in all of the household chores.

The involvement of clients in the care they receive

- Staff gave clients a welcome pack and were shown around by staff.
- Clients completed care plans with staff and updated these regularly. Clients said they had a choice as what to work on and staff gave lots of advice.

- The Recovery Hub Ipswich had a café attached to the service, clients could request for a family visit to take place there whilst engaging in treatment. There was a large open area designated for children and families to visit. Families could have lunch at the café. The service had a policy in place to ensure the safe management of visits during treatment.

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

Access and discharge

- The Recovery Hub Ipswich's treatment centre had six beds in four rooms for clients receiving detoxification or commencing treatment. There was separate accommodation with a further six beds in four rooms situated in a house across the road. At the time of our inspection, there were five clients with one going home that day.
- The service accepted self-referrals as well as referrals from other agencies and professionals. Managers were able to admit clients at short notice, if considered appropriate for treatment. At the time of our inspection, four clients were privately funded and one had been statutory funded.
- Admissions took place during the week when the non-medical prescriber was available to assess the client. Staff discussed new admissions with the non-medical prescriber on Mondays. Clients could access a drop-in clinic every Friday.
- Clients attended all appointments as part of the therapeutic programme.
- The service had discharged ten clients since April to July 2016, managers and staff followed up their discharge with phone calls and invited clients to come to the café for catch-ups.
- There was no waiting list at the Recovery Hub Ipswich, managers said they would take clients on at short notice when there were beds available.

The facilities promote recovery, comfort, dignity and confidentiality

Substance misuse services

- The Recovery Hub Ipswich was situated in a converted building, there was a café attached to this building, which was ran by independent staff opening for the community at 10am until 4pm Tuesdays to Saturdays. Clients could access this café at any point and for lunch. The cafe offered space at the back for clients to sit and have a break, this space was also used mutual aid meetings and therapy sessions in the evening and weekends when closed to the public.
- There was one group room which was also used for one to one sessions. The accommodation upstairs had a shared bathroom, kitchen and lounge. The accommodation across the road had a shared bathroom, separate kitchen dining room, lounge and garden. Clients could personalise their bedroom space and prepare drinks or snacks when they wanted.
- The Recovery Hub Ipswich had a large garden where clients could do gardening or therapeutic activities outside. This area was clean and well maintained.
- The service did not have any leaflets or information about harm minimisation and safety information for people who may still be using drugs or alcohol.
- Treatment sessions varied from being structured group sessions, one to one sessions and meetings. Staff provided a range of activities for the evenings and weekends. Clients could attend the gym, garden, create artwork, learn mindfulness meditation, watch a film and attend recovery meetings. All clients would cook an evening meal at least once a week, which they said helped them to develop living skills.

Meeting the needs of all clients

- Staff printed off information client's wanted around recovery, substance awareness or information. We saw copies of the Big Book (a book widely used in recovery containing stories of how many men and women have recovered from addiction) in the accommodation for clients to use.
- The service could not accommodate people that spoke another language. Arrangements had not been made with translation services, however there had not been any client's needing a translation service since opening.
- The service did not have access for persons who needed physical mobility support. All accommodations were upstairs.

Listening to and learning from concerns and complaints

- Managers had not received any formal complaints since opening in April. Clients could discuss any issues with staff during morning or weekly meetings. Clients knew how to make a complaint and said they could talk to staff at any time. Staff gave clients information on how to make a complaint at the start of their treatment and staff displayed information so clients knew how to complain. The service had a complaints handling policy, which was reviewed in February 2016.

Are substance misuse services well-led?

Vision and values

- The Recovery Hub Ipswich values were to offer affordable treatment to anyone requiring help and support with alcohol or substance misuse. Staff knew these values and shared the vision.
- The senior management team worked at the service and delivered group sessions, attended meetings and worked some of the sleep in shifts. All staff knew who management were and said they are approachable.

Good governance

- Managers did not have clear systems in place to ensure shared learning, clinical audits and staff training were addressed systematically and adhered to by all staff.
- Staff had received some training, however managers had not ensured all staff had completed all mandatory training. There was no target set by the provider.
- All staff had monthly supervision, however from the four files we reviewed staff had not discussed individual clients treatment or been given feedback from incidents or shared learning. Supervision records ensure staff are given opportunity to develop.
- New staff had a weekly induction progress review. From the files we reviewed, the notes on staffs progress varied. The service had not been open a year. The appraisal process had not begun.
- There were no medication audit records. The non-medical prescriber said that a weekly medication

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audit took place, which consisted of counting medication to check the stock records were accurate. We were informed this was something that the non-medical prescriber had raised with managers.

- Staff and managers did not undertake audits to assess the quality of the service. Managers said that this was something they wished to implement, as the service has not been open long.
- Two staff members did not have a Disclosure Barring Service certificate in their file, which meant managers could not assess and manage any risks to clients and staff. There were no alternative arrangements or risk assessments in place to manage risks, whilst those staff had contact with clients.
- Managers said they had sufficient authority to do their jobs.

Leadership, morale and staff engagement

- The service did not have any bullying cases.
- There had been no staff sickness since opening in April.
- Staff knew about the whistleblowing process and said they felt able to report concerns if they had any.
- Staff said they enjoyed their job, found it rewarding and thought the team was good to work with. All staff were passionate about recovery and grateful for having a part in developing a new service.
- Managers offered new staff development and training opportunities in health and social Care level 2.

Commitment to quality improvement and innovation

- The Recovery Hub Ipswich was funded with community support. Managers have encouraged the community to use the café and to raise awareness about recovery.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure staff are aware of their roles and responsibilities when reporting safeguarding alerts.
- The provider must ensure that all staff who administer medication to clients receive up to date refresher training in the administration of medication.
- The provider must ensure staff assess, manage and detect the spread of infections. Staff must manage clinical waste in line with infection control guidance.
- The provider must ensure that premises are safe for staff and clients. Staff must be able to summon help quickly and easily should it be required.
- The provider must ensure staff complete and update risk assessments for all clients.
- The provider must ensure care and treatment is shared with, or transferred to, other persons working with the service user, to ensure the health and wellbeing of the person is maintained.

- The provider must ensure staff manage medicines safely. This includes the recording of medicines administration.
- The provider must ensure clients' files are easy to access and staff maintain clear consistent records of clients' treatment.
- The provider must ensure all members of staff have disclosure and barring service checks in place, so risk assessments can be completed where appropriate.
- The provider must ensure staff carry out appropriate handovers and share information of incidents and lessons learnt.
- The provider must ensure staff attend all mandatory training.

Action the provider **SHOULD** take to improve

- The provider should ensure there is adequate medical cover when individuals responsible cannot support staff.
- The provider should ensure staff re assess client's consent to treatment after clients have initially entered service, particularly if under the influence of drugs and or alcohol.

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>How the regulation was not being met:</p> <ul style="list-style-type: none">• There were no alarm systems in place for client's or staff to call for assistance.• There were no hand hygiene facilities in the clinic room. There were no hygiene posters displayed to aid effective handwashing. The service did not have any clinical waste bins.• We did not see daily effective hand overs taking place, staff did not communicate to other professionals effectively.• Staff did not update clients risk assessments.• The provider did not ensure the safe management of medicines. Medicines were not audited. Administration charts were not clear.• One staff member administering medications did not have up to date refresher training. <p>Regulation 12 (a) (d) (g) (h) (i)</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Staff did not share information with other professionals working with clients, in relation to safeguarding. <p>Regulation 13 (3)</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

- Staff did not maintain complete contemporaneous records for each client. There were gaps in records and some entries did not have a date.
- There were no effective handovers or sharing of information.
- Managers did not share incident reports or if lessons had been learnt to staff.

Regulation 17 (a) (b) (c)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

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

How the regulation was not being met:

- Two staff did not have an up to date valid disclosure and barring service check. There were not risk assessments in place whilst these staff had client contact.

Regulation 19 (1) (a)