

Brighton Oasis Project

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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.

Summary of findings

Overall summary

- Brighton Oasis Project did not always undertake pre-employment checks on staff before they commenced employment. The service did not undertake disclosure and barring service (criminal records) checks (DBS) for staff in administrative and trustee roles. There were no records to show us how it had assessed and mitigated this risk to clients or their children.
- The ground floor toilet area had three cubicle toilets and sinks. Staff used this area to complete urine drug screens of clients, to test for substance use, pregnancy tests and client self-tests for sexually transmitted diseases. Whilst the toilet area was used daily, routine cleaning of the area was undertaken twice weekly. The service had not identified this as a cross contamination risk.
- Risks to staff were not properly assessed and reviewed. Staff did not carry the personal alarms available for them to summon assistance in the event of an incident.
- We found that there was no record of calibration of the breathalysing equipment.
- The service was unable to show us how it learned from incidents and serious events as staff were not recording incidents through the service's reporting system. Not all staff were confident in what incidents should be recorded. The Care Quality Commission (CQC) were not notified of reportable events in the service.
- Brighton Oasis Project did not undertake audits to measure the quality of the service provided or improve its performance. Clients' care records were not audited so there was no means of measuring the quality of risk assessments or care plans. There was no system for learning from incidents or identifying incident themes and trends. Where monitoring was undertaken by another provider there was no record of how the service responded to the information so that the service could be improved.
- Staff at Brighton Oasis Project prioritised safeguarding children in families and maintained strong links with the local safeguarding team. There were comprehensive child and adult at risk safeguarding protocols which were in line with national guidance. Staff were clear and knowledgeable about their role in protecting clients and their children.
- Staff developed strong therapeutic alliances with clients. This ensured clients felt safe in the service. Interventions provided were in line with national guidance.
- Staff were proactive in engaging and maintaining contact with clients who were disengaging with the service. Staff provided outreach services to clients with complex needs and with whom services had difficulty engaging. The sex workers' outreach project routinely offered women self-tests for sexually transmitted diseases. All clients accessing the needle exchange or using opiates were offered Naloxone to take with them. Naloxone is used to reverse the effects of opiate overdose in an emergency.
- There was an established staff team in the service who knew the vision and values of Brighton Oasis Project and told us they felt supported in creating an empowering culture for women. Management, including the director, were visible around the service and regularly met with staff and clients. This open approach was reflected in the service's low staff sickness and turnover rates.
- The service had commissioned a comprehensive fire risk assessment and were acting on its recommendations.

Summary of findings

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Brighton Oasis Project

Services we looked at

Substance misuse services

Summary of this inspection

Background to Brighton Oasis Project

- Brighton Oasis Project is a drug and alcohol charity. It became a registered provider for community based drug and alcohol services in Brighton and Hove on 12 March 2014.
- Brighton Oasis Project is part of a larger partnership organisation that works together to provide drug and alcohol treatment and recovery services to people living in Brighton and Hove. Within the partnership the role of Brighton Oasis Project is to coordinate the care and treatment of clients referred to the service and provide psychosocial interventions for clients with substance misuse problems. Other organisations within the partnership provide different roles such as the provision of medical assessments and community and inpatient detox services. Within this report these partnership organisations working with Brighton Oasis Project are referred to as 'another provider'.
- The service is registered for the following activities: Treatment of disease, disorder and injury There was a registered manager in post at the time of the inspection.

Our inspection team

The team that inspected Brighton Oasis Project service comprised CQC inspector Zita McCarry (inspection lead), one other CQC inspector, and a specialist advisor with experience working in substance misuse services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

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

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment, and observed how staff were supporting clients
- spoke with five clients
- spoke with the manager and the team leader
- spoke with the director for the service

Summary of this inspection

- spoke with four project recovery workers
- looked at four client care records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with clients to get feedback about the service. All feedback was good with clients saying that the service was friendly and positive. Clients found staff helpful, supportive and caring. Clients felt educated from the service and found that they had learned more about

themselves since attending group work and one to one sessions. Staff supported clients through their recovery. Clients told us staff were non-judgemental and motivated them to stay in the programmes.

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 had been recruited and were working in the service without appropriate pre-employment checks. The service did not undertake checks for some groups of staff such as those working in administrative and trustee roles. There was no record that the service had assessed the risks of not undertaking these checks.
- Staff were not recording incidents on their reporting system. The service was unable to provide any records that showed us staff knew what constituted an incident, how it should be reported or fed back to staff.
- Staff did not identify or mitigate risks such as cross contamination in the ground floor toilet area. The cleaning schedule for this area was insufficient.
- Staff did not use personal alarms despite working alone on various floors of the building.

However, we also found areas of good practice:

- Staff undertook a parenting capacity assessment when clients who had children came to the service.
- Clients with children were provided with secure storage for their medication.
- Staff were trained in the administration of Naloxone which is medicine to reverse the effects of opiate overdose in an emergency.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients attending group psychosocial interventions were provided with recognised effective therapy that met national guidance.
- Staff were effective in signposting clients to other services to support their recovery.
- Staff used national clinical guidance to guide their group and one to one sessions.

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

Summary of this inspection

- Staff had no training or policy guidance on the principles of the Mental Capacity Act 2005 so they could respond appropriately in the event that a client lacked capacity.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were supportive and respectful to clients and interventions were provided in a non-judgemental way.
- Group and one to one sessions were provided by staff that were known to the client and with whom they had a strong therapeutic alliance.
- Staff were clear about confidentiality and were open with clients when they had to breach client confidentiality.
- Clients were involved in their care planning and goal setting.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients' records were held securely and were only be accessed by authorised workers.
- Clients were able to get assistance promptly using the open access service.
- Complaints were recorded and investigated appropriately.

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

- The toilet area used for drug, alcohol and self-testing procedures was not appropriate for its purpose, because clients' dignity and privacy was compromised by the arrangements for screening procedures.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- The service did not undertake sufficient audits and monitoring that would identify risks and ensure these areas were improved.
- The service did not ensure incidents were recorded, reviewed and actioned promptly.
- The service did not adhere to its own policy on the safe recruitment of staff.

Summary of this inspection

However, we also found areas of good practice:

- The staff team had a clear understanding and commitment to the vision and values of Brighton Oasis Project.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff told us they did not see any clients who lacked capacity and in the event that a client attended whilst

intoxicated they would not be provided with any group or one to one interventions. Staff had not received training in the principles of Mental Capacity Act 2005 nor was there any policy to provide them with guidance.

Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse/detoxification services safe?

Safe and clean environment

- Brighton Oasis Project was arranged over four floors in a terraced building with two rooms on each floor which were accessed by a narrow staircase. There were a range of rooms on all floors that staff could use to provide individual or group sessions with clients. The office and therapy rooms appeared clean and tidy and had recently been redecorated.
- There was an infection control policy in place and we found staff had a good understanding of the principles of infection control and the protocols to follow regarding needle stick injuries. The ground floor toilet area had three cubicle toilets and sinks. Staff used the toilet area to complete urine drug screens of clients, to test for substance use, pregnancy tests and client self-tests for sexually transmitted diseases. The service had not identified this as a cross contamination risk. Whilst the toilet area was used daily, routine cleaning of the area was undertaken twice weekly.
- In the event staff suspected a client was under the influence of alcohol they breathalysed them to determine if they were able to engage in group or one to one therapeutic sessions. We found that there was no record of calibration of the breathalysing equipment. Calibration ensures that monitoring equipment produces accurate recordings. There was no emergency medical equipment in the service; staff told us that they would call the emergency services in the event of a sudden health crisis.
- Personal alarms were available to staff to summon assistance in the event of an incident. However staff chose not to use these. Staff told us that they were

sufficiently skilled at assessing clients when they visited the service and that they would not see a client who was agitated or under the influence of alcohol or drugs. They told us the activation of an alarm may escalate an incident of aggression. However, there were no records to show us the service had assessed this was an adequate step in maintaining staff safety at work. We found that when the service provided drop-in services, such as needle exchange, additional staff were available in the building.

- The service provided needle exchange to ensure that injecting drug users had access to clean injecting equipment and harm reduction advice such as alternative using methods. There was sufficient stock and choice of injecting equipment available. The service did not hold any medicines other than Naloxone, which is a medicine to reverse the effects of an opiate overdose in an emergency.
- The provider undertook a comprehensive fire risk assessment which identified and prioritised actions to be taken to mitigate against the risk of fire. We saw that staff were addressing the actions within the timescale of the action plan. Staff undertook and recorded regular environmental risk assessments, the record included an expected action date for completion.
- The provider had a lone worker policy with guidance on how to maintain staff safety when undertaking outreach work with clients. Staff described how they informed their colleagues of their location and expected end time of appointments. Outreach workers signed in and out of the service and reported back to their colleague at the end of each visit. There was a strategy in place in the event they did not report in to the office.

Safe staffing

- Brighton Oasis Project adult services employed 12 substantive staff in a mix of full and part-time positions,

Substance misuse/detoxification

all staff were female. Senior management used a workload management scheme to calculate the staffing needs of the service. This was a system that calculated time allocated to typical activities for individual roles. Staff who worked full time as project workers told us they held a caseload of 30 clients and this figure was adjusted according to the hours they worked.

- There were no vacancies in the service. The service had a low sickness level at 2% for the 12 months ending 30 June 2016. Senior staff told us there was a strategy in place to cover staff vacancies or absences and that the service had not used agency staff for these purposes. Senior staff assessed that it would present increased risks if unfamiliar staff undertook client based work such as group or one to one sessions. They told us they would adjust the appointments or group activities.
- There was a low turnover of staff. Information submitted to us before the inspection showed that one member of staff had left the service in the 12 month period ending 30 June 2016. This equated to 8% of the staff team. The service had a strategy in place around annual leave arrangements to ensure the service delivered was not affected by staff leave.
- Five out of the six mandatory training areas were e-learning modules provided by the local authority. On completion of each module staff completed a quiz to test their knowledge.
- The medical assessment and treatment for clients who were prescribed detox medication was provided by another service. Brighton Oasis Project staff liaised with the medical team regarding substitute prescribing. Substitute prescribing is the practice of using substitution medications such as methadone in the treatment of opiate addiction. Clinicians from the external service provided Brighton Oasis Project staff with clinical supervision.

Assessing and managing risk to clients and staff

- Two members of staff employed in the service did not have disclosure and barring service (criminal records) certificates (DBS). One of these staff did not have references from previous employers. There were no DBS certificates for staff employed in administrative roles. There was no record of how the Brighton Oasis Project assessed and managed this risk to clients or children.

- Staff asked clients to provide a drug or alcohol screen during their initial assessment. Clients were also offered self-testing for sexually transmitted diseases and blood borne virus screening if identified as at risk. The results of these tests were sent to either the client or the other provider to be reviewed. It was the function of the other provider to undertake a comprehensive risk assessment, that included physical health check, drug screen, reported prescribed medication and psychiatric assessment, which included risk of self-harm or suicide. This information was then electronically shared with staff at Brighton Oasis Project.
- Staff at Brighton Oasis Project prioritised safeguarding children in families. There were comprehensive child and adults at risk safeguarding protocols which were in line with national guidance. Information on how to raise safeguarding concerns were displayed on noticeboards. Staff had a strong focus on supporting clients to feel safe and safeguard their children from abuse. Staff at the service contributed to a safeguarding register for adults and children. However, risks around physical, mental and medical health were managed by the other provider.
- Brighton Oasis Project undertook a parenting questionnaire which identified possible risks to children. Staff provided safe storage boxes to hold medicine securely if there was any child living with the client.
- The assessments and risk management plans were up to date. Risk assessments were reviewed every three months or more frequently in the event of an incident.
- We reviewed the summaries of three multi-disciplinary (MDT) meetings to check staff had taken actions as recommended in the MDT. Staff had not reviewed a risk assessment for one client following allegations of a serious assault which increased their risk of harm. For a second client, case notes had not been updated to reflect the discussion that had taken place at the MDT. For the third client staff acted promptly and made a referral to the multi-agency safeguarding hub (MASH) when they knew of the client's pregnancy.

Track record on safety

- In the 12 months ending 30 June 2016 there had been two serious incidents involving the deaths of two people known to the service.

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Reporting incidents and learning from when things go wrong

- We were unable to review any records of reportable incidents. Senior staff told us that the other provider had implemented Datix, a system of recording, reporting and managing adverse events in
- We were told of two information breaches that should have been recorded but were not. Whilst staff were able to describe the events and how they occurred there was no record to demonstrate the events had been reviewed and lessons consistently fed back to staff for service improvements. We saw that despite the lack of recording, there had been lessons learned from the events and staff were able to describe how improvements had been made in the management of confidential information.

Duty of candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. The manager described investigations made into an earlier complaint about the safety of a client's care and treatment. The service had been open and transparent with the complainant. However, as staff did not maintain a record of incidents, the service had no means of demonstrating that safety incidents would be responded to appropriately.

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

Assessment of needs and planning of care

- Brighton Oasis Project received self-referrals from clients, the criminal justice system, social services, drug and alcohol detox services and GPs. Physical, medical and mental health assessments were undertaken by another provider and electronically shared with staff.
- Clients attended Brighton Oasis Project for a range of psychosocial interventions to support them manage or recover from drug and alcohol dependency. When clients were introduced to the service, staff assessed

their needs using an outcome star tool. The assessment reviewed 10 areas of a client's life such as their drug and or alcohol use, physical health, accommodation, family relationships and financial concerns.

- Staff undertook a parenting assessment for all clients with children and routinely checked if the child was known to social services. In the event of the child living with the clients, the home was provided with secure storage facilities for medication and injecting equipment.
- For clients who were alcohol dependent, staff undertook an alcohol screening test called the Alcohol Use Disorders Identification Test (AUDIT). The test identifies problematic alcohol consumption.
- We looked at four care plans and found that they were brief but focussed and based on the issues identified in the assessments. Care-coordinators referred clients to another provider for physical, mental and medical assessments and where a prescribing treatment plan was developed. Admissions to in-patient or community detox treatments were planned by the other provider which also monitored clients' abstinence, health or medication during detox.
- Staff were allocated a clinical supervisor who they consulted in the event of issues regarding a client's medication. The clinical supervisor provided supervision to staff.
- We found that consent to sharing information was gained on admission into the service. Staff were clear with clients about confidentiality and the circumstances in which sharing information with third parties may arise, such as safeguarding children concerns.
- Staff provided psychosocial interventions to both individual clients and groups. We observed staff using motivational interviewing techniques in their sessions with clients. Motivational interviewing is a goal-oriented, counselling style to promote behaviour change by helping clients to explore and resolve ambivalence about their drug or alcohol use.
- The service offered a female sex workers outreach project that routinely offered women self-tests for sexually transmitted diseases. All clients accessing the

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needle exchange or using opiates were offered Naloxone. All the team were trained in teaching clients on how to administer Naloxone in the event of opiate overdose.

Best practice in treatment and care

- We found that consent to treatment and sharing information was gained on admission into the service. Staff were clear with clients about confidentiality and the circumstances in which sharing information with third parties may arise, such as safeguarding about children.
- Staff in the service measured the effectiveness of their interventions by using Treatment Outcomes Profile (TOP). This assessment checked the areas of a client's life that can make a difference such as relationships, health, offending behaviour and substance misuse.
- The National Institute for Health and Care Excellence (NICE) (CG51) recommends that maintaining a client's engagement with the service should be a major focus of the care plan. We found that not all care plans had arrangements in place in the event clients disengaged from the service. The policy to guide staff was from another provider. From reading entries on client records we saw that staff at the service put considerable effort and time into trying to re-engage clients, they sent texts offering support and appointments.
- Staff did not routinely take part in clinical audits or audits of the records held. However, through management supervision staff received feedback regarding the completion of areas such as risk assessments and care planning.
- Clients were offered dry blood spot testing to check for blood borne viruses (BBV) such as hepatitis A, B and C. Positive results were sent to another provider who administered vaccinations and completed referrals to specialists with the clients consent. The take up rate of these was monitored by another provider. Staff reported that they respected clients' wishes if they opted out of being tested for blood borne viruses.

Skilled staff to deliver care

- Staff were trained in teaching clients on how to administer Naloxone in the event of opiate overdose.

- The majority of staff in the services had been in post for several years. All staff had backgrounds in working with people who had substance misuse problems. The team in adult services consisted of a service development manager, administrative staff, a service manager, two qualified social workers and six project workers who undertook care-co-ordinator and keyworker roles. Staff who delivered medical, physical health and prescription services were provided by another service.
- Newly appointed staff were provided with an induction which covered the service's mandatory training, to be completed within a six week timeframe. All the staff employed by Brighton Oasis Project had structured supervision. Staff received clinical supervision from another provider. This ensured that care-coordinating staff and keyworker staff had a forum to discuss clients' treatment needs and risks. Management supervision was provided to staff on alternate months. It focussed on the development needs of staff, values of the organisation and caseload review. Staff described how this supervision process fed into their annual appraisal.

Multidisciplinary and inter-agency team work

- Brighton Oasis Project provided psychosocial interventions and co-ordinated clients care and treatment in other inpatient and community detox services. Through group work and one to one sessions, staff also signposted clients to other services to support their recovery or abstinence. For example, Alcohol and Narcotics Anonymous meetings, creative writing courses, and self-management and recovery training (SMART) and peer support groups within the service.
- Weekly multi-disciplinary team meetings (MDT) were arranged by another provider and staff from Brighton Oasis Project attended if one of their clients was being reviewed. Staff also brought clients for review in the event they had concerns around risks or difficulties coordinating their care. Clients did not attend the MDT.
- We found that staff had robust links with other services and they worked at maintaining these contacts. On records, we saw how staff liaised with various agencies such as hostels, GPs, criminal justice system and social workers. In particular the service had a strong working relationship with child protection services.
- At the end of 2015 the local authority undertook a multi-agency audit of parental substance misuse. It

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found that staff at Brighton Oasis Project were child focused, maintained a strong working alliances with the client, shared risk information appropriately and attended multi agency meetings.

Good practice in applying the Mental Capacity Act

- Staff told us they did not see any clients who lacked capacity and in the event that a client attended whilst intoxicated they would not be provided with any group or one to one interventions. Staff had not received training in the principles of Mental Capacity Act 2005 nor was there any policy to provide them with guidance in the event a client lacked capacity.

Equality and human rights

- Equality training was provided by Brighton Oasis Project e-learning module and the service had an equality and human rights policy. We found on care records that staff demonstrated support for a transgender client. The service had a performance goal to increase the percentage of lesbian, gay, bisexual and transgender clients who received psycho social intervention. This was monitored by another provider.

Management of transition arrangements, referral and discharge

- Most clients were referred by the local authority's children's safeguarding service. People could also be referred to the service by the criminal justice system, homeless services, and drug and alcohol treatment services. Clients were able to access the service independently through its open access service. The service also provided outreach work with women who had complex needs and were reluctant to engage with services.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- Staff treated clients with dignity and respect. We observed people receiving interventions such as group work and found that the staff were knowledgeable about the needs of the participants. They listened to the

client and gave them time to talk through their anxieties and issues that concerned them. Clients were provided with a supportive environment in which to set achievable goals.

- Clients told us that staff created an environment in which they were safe to talk about how they felt and to discuss issues that affected them daily. They said staff were skilled in running groups and that despite not always liking their message, they did not feel judged or undermined. Clients we spoke with were clear that staff had explained how they managed information and the rules on sharing information. They said that staff were open and honest about when they would breach a client's confidentiality.

The involvement of clients in the care they receive

- Clients were involved in creating their own recovery plans. On access to the service staff were always careful to find out what the clients expectations and goals were and then they would see how they could facilitate them. Staff described the interventions offered such as group or one to one work. Much of the group and one to one sessions focussed on clients' goals and discussions on how to achieve them. Staff described how they used client strengths to build on recovery, for example, they worked to further develop a client's interest area in order for them to use it as a tool for recovery and engage them in future courses.
- Clients were consulted about the running of the service through surveys. We found clients had been consulted on how the new partnership of organisations was working. Their views were sought on what they felt was good and what needed improvement.

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

Access and discharge

- The service provided open access that enabled clients to come in for immediate support and assessment. This meant that planning treatment and support for clients was quicker. Some clients with complex needs and who were less likely to engage with services were enabled to access the service through staff's outreach work. If

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clients needed to access the service for an alcohol and or drug detox, then the care-coordinators would liaise with another organisation to arrange an assessment for either inpatient or community detox. Staff told us that they always liaised with GP's for medical history as part of supporting clients access the service.

- Each recovery worker had an average equivalent of 30 clients per full-time worker. Clients on caseloads were receiving varying levels of support and intervention. Staff saw clients at a variety of locations such as in their own homes, the service or in the community. Staff were proactive in their attempts to re-engage clients who missed appointments or stopped the programme before completion. However, we saw evidence of clients remaining on caseloads despite not being seen or having contact for several months.
- There were a total of 220 substance misuse clients discharged from the service in the 12 months prior to 31 July 2016.
- Staff worked to maximise client engagement within the service. Whilst group and one to one interventions were arranged on set days staff tried to be flexible, particularly for people with complex needs or those who had difficulty engaging with the services. As a result they would try and be as adaptable as possible with outreach work, home visits and telephone appointments. Outreach staff provided later evening access times, once weekly.
- The service provided crèche facilities for clients who had young children at home. This ensured they had dedicated time to attend their recovery programmes. Staff liaised with criminal justice services to assess clients that were required to undergo treatment as part of a court order.
- All client records were held electronically on a system known as Nubula and were only accessible to authorised staff.
- There were a range of rooms for one to one sessions and group work. Rooms were adequately sound proofed to ensure privacy. There was no clinical room for undertaking drug and alcohol screening. Screening tests were undertaken in an area containing three toilet

cubicles. The toilet area opened directly unto a waiting area. During our two day visit we observed that the door to the toilet area remained open. This arrangement undermined clients' dignity and privacy.

- The group room on the ground floor was an extension to the back of the building. Due to glass window and doors there was a clear line of vision into this group room. This arrangement undermined clients' confidentiality.
- There was a kitchen on the first floor for clients and staff to use, staff said that this was a good room to informally speak with clients. Until recently the kitchen was also used for supported cooking activities.
- There was information displayed on the walls with a wide range of leaflets that told clients about local services as well as information educating people on the risks of drug and alcohol use. In both group and one to one sessions, staff provided clients with information to signpost them to other services that would be helpful in their recovery.
- We saw information that advised clients how they could make a complaint about the service. There was information on treatments, rights and responsibilities. Clients were provided with feedback in a "you said, we did" format posted at the entrance to the service.
- Clients were provided with a group based programmes on a range of subjects and themes such as life skills to maintain recovery. Staff who ran groups used motivational interviewing techniques and strong therapeutic alliances to ensure clients felt supported and heard. We found that staff were very skilled and open minded to new ideas and activities when it came to group work.

Meeting the needs of all clients

- Brighton Oasis Project was not accessible for clients who needed step free access to the service. Staff told us that in such instances they would provide an outreach service.
- Staff signposted clients to other external services such as Alcoholics Anonymous and Narcotics Anonymous for additional recovery support within their 12-step programmes. Within the service staff provided self-management and recovery training (SMART) groups which clients in recovery were required to attend as part of their programme.

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- The service was open Monday to Friday and did not offer interventions on weekends. Clients were provided with emergency contact details.
- We found that the staff worked on ensuring accessibility to the service. For example there was evidence that the service had responded when clients spoke a different language. The sex workers outreach project recognised the difficulties women may experience in discussing their needs. To support access to the service, potential clients were provided with a mobile contact number so they could text staff.

Listening to and learning from concerns and complaints

- Clients were given information on how to make a complaint about any aspect of the service. Clients said that they would be able to complain if they needed. Two formal complaints were made in the last 12 months ending 30 June 2016. One (50%) of these was upheld. No complaints received had been referred to the Parliamentary and Health Service Ombudsman (PHSO).
- We found that staff recorded the nature of complaints and action taken. However they were not managed through the Datix reporting system. There was a policy to guide staff on how to receive and manage complaints. Staff tried to resolve complaints quickly at a local level but if this was not possible formal complaints were investigated by management. Management looked to resolve the complaint within 28 working days. The complaint records detailed the action taken by the service and the lessons learned.
- Staff were fed back complaint outcomes through the team meetings. We found examples of changes made to the service as a result of complaints raised.

Are substance misuse/detoxification services well-led?

Vision and values

- The day to day running of the organisation was overseen by the director who reported bi-monthly to the Board of Trustees. The trustees undertook an advisory role and had a range of experience in human resources, health and social care, finance, safeguarding, social work and substance misuse. Staff were well aware of the

vision and values of the service and told us they felt supported in creating an empowering culture for women. Management, including the director, were visible around the service and regularly met with staff.

Good governance

- Brighton Oasis Project was working in partnership with other organisations to provide substance misuse services in the city. The arrangements had been in place for 18 months at the time of this inspection. The service care-coordinated client's care and treatment and provided psychosocial interventions.
- Another provider gathered key performance indicators and provided a quarterly review of the services performance against them. Brighton Oasis Project was provided with figures on key performance areas such as increasing offers of blood borne viruses screening and the numbers of clients successfully treated. The information gathered fed into the performance monitoring undertaken by the commissioner.
- We found that the system was not sufficiently robust to maintain good governance and oversight of the service. We had difficulty getting sufficient information about the service's safety. In particular, a serious incident record and related learning was not available to either the inspection team or the manager with oversight of these areas. The service had not informed the CQC of two notifiable events.
- Staff received mandatory training and supervision regularly. Management in the service oversaw this function and staff told us they felt well supported. Whilst staff did not yet undertake clinical audits, the service had developed an audit tool to monitor the effectiveness of their safeguarding protocols and practice.
- We found that staff had good knowledge and oversight of client needs and risks. Client records were reviewed as part of management supervision. Clients were provided with good continuity of care by staff who were skilled at developing strong therapeutic alliances. This ensured that staff knew when recovery plans and risk assessments needed updating.
- Brighton Oasis Project updated and reviewed policies and protocols, which were approved by the Board of Trustees.

Substance misuse/detoxification

- We found that the recruitment process and protocols had been updated and reviewed. A new human resource system to flag training and recruitment such as staff disclosure and barring service certificate renewal dates was used. However staff did not always adhere to the service's own policy in relation to safe recruitment of staff. When they deviated from the policy there was no record of how that risk of that was mitigated.
- All staff had job descriptions and contracted hours of work. There was robust monitoring of sickness and absence rates which had reduced absence levels to a low figure of 2%.

Leadership, morale and staff engagement

- The service had challenges and adjustments to make following changes in the way it was commissioned. Despite this there were very low sickness and turnover rates. There were positive relationships between team

members and they told us they worked well together. Each member of staff had their specialised area of knowledge and this provided a learning resource for the team. Staff told us that Brighton Oasis Project was a good team to work in and they staff felt satisfied in their job.

- Staff knew how to raise complaints and whistleblowing in the event they had concerns that were not being addressed by the service.

Commitment to quality improvement and innovation

- We found that the service was still adjusting to its new role in partnership working and staff told us that due to budgetary restrictions, innovation was limited. However, staff and managers were open to new ideas and ways of working to support women and their families through substance misuse and recovery.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure appropriate pre-employment checks are undertaken and verified before staff are employed in the service to ensure care and treatment is provided by suitable staff.
- The provider must ensure that risks to staff of not using personal alarms is assessed and reviewed.
- The provider must ensure that the risks of cross-contamination and cross-infection in the use of the toilet area for screening is assessed and reviewed.

- The provider must ensure that records of incidents and reportable events are maintained and monitored..

Action the provider **SHOULD** take to improve

- The provider should ensure that staff have adequate guidance on the principles of the Mental Capacity Act 2005 so that they could adequately support a client who may lack capacity.
- The provider should ensure that arrangements on the ground floor maintain client confidentiality.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not established an effective system by which to assess, monitor and improve the service. By not maintaining and reviewing records of incidents the provider had not ensured adequate assessment and monitoring of risk nor had it demonstrated compliance with the Duty of Candour. Neither the risks of staff safety by not using personal alarms nor of cross-contamination in the toilet area were identified and therefore could not be assessed or reviewed.</p> <p>This is breach of regulation 17(2)(b)</p>
Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that disclosure and barring service checks and references were obtained and verified before staff were employed.</p> <p>This is a breach of regulation 19(3)(a)(b)</p>