

Freedom Recovery Centre Limited

Freedom Recovery Centre Limited

Inspection report

14 Pattenden Road
Catford
London
SE6 4NQ
Tel: 02083140333
www.freedomrecoverycentre.co.uk

Date of inspection visit: 26 April to 4 May 2021
Date of publication: 16/06/2021

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Inadequate



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as inadequate because:


- The provider had not ensured the care premises, equipment and facilities were safe. Important checks relating to health and safety had not taken place. This meant staff, volunteers and clients were at increased risk of avoidable harm.
- Staff had not received basic training to keep themselves and clients safe. Leaders had not ensured that staff and volunteers had stayed up to date with their mandatory training in areas including first aid, fire safety and medication awareness.
- Staff did not always assess risks to individual clients thoroughly, meaning there were potential gaps in the way they managed and mitigated risks such as self-harm. At our previous inspection, there were similar issues that the provider had failed to address.
- Staff did not engage in clinical audit to evaluate the quality of care they provided. Some aspects of care planning were out dated and did not follow national, best practice guidelines.
- The service was not well led. Leaders had lost oversight of the service, meaning performance and quality were not well managed. We found significant failures in governance processes and systems. For example, some staff and volunteers had not been risk assessed in terms of their susceptibility to COVID-19. Audits completed on staff records did not identify this issue. As a result, the service could not be assured it had identified and protected individuals who may be at higher risk of contracting the virus.
- Some policies and procedures had not been fully adapted to the service, were outdated or had not been implemented effectively. This included the provider's medication management health and safety and auditing policies and procedures. This meant staff did not always have clear guidance to inform them of how to carry aspects of their role safely and effectively.
- Leadership capacity and capability was insufficient to deliver high-quality, sustainable care. Leaders had lost oversight of the service, so performance and quality were not well managed. Where areas for improvement had been identified, the provider did not always act to rectify them.
- The provider had failed to complete the necessary checks required for directors to ensure they were suitable for their role. These checks are legally required under the fit and proper person requirement (FPPR) within Regulation 5 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014. The need to complete these checks had been highlighted to the service at our last inspection in December 2020.
- Some staff and volunteers reported that the service had been under increased pressure, during the COVID-19 pandemic and since our last inspection in December 2020, and they did not always feel well supported to fulfil their roles.

However:

- The premises was clean.
- The team included or had access to a range of specialists required to meet the needs of clients under their care. Staff worked together as a team and with relevant services outside the organisation. Staff adapted the support they provided based on feedback from clients.
- Staff treated clients with compassion and kindness. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff managed discharge well and directed people to alternative care pathways if the service could not meet their needs.
- The provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. This included supporting clients to find volunteering opportunities after discharge.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Inadequate 	

Summary of findings

Contents

Summary of this inspection

Background to Freedom Recovery Centre Limited	5
Information about Freedom Recovery Centre Limited	5

Our findings from this inspection

Overview of ratings	8
Our findings by main service	9

Summary of this inspection

Background to Freedom Recovery Centre Limited

Freedom Recovery Centre Limited is registered to provide accommodation for persons who require treatment for substance misuse. The service delivers a psychosocial support model based on the '12-step' recovery programme. As part of this clients attend group therapy, have access to individual support sessions with their allocated key worker and other activities such as completing life stories. The service only admits clients who have completed opioid or alcohol detoxification and are abstinent at the time of entering the service.

The service can provide accommodation for a maximum of five clients, of any gender, and was first registered with the Care Quality Commission in 2011. To avoid people having to share bedrooms and maintain social distancing during the COVID-19 pandemic, the service has limited the number of people staying on site over night to a maximum of three clients.

We carried out this inspection to check if the provider had made changes since our last visit in December 2020 and had sustained any improvements made. During this inspection we looked at all five of our key questions.

When we last inspected this service in December 2020, we carried out a focused inspection after concerns were raised with us during our ongoing monitoring of the service. Concerns included governance arrangements, infection control procedures, and how well the service managed risk and investigated safeguarding concerns. The inspection reviewed whether the service was 'safe' and 'well-led'. Following that inspection, we rated the service as inadequate overall and placed them into special measures. We also took urgent enforcement action and place conditions on the provider's registration to ensure it took action to keep people safe from avoidable harm.

In August 2019 we completed a fully comprehensive inspection of the service where we rated it as good overall.

At the time of the current inspection there was a Registered Manager in post. However, due to extenuating circumstances related to the COVID-19 pandemic, the Registered Manager had been working mostly remotely since March 2020.

What people who use the service say

We did not conduct face-to-face interviews with clients during our onsite visit. This was to limit the potential risk of transmitting COVID-19. We instead spoke to three clients over the telephone and reviewed recent feedback submitted by clients via our online 'Give Feedback on Care' service.

Feedback we received from clients was consistently positive about their experience of the service. Clients said that staff provided truly person-centred care. Clients said they felt they had been supported to be the leader of their own recovery journey and that staff and volunteers had been very empathic to their needs. Clients felt that staff and volunteers challenged them appropriately and treated them with respect.

How we carried out this inspection

This inspection took place during the COVID-19 pandemic. To minimise the risk of infection to clients, staff and our inspection team, we adapted our approach. Two inspectors visited the site on 26 April 2021 for half a day to complete essential checks. While on site we:

Summary of this inspection

- toured communal areas of the property and one unoccupied client bedroom
- reviewed paper records relating to three clients, one of whom had previously been a resident and one who was due to be admitted

The remainder of our inspection activity was conducted off-site. As part of this we:

- completed telephone interviews with three clients
- completed telephone interviews with four staff and volunteers working in the service
- held a telephone interview with the registered manager who was also a director
- we also gathered feedback from local commissioners
- looked at a range of policies, procedures and other documents relating to our concerns.

Our final telephone interview was completed on 4 May 2021.

Following this visit we took enforcement action to ensure people using the service were kept safe. We also spoke to commissioners to ensure they were aware of potential risks associated with the service. [RH1] Following this inspection, we rated the service as inadequate overall which meant it continued to be in special measures.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **MUST** take to improve:

The service must take the following action to bring it into line with legal requirements:

- The provider must assess the risks to the health and safety of clients, staff and volunteers and do all that is reasonably practicable to mitigate potential risks. This includes having up to date risk management plans for individual clients to protect them from avoidable harm. (Regulation 12(1)(2))
- The provider must ensure leaders maintain full oversight of service quality. Leaders must ensure regular checks happen to identify issues and follow-up action is taken when needed. (Regulation 17(1)(2))
- The provider must ensure all policies and procedures in place are relevant, appropriate for the service and staff and volunteers know how to implement them correctly. This includes full guidance on the proper and safe management of controlled drugs. (Regulation 17(1))
- The provider must ensure that staff complete mandatory training, so they have the necessary qualifications, skills and knowledge to deliver safe and consistent care. (Regulation 12(1)(2))
- The provider must carry out fit and proper person checks to ensure directors are of good character and able to carry out their roles effectively. (Regulation 5 (1)(4)(5))

Action the service **SHOULD** take to improve:

Summary of this inspection

We told the service that it should act because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

- The provider should ensure that clinical audit, benchmarking and quality improvement initiatives are used to make sure the service stayed consistent with national clinical guidance and best practice.
- The provider should consider potential negative impacts of increased work load on individual staff members wellbeing and how this can be minimised.
- The provider should ensure staff have received up to date training regarding the Mental Capacity Act and understand its application in relation to their role.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Inadequate	Good	Inspected but not rated	Good	Inadequate	Inadequate
Overall	Inadequate	Good	Inspected but not rated	Good	Inadequate	Inadequate

Residential substance misuse services

Safe	Inadequate 
Effective	Good 
Caring	Inspected but not rated 
Responsive	Good 
Well-led	Inadequate 

Are Residential substance misuse services safe?

Inadequate 

Our rating of safe stayed the same. We rated it as inadequate because:

- The provider had not ensured the care premises, equipment and facilities were safe. Important checks relating to the health and safety of staff, volunteers and clients had not taken place. Leaders had failed to ensure risks such as Legionella, fire and chemical hazards, and ligature anchor points had been properly assessed, monitored and managed. Some of these concerns had been raised to the provider by CQC in September 2019 but had still not been addressed. This placed people at increased risk of avoidable harm.
- Staff had not received basic training to keep themselves and clients safe from avoidable harm. Managers had not ensured that staff and volunteers had stayed up to date with their mandatory training in topics such as first aid, fire safety, lone working and manual handling. We checked the folders of five staff and volunteers, all contained gaps in relation to training that had been completed. Managers did not maintain oversight of mandatory training within the service and this had not improved since our last inspection.
- Staff did not always assess individual client's risk thoroughly, meaning there were gaps in the way they managed these risks. We reviewed three care records and found some risk assessments did not contain sufficient information. One client did not have an up-to-date risk assessment or management plan in place to show how the service had considered and mitigated potential risk faced by this client and others using the service. At our previous inspection, there were similar issues relating to risk management processes, but the provider had not taken sufficient action to rectify this issue.
- The service's medication management policy did not provide clear guidance on all aspects of medication management, including how to safely manage controlled drugs. Training in medication awareness, that should have been completed annually, had not been completed by any member of staff for at least two years.
- Some staff and volunteers had not been risk assessed in terms of their susceptibility to COVID-19. Audits completed on staff records did not identify this issue. As a result, the service could not be assured it had identified and protected individuals who may be at higher risk of contracting the virus.

However:

- The premises where clients received care was clean and well-furnished. The service had made some improvements in relation to infection control procedures since our last inspection. Cleaning rotas were now kept and showed where staff and clients had disinfected. All staff, volunteers and clients now wore adequate personal protective equipment (PPE), in line with national guidance.

Residential substance misuse services

- Staff and volunteers knew how to report incidents and how to protect clients from abuse. Staff had received training in safeguarding and would work with other agencies to address concerns relating to clients' safety when needed.
- Staff ensured all clients were registered with the GP and their physical health was assessed. Staff supported clients to access medication reviews to monitor potential side effects.
- Clients could access out of hours support from staff by ringing an on-call telephone helpline.
- Staff had access to essential information regarding the care and treatment of clients.
- Staff screened clients before admission and would not admit anyone outside the service's agreed admission criteria.

Are Residential substance misuse services effective?

Good 

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed clients' needs before and on admission to the service. We reviewed the care records of three clients: one current client, a client who had been discharged and a future admission whose referral had been accepted. Staff had worked with the clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented.
- Staff provided care and treatment interventions suitable for the client group. The service delivered psychosocial support to clients based on a 12-step programme using a mixture of group and individual counselling sessions. As part of their recovery, clients completed life stories, meditation and movement therapy. The service did not offer medical detoxification. Staff ensured that clients had access to physical healthcare and supported clients to live healthier lives.
- Staff adapted their approach based on feedback from clients. Staff supported clients to complete self-assessment tools as a way of monitoring outcomes of their treatment.
- Staff and volunteers had access to appraisals, supervision and an induction programme. Although staff had not stayed up to date with some mandatory training modules, they did have access to other training. For example, two staff members were completing leadership and management training at the time of our inspection. The provider had also paid for staff and volunteers to access health and social care training via a national vocational qualification (NVQ).
- Staff worked with services outside the organisation, including social services, supported accommodation providers, GP surgeries and community peer support groups to support clients. Staff and volunteer meetings took place every six weeks and staff would meet daily to reflect on how clients were feeling and to address any concerns they had.

However:

- Leaders did not ensure clinical audit, benchmarking and quality improvement initiatives were used to make sure the service consistently followed best practice guidelines. For example, the assessment used by staff to understand client's risk of self-harm did not follow current guidance published by the National Institute of Health and Care Excellence (NICE).
- Staff had not completed training regarding the Mental Capacity Act for some time and did not always demonstrate a good understanding of how to assess clients' capacity.

Are Residential substance misuse services caring?

Inspected but not rated 

We did not rate this domain. We found:

Residential substance misuse services

- Staff and volunteers treated clients with dignity, compassion, kindness and respected their privacy. Despite some issues we found relating to the safety and leadership of the service, we received positive feedback from clients about their experience.
- Many staff and volunteers had lived experience of the service and demonstrated great empathy towards clients.
- The service was person-centred and clients we spoke to said they were felt empowered to take control of their own recovery. Staff involved clients in care planning and asked them for their opinion about the care and support provided. They ensured that clients had access to additional support where needed such as community peer support groups and social services.
- Staff involved families and carers appropriately. At the time of our inspection, visitors were not allowed on site due to COVID-19, but protocols were in place to facilitate visits when possible. Clients were also supported to use therapeutic leave from the service when needed. Clients told us they felt staff encouraged them to nurture supportive relationships with those close to them as part of their recovery.

However:

- As detailed in our findings under safe and well-led, the service did not ensure it was able to meet the needs of clients safely. Staff and volunteers were also put at risk of potential harm due to poor management of health and safety on site. Changes needed to improve the overall quality of care were not always carried out. These findings undermined the quality of the service and limited the integrity of the provider in its ability to provide a truly 'caring' service.

Are Residential substance misuse services responsive?

Good 

Our rating of responsive stayed the same. We rated it as good because:

- Staff planned and managed discharge and admission well. The service would signpost to alternative care pathways for people whose needs it could not meet. If clients decided to self-discharge, staff would take steps to keep people safe where possible and alerted client's care managers. Where appropriate, the service offered bursaries to help fund clients who needed to stay longer than their commissioned place. Clients had access to step-down aftercare at the service after completing their full residential programme. Clients were able to access out-of-hours support line even after their discharge.
- The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity. Following our last inspection, the service now only offered single occupancy bedrooms to help maintain social distancing during the COVID-19 pandemic. Each client had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy. The service had outdoor space that had been decorated by clients as a lockdown project.
- The service could access resources, such as translators, to meet the needs of clients, including those with a protected characteristic or with communication support needs. Unfortunately, due to building layout the service was unable to offer accommodation for clients who required ground floor access.
- There had been no formal complaints made about the service since we last inspected. Where informal concerns had been raised by clients staff had investigated and reflected on them with the whole team. Regular community meetings were held to ensure clients could raise concerns and there was a suggestion box on site for people to post concerns anomalously.

Are Residential substance misuse services well-led?

Residential substance misuse services

Our rating of well-led stayed the same. We rated it as inadequate because:

- Leadership capacity and capability was insufficient to deliver high-quality, sustainable care. Due to extenuating circumstances, related to the COVID-19 pandemic, the Registered Manager had been working mostly remotely since March 2020. In their absence, the provider had failed to ensure the responsibilities of the Registered Manager had been fulfilled. Where duties had been delegated to other staff, they had not received enough training or guidance to ensure they could carry out these roles effectively.
- Our findings from our other key questions demonstrated significant failures in governance processes and systems. As a result, service performance and risk were not managed well. Following our last inspection, we used our enforcement powers to tell the provider to improve the way the service was governed. The service had not taken enough action to address these concerns. For example, the provider did not have systems in place to ensure that health and safety was assessed, monitored and managed, potentially putting people at risk of avoidable harm. A number of risk assessments relating to fire safety, Legionella, hazardous substances had not been completed or were out of date. An infection prevention control (IPC) audit had not been completed for the service despite this being added as a condition on the provider's registration in December 2020.
- Leaders had failed to ensure the quality of the service was properly checked, recorded and areas of improvement identified. Where areas for improvement were identified they were not always actioned. Some areas of the service had not improved over time. Following our inspection in August 2019 we highlighted the provider should ensure policies are relevant and appropriate for the service. We took further action after our inspection in December 2020 and asked the provider to make these changes by March 2021. During this inspection we found some policies and procedures were still not relevant to the service or had not been implemented, this included the medication management policy and audit policy.
- Leaders did not routinely collect analyse or evaluate information to ensure the service remained as effective as possible. The provider did not benchmark itself against other similar services. Care planning did not follow the most up to date national guidelines on best practice. Staff were not involved in any quality improvement activity or projects to develop the service.
- The provider had failed to ensure the relevant checks were completed for directors to ensure they were suitable appointments for their role. This includes checks such as obtaining a full employment history and checking that the appointee has the relevant qualifications, competence, skills and experience which are necessary for the position. These legally required checks had been highlighted to the service as an area for improvement at our last inspection.
- Some staff and volunteers reported that the service had been under increased pressure in the last few months due to COVID-19 and enforcement action from our previous inspections. Some staff said their workload had increased and they did not always feel supported to fulfil their roles.
- Feedback from other local stakeholders was varied. Some commissioners raised concerns around the leadership and approach to risk management within the service. They also noted delays in communication with the Registered Manager. Others said they felt the service was useful for people who had completed detox but required further social support before living independently.

However:

- The provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. This included supporting clients to find volunteering opportunities after discharge.
- Staff knew and understood the provider's vision and ethos and applied it in their work.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

The provider did not carry out fit and proper person checks to ensure directors were of good character and able to carry out their roles effectively.

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

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

- The provider did not assess or take steps to mitigate risks to the health and safety of clients, staff and volunteers. Up-to-date risk management plans were not in place for some clients.
- The provider did not ensure that staff complete mandatory training. This meant they were not assured staff had the necessary qualifications, skills and knowledge to deliver safe and consistent care.

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The provider had not ensured leaders maintained full oversight of service quality. Leaders did not carry out regular checks to identify issues and ensure follow-up action was taken when needed.

This section is primarily information for the provider

Requirement notices

- Some policies and procedures in place were not relevant, appropriate for the service or were not implemented correctly. This includes guidance on the proper and safe management of controlled drugs, health and safety and auditing.