FOCUS12 - Treatment Centre

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:

- Staff had not received regular training around the safeguarding of vulnerable adults and children. There was not an identified safeguarding lead.
- There was no list of mandatory training for staff and no records which reflected which staff had received training. Staff did not receive mandatory training specific to substance misuse or dual diagnosis. Staff had a lack of awareness around the Mental Capacity Act 2005. Staff had not received training. There was no policy in place for staff to refer too.
- The medication policy did not include guidance on the ordering, storage, administration and disposal of controlled drugs. There were no records of stock checks on any medications having been completed by staff in accordance with their policy. Staff did not return medications to pharmacy when no longer required. The medications policy did not include regular room temperature checks where the medications were stored. There were duplicate records of the administration of medications to clients. The fridge storing medications contained no lock.
- Staff did not clearly document risks to clients undergoing detox from alcohol or opioids. Staff did not carry out regular physical health observations. Staff did not use approved national rating scales routinely.

Summary of findings

- The service had a policy in place for blood borne virus testing. Staff aimed to gather information upon admission. We saw however, that one client had been waiting for over four weeks for this to be completed.
- Staff were not clear on their roles and responsibilities for incident reporting. Staff had not reported any incidents on the incident reporting forms since 2014.
- Staff recruitment files were not up to date. We found criminal record bureau (CRB) check from a different employer in one staff record. Managers did not complete risk assessments for staff that had previous convictions to ensure they were safe to work with clients. There was a lack of references for staff in post, and not all staff had a job description.
- There was no appraisal system in place for staff. Staff told us that they had not received an appraisal. Senior managers confirmed this. We saw no evidence of regular clinical supervision for staff although we were told that regular supervision was held, and each staff member had an allocated supervisor.
- There were ongoing difficulties with their electronic systems. There had been three instances of computer virus attacks in the past four months. Staff did not have duplicate copies of important documents relating to the service.
- The service had no established links with advocacy services, and relied upon local agencies such as the citizen's advice bureau.
- There was a lack of effective governance structure and leadership, with no quality assurance management or frameworks in place to monitor the quality of the service. Examination of clients files identified there was not consistent recording in the clients' progress notes. Managers did not regularly assess risks to clients that may be caused by the environment.
- The service did not have a current policy for lone working. A night intervention worker works alone across the accommodation sites up until 11pm.

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

- The admissions staff had established links with other external agencies and shared information to promote client safety. Staff communicated with, and received information from other professionals to form part of a comprehensive assessment prior to and during treatment.
- Staff completed an initial telephone assessment with each client referred. A staff member acted as a point of contact between referral and admission.
- Clients were involved in the implementation and review of care plans. Care plans were holistic.
- Managers identified and addressed instances of poor performance by staff.
- Staff provided support for families of clients, through weekly support groups and the use of family conferences.
- Staff were caring and respectful during interactions observed and passionate about their roles.
- All clients received a welcome and introductory pack upon admission to Focus 12.
- Focus 12 had a clear vision and values, which was visible throughout the building.
- The care settings were visibly clean, comfortable, homely and fairly well maintained. The managers had utilised the available space productively, enabling accessible rooms to see clients.
- The service had up-to-date fire risk assessments.
- The service did not use bank or agency staff, which provided continuity of client care and treatment.
- The staff team held a debrief / handover every day which gave an opportunity to discuss clients presentation and progress.
- Clients met their designated counsellor on a weekly basis. Counsellors had up to five clients at any one time.

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Background to FOCUS12 - Treatment Centre

Focus 12 is an independent charity, which was established in 1997. In Bury St Edmunds, there are five locations; 82 Risbygate is a community based residential treatment centre, which offers detoxification from both drugs and / or alcohol under the supervision of staff. The primary treatment is offered over a 12 week period. There is ongoing abstinence based treatment, which included group therapy, individual counselling and support in life skills.

In addition to the treatment centre, Focus 12 also has four different residential accommodations, whereby clients receiving treatment could reside. These were in Bury St Edmunds at the following locations:

- 24 Crown Street – offers five beds, one twin room and three single rooms.
- 26 Brentgovel Street – offers five beds, two twin rooms and one single.
- 8 Out Northgate – offers three beds, one twin room and one single.
- 120 Cannon street – offers three beds, one twin room and one single.

Clients referred are either privately funded or have funding approved by statutory organisations. Regulated activities include treatment of disease, disorder or injury, and accommodation for persons who require treatment for substance miss-use.

The CQC inspected Focus 12 in July 2013. It was compliant in areas examined at this time. These were care and welfare of people who use services, safety and suitability of premises, assessing and monitoring the quality of service provision and complaints.

A senior staff member was in the process of applying for the role of the registered manager.

Our inspection team

The team that inspected the service comprised of CQC inspector Joanne Weston (inspection lead), two inspection managers and one other inspector. One of the inspection managers has a background of working in, and managing 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?

Summary of this inspection

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

During the inspection visit, the inspection team:

- Visited the treatment centre at 82 Risbygate and one of the four properties providing accommodation at 26 Brentgovel Street
- spoke with 12 clients who were using the service during a focus group
- spoke with the service manager
- spoke with four other staff members employed by the service provider
- collected feedback using comment cards from six individuals, two staff members, two clients who were using the service and two relatives of clients who were using the service
- looked at seven care and treatment records of clients who were using the service
- examined four medicine records of clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

- Clients told us that there was a very friendly approach at the treatment centre.
- Clients felt that relatives were involved in their care and treatment (if they wanted them to be). Family members often attended regular support groups, and had the opportunity to attend family conferences, which they found beneficial, and this helped understanding of the clients' illness and perspective.
- Staff spent time going through care plans with the clients, which were done in partnership. Clients were aware of their care plans and signed when reviewed.
- Clients explained that they had group goals as well as individual goals, and supported one another, and challenged one another if necessary.
- Clients told us that there was support into the evenings and throughout the night if required. The night support worker physically attended each accommodation to ensure everyone was safe and well. After 11pm the staff member was contactable via telephone (all clients had the number at each house) and the staff member would attend if necessary.
- Clients told us that the counsellors were very firm and fair, always there and encourage clients to keep things out in the open and discuss.
- One client spoke about the twelve-step yoga recovery and how they intend to continue with this in the future, following discharge.
- Clients spoke about the benefits of having a buddy assigned to them upon admission to the service.
- Clients told us that the staff were really good, helpful and caring.
- Clients felt that they were receiving assistance and confidence with day to day life skills, such as budgeting and cooking.

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:

- There was ineffective management of medications. Staff were not adhering to policy around the storage, administration and disposal of medicines.
- Staff lacked knowledge around what constitutes an incident. The system of reporting did not reflect the severity of the incident. Managers did not ensure that information was cascaded and lessons learnt.
- Managers could not provide information about staff mandatory training. Inspectors could not be clear what training is mandatory for the staff as this information was unavailable at the time of inspection. There were no records to demonstrate exactly what training each staff member had undertaken.
- Staff had not completed any substance misuse specific training in order to equip them with the skills required to work with the client group.
- Staff did not record daily entries in the care records. Some files did not contain a staff entry for several days.
- There was no current policy for lone working. The service employs a night intervention worker, who works between the hours of 15:30 and 23:00hrs, Monday to Friday, and then 19:00hrs until 23:00hrs over the weekend.

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

- The service did not use bank or agency staff. Three of the senior members of staff were trained counsellers. They could cover for unexpected absences if required to provide continuity for clients
- Staff completed initial assessments via telephone for all clients, who then had a point of contact. The information gathered was used by staff to assist with the planning of care and treatment.
- Staff held a handover meeting daily which was an opportunity to discuss clients progress and any ongoing issues.
- The service was visibly clean and tidy. Staff maintained the properties to a good standard.

Are services effective?

We do not currently rate standalone substance misuse services.

Summary of this inspection

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

- Staff were not following best practice in relation to the detoxification or withdrawal of substances / alcohol. Staff did not monitor clients' physical health regularly or routinely during treatment.The service had a policy in place for blood borne virus testing. Staff aimed to gather information from each client upon admission and offer testing as required. We saw that one client had been waiting for over four weeks for this to be completed.
- Senior staff confirmed that staff had not had appraisals.
- Managers did not maintain records that showed staff had received regular supervision. Staff said that this was in place but records did not reflect this.
- Staff were not trained in the Mental Capacity Act (MCA) 2005. They lacked understanding when asked. There was no policy in place for staff to refer too. Staff interviewed told us that they need training in this area.
- The service did not have a robust recruitment system in place. There was no policy on the recruitment process. There was a lack of references in some staff files. Managers did not complete risk assessments for staff members who had previous criminal convictions. Not all staff had a job description.
- Staff did not undertake regular or systematic audits to monitor service provision and outcomes of care for clients.

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

- Care plans were recovery focused and were holistic in meeting the needs of the individuals. There was reference to physical health and past and current substance misuse history. Staff regularly reviewed the care and recovery plans with the clients, who felt involved in this process.
- Staff completed an individual assessment of need for all clients in a timely manner once accepted for treatment.
- Staff communicated with, and received information from other professionals to form part of a comprehensive assessment prior to and during treatment. Staff on the admissions team sought information from GP's, mental health teams, social workers and criminal justice services as appropriate.
- The service had an effective process in place for clients who leave the treatment unexpectedly.
- The management was addressing poor staff performance promptly and effectively.
- Staff explained confidentiality agreements to all clients in relation to the sharing of information and data.

Summary of this inspection

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed appropriate and respectful interactions between staff and clients. Staff were passionate about their roles.
- Clients said staff were caring, compassionate, helpful, non-judgemental, supportive, understanding and the service was responsive to their needs.
- Clients were involved in the care planning process. Clients told us that staff had asked if they wanted family or friends involved in their treatment programme.
- Staff provided regular updates to families, where appropriate, about changes to treatment and the length of treatment clients would receive

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff resolved complaints at a local level. This meant that few became formal complaints. The service displayed the complaints process in the reception aware so it was visible to clients and families.
- The service had a range of space to provide treatment and care. The treatment centre was welcoming and promoted recovery. There was a good sized garden with sheltered space and seating. The garden was clean and well maintained.
- Clients could access hot and cold drinks and snacks throughout the day in the kitchen.
- Staff supported clients to access spiritual support in the community
- Staff assessed risk of all clients starting treatment to ensure the mix of people did not affect treatment and that the gender mix was appropriate.
- Staff could see urgent referrals quickly. One client told us that they were assessed and admitted within a few days and this had helped their recovery.

However, we also found areas that the service provider could improve:

- The service had no links with advocacy services for clients who use the service, their families and carers. The staff told us that they have advised clients to contact the local citizen advice bureau in the past if felt necessary.

Summary of this inspection

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:

- Senior staff did not review governance policies, procedures and protocols regularly. There was no recruitment policy. Not all staff had job descriptions. The medication policy required updating and was not comprehensive. Staff did not report incidents appropriately. Client's physical health was not monitored routinely.
- Managers were not completing audits of the service to monitor quality and effectiveness. Managers did not provide regular supervision. Staff had not had appraisals. Managers did not set a standard for the recording of entries in clients care records. Some staff entered notes daily, others recorded entries weekly. There was not guidance from managers as to what the expectation was.
- Managers did not record staff training; it was unclear what staff had received mandatory or specialised training.
- Managers did not have contingency plans for when electronic systems failed. System failures had occurred three times in the last four months.

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

- The service had a clear vision and set of values, which staff and clients were aware of and work too.
- The service had a whistle-blowing policy in place and staff were aware of this.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service did not provide training to staff in relation to the Mental Capacity Act (MCA) or the Deprivation of Liberty Safeguards (DoLs).

There was no policy in place.

Staff told us that all clients in treatment currently had the capacity to make their own decisions.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	N/A	N/A	N/A	N/A	N/A	N/A

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Doctors were able to carry out physical examinations in an identified room, which contained the necessary equipment. Equipment was clean and well maintained.
- Staff regularly cleaned the premises. The service and accommodation seen were visibly clean and tidy. Clients assisted with chores and there were effective schedules in place.
- The service had appropriate hand washing facilities and there was a dispenser for cleaning gel in the reception area.

Safe staffing

- The service estimates staffing requirements for the treatment centre. Each counsellor has a number of up to five clients. The service employs 16 substantive staff in total, consisting of managers, counsellors, administration staff, a doctor, resettlement worker, key worker and night intervention worker. The staff rota matched the staff present on the day of inspection. The service also had a number of six volunteers.
- The Doctor worked one day a week at the treatment centre, although was available via telephone and email at other times. Out of hours the treatment centre would access local GP's for routine medical matters, or the local general hospital in the event of a medical emergency.
- The service was recruiting a second night intervention worker. One staff member was working their notice and the service was looking to recruit into this post.
- There was a 5% turnover of substantive staff for the 12 months up to the end of March 2016.
- There was no long-term sickness of staff. One percent of staff sickness overall was in relation to short-term absence. This is lower than the national average of five percent.
- The service did not use bank or agency staff. Three senior members of staff were trained counsellors and provided cover for unexpected absences when required. Staff trained volunteers to work in reception and so could assist in this area if required.
- Inspectors could not ascertain what mandatory training staff had received, as this information was unavailable. Staff told us that training information was held electronically. There had been three virus attacks over the past four months This meant that we could not be sure that staff had received mandatory health and safety awareness training.

Assessing and managing risk to people who use the service and staff

- The admissions team completed an initial assessment via telephone for all clients, who then had a point of contact. There was no formal written admissions criteria. However, senior managers told us that if a potential client were consuming more than 30 units of alcohol per day, they would not offer detoxification or admit, until a hospital detoxification had been completed. In addition to this, the service considers mental health issues a potential client may have. If the staff feel that they cannot meet such needs, the client is rejected for treatment. The consultant psychiatrist is contactable when necessary to discuss referrals and suitability.
- Staff sought information from GP's, mental health teams, social workers and criminal justice services as appropriate. This formed part of the overall risk assessment, which the services described as an ongoing process. Staff told us that they updated risk assessments throughout the admission and treatment

process as they see necessary. Of the seven records viewed, there was a variation with the completeness of risk assessments. Three of these had completed risk assessments and corresponding risk management plans. Two had incomplete risk assessment and management plans. Two files had no risk assessments present in the files. Allocated counsellors continued with updating risk assessments on a weekly basis

- Staff had not received regular training around the safeguarding of vulnerable adults and children. Training provided in the past had been at level one only. There was a policy in place dated June 2015. The service did not have an identified safeguarding lead. Staff told us that if they had concerns around safeguarding then they would speak with their line managers in the first instance, who would contact the local authority for advice if felt necessary. We saw no visible information for clients around safeguarding for them to refer too if needed. Safeguarding was not included in the general information handbook given to clients upon arrival at the centre.
- Staff did not carry out correct procedures with the storage, administration and disposal of medicines. Staff did not monitor the room temperature where the medications were stored to check that medicines were stored appropriately to ensure their quality. The fridge dedicated to medications had no lock and was a domestic fridge. This means that access was not restricted. We saw that there was ice inside the fridge. The room where the medications were stored was used for meetings such as family conferences. Staff did not complete medication counts and did not sign for medication when it was received in to the service. Staff did not undertake regular stock checks of medication. The last recorded stock check was in February 2015. This meant that the provider would not be able to check stock to see if any medication was missing. Staff dispensing medication were using a small notebook to record administration. The service had recently been using a recognised medication administering record (MAR). However, dispensing staff were recording administration in both the notebook and on the MAR chart. Therefore, it appeared that staff had been administering prescribed medications to each client twice. A staff member had written one record of medication dispensing on an envelope, which had been stuck in a notebook.. The current medication policy did not include the ordering, storage, administration and disposal of controlled drugs, which is a different process to administering other medications, with stricter controls. Staff did not return medications to pharmacy when they were no longer required. Medication for a client who was no longer using the service was stored in the safe. The medications policy provided by the service had no date. Staff recorded medication errors between May and August 2016. Staff reported six errors in this time. This was the last record of medication errors reported by staff.
- The service did not have a policy in place for children to visit the service. Senior staff told us that they would risk assesses upon request and communicate with appropriate agencies before permitting.

Track record on safety

- There were no serious incidents reported in the last twelve months. Staff were not reporting incidents correctly.

Reporting incidents and learning from when things go wrong

- The service did not record, investigate and share learning from incidents appropriately. Although staff could recognise incidents, they did not always report them appropriately. The last incident form completed was in August 2014. During interviews, staff relayed two examples of recent incidents, one client who became physically disruptive, and one client who was transferred to the local general hospital. Staff did not record either incident on the provided incident forms. Staff recorded this information in the clients' day to day progress notes and handed over verbally to staff. Staff did tell us that they reflected upon the incident whereby a client was transferred to hospital, and realised that they needed easier access to gloves, which they put in place. However, there was no formal meeting or logs of discussions held. This meant that chances to learn from incidents and prevent their recurrence were minimal. Staff told us that they had a working procedure in place for the management of incidents, which entailed escalating and reporting to appropriate persons.

Duty of candour

- Managers and staff of the service were aware of the duty of candour, and emphasized the importance of being

open and honest with clients, which helps to build a rapport and trusting relationship. There were no examples of adherence to the duty of candour in documentation seen.

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

Assessment of needs and planning of care

- We reviewed seven care records of clients undergoing primary or secondary treatment. Primary treatment is structured, intensive treatment and secondary treatment is for clients that are stabilised and are working towards discharge. Staff on the admissions team assessed every client prior to treatment. Staff completed an initial telephone interview to gather information and history of the client as part of initial assessment. Staff communicated with, and received information from other professionals to form part of a comprehensive assessment prior to and during treatment.
- Staff regularly reviewed the care and recovery plans with the clients. Client's told us that they felt involved in this process and could have a copy if they wished. Care plans viewed were recovery focused and were holistic in meeting the needs of the individuals. For example, housing needs, financial support and links with family members were included.
- Most client files had an index; however, inspectors often had difficulty in finding information. Some notes were not secure and were therefore not in the correct order.

Best practice in treatment and care

- Staff followed guidance in the "orange book"; Drug Misuse and Dependence: UK Guidelines on Clinical Management (September 2007) when prescribing medications. The prescribing Doctor used appropriate medications and doses during treatment and reviewed these.
- Staff drug tested clients upon admission and randomly thereafter depending upon risks and presentation of individual clients.
- The counselling team offered a wide range of therapies that adhered to National Institute for health and care excellence guidance, including Cognitive Behavioural Therapy, International Treatment Effectiveness Project as well as psychosocial interventions. Therapies offered were dependent upon client need and assessment.
- Staff sign posted clients to appropriate agencies that supported clients with housing and finance.
- Staff offered blood borne virus screening and vaccinations to clients receiving treatment. The service had a policy in place for blood borne testing. Staff gathered information during the admission process. We saw that one client out of seven had been waiting for over four weeks for testing to be completed.
- Staff did not follow the national institute for health and care excellence guidance in relation to best practice in detoxification and withdrawal for alcohol or opioids. Recognised tools were not being routinely used which give staff an indication of withdrawal symptom severity for clients. Staff did produce two recognised tools but explained that these were not used for each client. Staff did not undertake basic, physical health observations, blood pressure, temperature and pulse regularly for clients. Staff told us that they assessed clients by looking at them, or relied upon clients approaching them if they felt unwell. The service had a policy in place specifically relating to the management of opioid detoxification. This policy states that staff should carry out clinical assessment of clients, which includes the use of the rating scales, as well as regular recording of a client's blood pressure, pulse and temperature. This policy was dated 2010 and had not been reviewed by senior staff.
- Staff did not undertake regular or systematic audits to monitor service provision and outcomes of care for clients. Staff did not undertake audits of individual client files. There was a variation in the quality of regular progress reporting in the client records.
- The service did have client feedback forms and a box for these close to the reception area. The most recent client feedback the service gave us was from May 2015. However, clients could discuss any general feedback regularly during meetings attended.

Skilled staff to deliver care

- Clients using the service had access to staff with a range of skills and experience. The service included a consultant psychiatrist, counsellors, resettlement

worker and a keyworker. The service also employed a night intervention worker who was contactable via telephone after 23:00hrs. There was a variety of volunteers with varying experience.
- The service did not have any non-medical prescribers. They had a consultant psychiatrist, and they use local general practitioners as and when required.
- Staff did not receive substance misuse specific training. One staff member told us that they had received some training, when asked when, it was three years previously. There were some certificates of training in the sample of staff files examined, but these were not recent. In the sample of five staff files viewed, the most recent training indicated across all files was August 2015, which related to emergency first aid.
- Newly appointed staff had an induction checklist. This consisted of an introduction to the service, tour of buildings and introduction to various staff and clients. The context of drug and alcohol treatment was present within the checklist, as was an overview of clinical and management supervision. There was reference to health and safety and equality and diversity. This document was in the form of a checklist, which effectively enabled staff to tick off as they completed each point.
- Staff were not receiving regular supervision. Staff interviewed told us that they did receive regular supervision. However, there were no records to reflect this. Supervision is important as it enables reflecting on and learning from practice. It gives staff personal support and looks at professional development.
- Senior staff confirmed that staff had not had appraisals. Appraisal is a method by which the job performance of an employee is documented and evaluated. It gives the opportunity to discuss development opportunities. There were no previous records around appraisals, and staff interviewed told us that they had not had one. There was no plan in place for this.
- No staff were subject to supervised practice or suspended from work in the last 12 months.
- Managers we spoke with were able to describe examples of instances where poor performance had been addressed effectively, to include interventions such as speaking to the staff member immediately.

Multidisciplinary and inter-agency team work

- The clients were involved in regular weekly meetings with staff to discuss progress, treatment and planning going forward.
- Staff reported positive working relationships with agencies in their local area to enable co-ordinated pathways of care. We saw entries in case notes, which demonstrated work with a local housing association and mental health teams.

Good practice in applying the MCA

- None of the staff interviewed demonstrated an understanding of the Mental Capacity Act (MCA) 2005. There was no policy in place for staff to refer to. Staff interviewed told us that they need training in this area.
- Staff recorded consent to share information in client care records for every client upon admission but this was not regularly reviewed with the clients.
- The provider obtained consent to treatment from each individual client. Staff did not conduct a capacity assessment with clients as a matter of course. There was no evidence of mental capacity assessments in the seven records examined. However, the evidence we saw suggested that clients generally had capacity, but that capacity might temporarily fluctuate based on use of substances and / or alcohol.

Equality and human rights

- Staff at the treatment centre told us that the service supports people with protected characteristics under the Equality Act 2010. The service offered at the treatment centre could be accessible for people requiring disabled access. There was a toilet in the building, which would be suitable for individuals who have mobility difficulties. There was no lift. If a client had mobility issues, the service would need to use the group room located towards the end of the garden to ensure privacy, as the client interview rooms were located on the first floor. None of the accommodations had disabled access.
- Equality, Diversity and Human rights training was not mandatory for the staff although staff told us that the service had provided some training previously. We were unable to ascertain what percentage of the staff had received this training.

Management of transition arrangements, referral and discharge

- The provider had established working relationships with other agencies, such as housing providers and employment charities.

Substance misuse services

- The service had an effective process in place for clients who leave the treatment unexpectedly. The clients were asked to sign a document, which states the discharge is against the advice of staff. Staff talked to the client around the dangers of relapse and harm reduction. Staff only give a limited amount of medication (two to three days), and communicated the client's decision to relevant people, to include the GP, care co-ordinator and families (where appropriate).

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed good, appropriate and respectful interactions between staff and clients. Staff felt passionate about their roles.
- Clients had universal praise for the caring, compassionate, helpful, non-judgemental, supportive, understanding and responsive service they receive.
- Staff explained confidentiality to clients and recorded this in the care records. Staff discussed client care with others only following client consent.
- The service had no established links with advocacy services for clients who use the service, their families and carers. The staff told us that staff had advised clients to contact the local citizen advice bureau or other local agencies in the past for advice.
- The service encourages client feedback and there were comment cards for clients, along with a box for posting in the reception area. The staff showed us previous comments, which was dated 2015.

The involvement of people in the care they receive

- Clients were involved in the care planning process. Clients told us that they could have copies of these if they wished. Clients form the care plans with staff, as opposed to the staff completing and asking them to sign. There was evidence of good collaborative working with clients.
- Families and relevant others were involved in a client's treatment if they gave consent.
- Staff provided clients and families with general information about the care and treatment.
- The service held regular family conferences, as well as a weekly support group where families could attend. Two people who had attended the support group told us how useful this was and would recommend to others.

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

Access and discharge

- The service accepted self-referrals as well as referrals from other agencies and professionals. The service aimed to take clients at short notice, if considered appropriate for treatment following an initial assessment. One client told us that they were accepted and admitted for treatment within one week, of which they were very grateful. Staff could assess clients in a crisis or in an emergency. The staff team were effective at managing bed occupancy levels and client mix. When staff assessed referrals, they considered current client mix.
- The service currently had two clients on their waiting list, which staff prioritised on a "first come first basis" system. However, staff told us that they try to accommodate referrals that were more urgent.
- The service had a consultant psychiatrist who works one day each week on a Wednesday. Therefore, admissions occur on Wednesdays so that the doctor can complete the necessary physical assessment and plan care and treatment with the staff and client. On other days the service would utilise the local GP service when required.
- The service employs a night intervention worker who works into the evenings up to 11pm. This staff member enters all accommodation to ensure that clients are in and are safe. They dispense medications if prescribed. After 11pm, the staff member is contactable via telephone, so that clients can contact if they have concerns.
- The service reported no clients who did not attend over the last 12 months, up to 17th March 2016. This meant that clients were motivated to remain in treatment offered.
- The service had 11 discharges over the past 12 months. Staff followed up clients within seven days of discharge. Clients generally accept the initial primary treatment over a 12 week period and further treatment would be tailored to meet individual client need.
- The facilities promote recovery, comfort, dignity and confidentiality
- The treatment centre had a variety of rooms available, to include a client common room, I interview room,

meeting room and a clinical room. The service utilised the available space well. The interview room offered a private space for clients and staff when having one to one meetings.
- Each accommodation offered a lounge / dining area, bedroom, bathroom and well-equipped kitchen.
- We saw a range of leaflets available in the reception area, including information on other agencies that could help clients, harm minimisation and safety information for people who may still be using drugs or alcohol.
- The service had a good-sized garden with sheltered space and seating. The outside space was clean and well maintained.

Meeting the needs of all people who use the service

- Information leaflets were only available in English. Staff told us that to date, there had been no demand for information in other languages, although staff would try to accommodate if required in the future. Staff told us that one client was turned down, as they did not speak English. The treatment centre felt that they could not accommodate treatment with the extensive language barrier. The service had no links with interpreting services. Staff told us that there had not been a need for this. However, managers told us that they are currently looking at their model, which includes how they can become more internationalised in the future.
- It would be difficult for a client who was a wheelchair user to utilise current accommodation offered, although the treatment centre would have adequate facilities during the day.

Listening to and learning from concerns and complaints

- The service told us that they had received no formal complaints over the past twelve months. A senior staff member referred to “grumbles” from clients, which were usually resolved quickly. Staff logged complaints as formal if they are in writing. Staff recorded the last documented complaint in December 2014. The service had investigated appropriately and was open and transparent in their response. We saw the service had a complaints policy, which was dated 2007 and had not been reviewed. The complaints procedure was in the reception area of the building so that clients and others could access.

Are substance misuse services well-led?

Vision and values

- The service had recovery based vision and values and these were clear to see throughout the building.
- Staff interviewed were aware of the vision and values of Focus 12.
- Senior members of the organisation had visited the service and staff knew who they were. Staff we spoke to were aware of the senior management structure of the organisation.

Good governance

- Inspectors could not ascertain what training is mandatory for staff, or if this had been completed due to the virus attack problems with the computers.
- Managers we spoke with told us that they felt they had sufficient authority to do their jobs; had sufficient administrative support in place, and had appropriate support from the board of trustees.
- Managers did not undertake internal audits to assess and monitor the quality of the service. Staff did not manage medications appropriately and managers were not aware of the issues. Managers did not investigate incidents when they were reported by staff. The senior management team had recently put together a clinical governance group, although no formal meetings had taken place. We acknowledge that this was a work in progress.
- Managers did not complete annual appraisals with staff, which prevented staff from accessing protected time to review their work performance and set development goals for the future.
- Staff told us that they receive supervision but we found no records that demonstrated this.
- There was no recruitment policy in place. This meant that positive disclosure and barring system returns were not highlighted and appropriate risk assessments put in place.

Leadership, morale and staff engagement

- The service did not have any active bullying or harassment cases.

Substance misuse services

- Staff were able to describe the whistle-blowing process and said that they felt able to report concerns to appropriate people. Staff knew where to locate the policy.
- All staff we spoke to were positive about the work undertaken at Focus 12 and spoke with passion about working with this client group.
- Staff and managers acknowledged that there has been some disharmony among the staff due to recent changes within the organisation.

Commitment to quality improvement and innovation

- The service promotes the use of 12-step yoga to clients, which was recognised nationally.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that staff are aware of their roles and responsibilities when reporting incidents and document these appropriately.
- The provider must ensure that all staff receive regular training around the safeguarding of vulnerable adults and children.
- The provider must ensure that the mandatory training identified is sufficient to support staff to carry out their roles safely and effectively.
- The provider must ensure that all staff receive training on the Mental Capacity Act (MCA) 2005. The service must have a policy on this for staff to refer too.
- The provider must ensure that there is safe management of medications.
- The provider must ensure that people admitted for detoxification from opiates and / or alcohol have an individual care plan detailing the care and treatment staff must provide to ensure risks to their health and safety are managed appropriately.
- The provider must ensure that there is a robust recruitment plan in place. Any positive declarations on the disclosure and barring service must have an accompanying risk assessment.
- The provider must ensure that staff received regular appraisals.
- The provider must ensure that all staff have regular supervision.
- The provider must ensure that there is an effective governance structure with processes in place to monitor service quality.
- The provider must ensure that client files are easy to navigate and staff are consistent in the reporting on client progress.

Action the provider SHOULD take to improve

- The provider should ensure that clients are offered blood borne testing which is offered in a timely manner.
- The provider should review their current information technology systems and have a contingency plan for documents stored which would not result in a loss of records.
- The provider should establish links with advocacy services for clients.
- The provider should ensure that all staff have a written and up-to-date job description.
- The provider should ensure that there is an up-to-date environmental risk assessment in place.

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
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance · There were no internal systems in place to monitor and improve the quality and safety of the service. · Managers did not regularly assess risks to clients that may be caused by the environment. · Policies were out of date and had not been reviewed. · Client records were not kept up to date with significant gaps in recording of progress. **This was a breach of Regulation 17(1) 17 (2) (a) (c)**

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
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 1. Recognised tools for detoxification and the withdrawal of opioids and alcohol were not routinely used, which would give an indication of withdrawal symptom severity for service users. Such tools include the subjective opiate withdrawal scale (SOWS), or the objective opioid withdrawal scale (OOWS) for opioids. For the detoxification and withdrawal of alcohol, there is the clinical institute withdrawal assessment (CIWA) or the alcohol withdrawal scale (AWS). Staff did not regularly monitor service user's physical observations (blood pressure, temperature and pulse). This practice is not in line with the national Institute for health and care excellence (NICE) guidance, in relation to best practice in detoxification or withdrawal of alcohol or opioids. The provider had a policy in place specifically relating to the management of opioid detoxification dated 2010. Senior staff had not reviewed the policy and staff were not following it. This will put the service user's safety and care at risk. 2. Staff were not trained in substance misuse or the administration of medicines. The provider did not have training records to demonstrate that staff employed had the necessary skills, experience and competence to care for service users. 3. The provider did not ensure that staff received regular supervision or annual appraisals. 4. The provider did not ensure the safe management of medicines. Medications were not stored correctly. The absence of a dated and incomplete policy means that there was not a safe and effective system in place to ensure that medication was being dispensed and administered properly. Staff did not correctly record medication that had been administered. Staff had not

This section is primarily information for the provider

Enforcement actions

recorded room temperature checks to ensure that medications were being stored correctly. Fridges used to store medication were domestic fridges and could not be locked.

5. The provider's medication policy was not dated and did not include guidance for staff on the ordering, storage, administration, and disposal of controlled drugs. Medication errors were not being logged as incidents. The last medication error log completed by staff was in 2014. We saw from client records that between May and August 2016 there had been six medication errors recorded by staff.

6. The provider did not ensure that all incidents were reported. The last incident form was completed in 2014. However, during inspection we found that two incidents had occurred over the past six months. One service user experienced a medical emergency and was transferred to the local general hospital for assessment and treatment. Another service user became physically disruptive towards property. Neither incident had been recorded on the incident log.

This was a breach of Regulation 12 (1) (2) (a) (b) (c) (g)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed 1. The provider did not have a policy for recruitment to ensure that staff appointed were safe, fit and appropriate to work with clients. 2. We examined five staff files. We found there were no references in two files, and the files of three staff members had only one reference. 3. The provider did not ensure that all staff had an up to date valid disclosure and baring service checks (DBS). We reviewed five DBS checks and found that criminal convictions had been identified. One DBS was

This section is primarily information for the provider

Enforcement actions

registered to a different employer; one examined did not have the disclosure number or the date issued visible. The fifth file examined had no information to reflect if there were any previous criminal convictions.

This was a breach of Regulation 19 (1) (a) (b) (2) (a) (3) (a) (b) and Schedule 3