PCP (Luton) Limited

New Writtle Street

Inspection report

53 New Writtle Street
Chelmsford
CM2 0SB
Tel:

Date of inspection visit: 25 January 2022
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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?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Inadequate

Summary of findings

Overall summary

New Writtle Street provides accommodation for up to five clients who require treatment, including detoxification, for substance misuse at the PCP Chelmsford treatment centre. Clients may stay at New Writtle Street during their detoxification period depending on their assessment of needs. Clients attend and receive treatment at PCP Chelmsford including assisted withdrawal and detoxification programmes for clients addicted to alcohol or substances. The treatment centre at PCP Chelmsford offers one to one counselling, group therapy, 12-step groups and medication.

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

- Staff did not always act to prevent or reduce risks despite knowing risks for each client. Staff were not observing clients in line with clients prescribed observation times or in accordance with the providers policy.
- Not all client risk assessments were regularly updated.
- Managers did not use results from audits to make improvements.
- The service did not have enough support staff to keep clients safe. Managers did not make appropriate arrangements to cover staff sickness and absence.
- Not all areas of the premises where clients received care were safe, well maintained or fit for purpose. The service did not adequately identify ligature risks or complete environment risk assessment tools appropriately.
- Managers did not ensure staff completed health and safety checks of the premises as required.
- The service did not manage client safety incidents well. Managers did not always recognise incidents and report them appropriately.
- Managers did not always make safeguarding referrals or report concerns appropriately. Not all client information was recorded securely.
- Managers did not support all staff through regular supervision of their work.
- Clients did not have access to basic provisions at the service.

However:

- Staff understood the individual needs of clients.
- The service complied with mixed sex accommodation guidance and there was now a female only toilet and shower.
- Medicines were stored securely at the service.
- Staff had completed and kept up to date with their mandatory training.
- Staff provided access to a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Inadequate 	Our rating of this service went down. We rated it as inadequate. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to New Writtle Street

New Writtle Street is a residential accommodation site used by PCP Chelmsford treatment centre. New Writtle Street only offers residence to clients who attend PCP Chelmsford for treatment. At the time of our inspection the location had applied for the manager to become registered. The location had a nominated individual. For full details of PCP Chelmsford treatment centre please see the report on the CQC website: http://www.cqc.org.uk/location/1-290374861

New Writtle Street provides accommodation for up to five clients who require treatment, including detoxification, for substance misuse at the PCP Chelmsford treatment centre. Clients may stay at New Writtle Street during their detoxification period depending on their assessment of needs. Clients attend and receive treatment at PCP Chelmsford including assisted withdrawal and detoxification programmes for clients addicted to alcohol or substances. The treatment centre at PCP Chelmsford offers one to one counselling, group therapy, 12-step groups and medication.

Staff at New Writtle Street complete evening and night shifts. Evening staff attend the treatment centre at PCP Chelmsford for a handover at the start of their shift. Staff transport clients to the accommodation site at New Writtle Street and transport clients back to the treatment centre at PCP Chelmsford in the morning. One staff completes the evening shift and provides a handover to the night staff who remains awake throughout the night to provide a supportive role to clients. There are no staff or clients at the accommodation site during the day. The service provides residential accommodation for male and female clients, the majority of whom are self-funded.

The service is registered to provide the following regulated activity:

- Accommodation for persons who require treatment for substance misuse

The Care Quality Commission carried out a comprehensive inspection at this location in October 2018. We rated the location as requires improvement and found areas of concern in relation to the provider not assessing the risks of providing mixed sex accommodation, and staff training which we informed the provider they must take action on. Breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified for:

- Regulation 12 safe care and treatment
- Regulation 17 good governance.

The Care Quality Commission carried out a focussed inspection at the treatment centre; PCP Chelmsford in April 2021.Following this inspection, we rated the service as inadequate, and issued an urgent section 31 notice of decision to place conditions on the services registration. One of the conditions was that the provider must not admit any service users to New Writtle Street who require a new course of detoxification treatment from addictive substances without the prior written agreement of the Care Quality Commission.

The Care Quality Commission carried out a comprehensive inspection in March 2017 and did not identify any breaches of regulations. We did not rate the service at that time.

Due to the nature of this service, we were unable to speak with staff at the service, however we spoke to staff at PCP Chelmsford, who also work at new Writtle Street.

Following our inspection, the provider took the decision to close the service and deregister. All clients were either discharged or transferred to one of the provider's other services.

Summary of this inspection

What people who use the service say

We spoke to three clients and one carer of a client who was using the service over the telephone.

One client told us the service was not clean.

Two clients told us the service was understaffed.

One client told us they had been told in their initial assessment before being admitted to the service, that a doctor would be on site and available when needed but there had been times when they had asked to see a doctor and were not able to. We were told by one client that the doctor carried out a virtual assessment with new clients on admission.

One client told us staff helped them to access support for their physical and mental health needs.

All clients and the carer we spoke with told us that staff were great, there was always someone available to chat. Clients each had an assigned support worker who they could talk to and clients were encouraged to speak to friends and family.

Two clients told us the service were supposed to provide basic supplies such as milk, black bags and washing powder, but these were not supplied.

Two clients told us the house was not as advertised on the website or how managers described to them during their initial assessment prior to admission. Two clients told us that they had been advised prior to admission that they would have their own bathrooms, but once admitted they found out the service only had shared bathrooms. One client told us that prior to admission they were told they would have their own bedroom but have since been told they might have to share a room.

One client told us they had raised concerns about the service, but they had still not been resolved and managers had not responded to their concerns.

How we carried out this inspection

The inspection team visited New Writtle Street on 25 January 2022 and completed further off-site inspection activity until 3 February 2022. During the inspection we:

- Visited the service and looked at the quality of the environment.
- Spoke with three clients and one carer of a client who was using the service.
- Interviewed two support workers.
- Interviewed the service manager.
- Interviewed the registered nurse.
- Reviewed six clients' care and treatment records, both current and recently discharged.
- Reviewed staffing hours from 1 December 2021 to 30 January 2022.
- Reviewed observation records for 10 clients from 16 December 2021 to 3 February 2022.
- Reviewed policies and procedures relevant to the running of the service.
- Carried out a check of the medication management.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

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 service 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 ensure staff complete all sections within the ligature risk assessment tool appropriately including scoring and mitigation for any identified risks. (Regulation 12(1)).
- The service must ensure staff complete health and safety checks in line with provider policy and The Health and Safety at Work Act 1974. (Regulation 12(1)).
- The service must ensure they have enough support staff to keep clients safe and provide care and treatment in line with the clients prescribed observations. (Regulations 12(1);17(1)).
- The service must ensure staff complete observation records in line with clients prescribed observation times and in line with provider policy. (Regulation 12(1)).
- The service must ensure staff do not work excessive hours without a break in line with The Working time Directive 2003. (Regulations 12(1);17(1)).
- The service must ensure client risk assessments are regularly updated. (Regulation 12(1)).
- The service must ensure all service and client information is recorded securely. (Regulation 12(1)).
- The service must ensure they make safeguarding referrals and report incidents in line with Care Quality Commission and national guidance. (Regulation 17(1)).
- The service must ensure results from audits are used to make the improvements identified. (Regulation 17(1)).
- The service must ensure all staff are supported through regular supervision of their work. (Regulation 17(1)).
- The service must ensure clients complaints and concerns are responded to in line with provider policy. (Regulation 17(1)).
- The service must ensure managers have adequate oversight of the governance processes carried out within the service to keep clients and staff safe. (Regulation 17(1)).
- The service must ensure the service is well maintained and fit for purpose. (Regulation 12(1)).
- The service must ensure staff receive feedback from investigation of incidents. (Regulation 17(1)).

Action the service SHOULD take to improve:

- The service should consider clients are given accurate and appropriate information about the service prior to their arrival.
- The service should ensure they provide clients access to basic provisions on arrival.
- The service should provide staff with formal training in The Mental Capacity Act.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Overall	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate

Inadequate

Residential substance misuse services

Safe	Inadequate
Effective	Requires Improvement
Caring	Good
Responsive	Requires Improvement
Well-led	Inadequate

Are Residential substance misuse services safe?

Inadequate

Our rating of safe went down. We rated it as inadequate.

Safe and clean environment

Not all areas of the premises where clients received care were safe, well maintained or fit for purpose.

The service did not adequately identify ligature risks or complete environment risk assessment tools appropriately. The service did not complete their ligature risk assessment tool in line with the scoring identified in the document. Therefore, the tool did not work effectively to identify areas where risks were higher and potential action might be required. The risk assessment tool did not include any action staff should take to eliminate or reduce risks to patients at risk of self-harm or suicide.

The layout of the service did not always allow staff to observe all areas. Staff completed risk assessments of clients. However, if staff considered clients a risk a risk of self-harm or suicide, staff would increase observation levels to reduce any risk identified.

The service complied with mixed sex accommodation guidance and there was now a female only toilet and shower. The provider had put locks on bedroom doors to maintain client's privacy, safety and dignity. Clients held their own bedroom keys so they could access their bedrooms as and when they wanted to. However, client bedrooms doors were not locked at the time of our inspection.

Managers did not ensure staff completed health and safety checks of the premises as required. We reviewed records of health and safety checks from October 2021 to December 2021. We saw these forms were pre-populated to indicate checks had been completed, with only the date and fridge temperature recordings differing between forms. We were concerned that important health and safety aspects would be missed by this omission. This posed a risk to staff and patients.

Not all areas of the service were well maintained or fit for purpose. We found flooring that was lifted and damaged in the hallway and female toilet. Staff told us this had been reported numerous times over the previous four months and quotes were being sought. Staff told us, and we saw, the service décor looked tired and one of the chairs was broken in the living room. The service employed a cleaner who attended twice a week. Although the service looked clean on the day of our inspection, one client told us the service was not clean.

Staff had access to a mobile phone at the service in case of emergencies. All staff had a personal alarm.

Staff followed infection control guidelines, including handwashing. There were hand washing facilities and disinfectant gel was located throughout the service.

Safe staffing

The service did not have enough staff to keep clients safe from avoidable harm. All staff received basic training.

Nursing staff

The service did not have enough support staff to keep clients safe. Managers did not make appropriate arrangements to cover staff sickness and absence. We found evidence that a staff member had worked day shifts at Chelmsford day centre, and night shifts at this service. The provider told us they had expected the staff member to be awake throughout. This happened on seven occasions across two months including a period of three consecutive days and four consecutive nights. This put clients and staff at risk due to the increased potential of the staff becoming over tired or burned out and making mistakes that could lead to harm. Two clients told us the service was understaffed.

The service had a high vacancy rate. At the time of the inspection the service had two support worker vacancies (29%). The service currently employed five support workers.

The service did not use bank or agency nurses or support staff.

Medical staff

The service did not always have enough medical staff. We were told the nurse and doctor were available on call should staff require medical advice. However, one staff member told us they were not always able to contact the person on call. One client told us they had been told in their initial assessment before being admitted to the service, that a doctor would be on site and available when needed but there had been times when they had asked to see a doctor and were not able to. We were told by one client that the doctor carried out a virtual assessment with new clients on admission. If there was a medical emergency, staff called the emergency services.

Mandatory training

Staff had completed and kept up to date with their mandatory training. All training had 100% compliance rate.

The mandatory training programme was comprehensive and met the needs of clients and staff.

Managers monitored mandatory training and the online training system alerted staff when they needed to update their training. Training was a mixture of online learning and face to face sessions.

Assessing and managing risk to clients and staff

Staff did not assess and manage risks to clients and themselves well. However, staff made clients aware of harm minimisation and the risks of continued substance misuse.

Assessment of client risk

Although staff completed risk assessments for each client on admission, not all client risk assessments were regularly updated. We reviewed six client risk assessments. These risk assessments related to clients currently in treatment and clients who had been discharged. Staff had not updated the risk assessment for one patient who was admitted 12 November 2021 since 16 November 2021. Staff did not update another clients risk assessment for 12 days and this was only completed the day after we were onsite and had fed back that we could not see evidence of risk assessments being updated. Staff told us that risk assessments were completed on admission and reviewed after three days. However, the risk assessment document would not be updated further. Any changes in a client's risks would be documented in their daily progress notes. This meant that information on a client's latest risk level would not be easily accessible to staff.

Staff used the provider's electronic risk assessment tool.

Staff did not always act to prevent or reduce risks despite knowing risks for each client. Staff were not observing clients, who were undergoing medical detoxification from substances or had increased levels or risk, in line with clients prescribed observation times or in accordance with the provider's policy. We reviewed observation records for 10 clients from 16 December 2021 to 3 February 2022 and found 96 occasions where staff had not recorded client observations at their prescribed observation times. Observation records showed gaps meaning clients were not being observed at night. The service supported clients who were undergoing medical detoxification from substances, had a documented risk of suicidal ideation and were vulnerable during this time period. This meant that the clients were at risk of harm as staff were not checking to ensure they were safe.

Staff were not always recording observations at the time of completion and were recording observations retrospectively later in the shift. We reviewed observation records for 10 clients from 16 December 2021 to 3 February 2022 and found 84 occasions where staff had not completed observation records at appropriate times and completed the records retrospectively. We reviewed the team meeting minutes for November 2021 which stated that concerns were raised by patients about support staff being asleep on waking night shifts.

Safeguarding

Managers did not always make safeguarding referrals or report concerns appropriately. Staff had training on how to recognise and report abuse.

Managers did not always make safeguarding referrals or report incidents or concerns appropriately. We found evidence that managers had not reported a significant safeguarding concern and had not documented this on the provider's incident reporting system. We were told it was a management decision not to report it as an incident or make a safeguarding referral but to investigate it internally. The incident was investigated internally, and action taken to safeguard the client. The service retrospectively made a safeguarding referral at our request.

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up to date with their safeguarding training. All staff had completed their safeguarding children and safeguarding adults training levels one, two and three. All safeguarding training had 100% compliance rate.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Inadequate

Residential substance misuse services

Staff knew how to recognise adults and children at risk of or suffering harm. However, managers did not always make safeguarding referrals or report incidents or concerns appropriately.

Staff access to essential information

Clients' care and treatment records were easily available to all staff providing care.

All staff could access client notes and information about the service easily. All staff had access to the service electronic recording system.

Medicines management

Medicines were stored securely at the service. Staff kept medicines in a controlled drugs cabinet within a dining room cupboard. No medicines were stored at the service during the day. Medicines were transported between Chelmsford day centre and the service securely in a locked case. Resuscitation equipment was available at the service. Staff checked the resuscitation equipment on a weekly basis. We reviewed the records for the three months prior to the inspection and saw that staff completed these appropriately.

Track record on safety

There had been no serious incidents at the service the12 months prior to the inspection.

There had been no adverse events reported at the service in the 12 months prior to the inspection.

Reporting incidents and learning from when things go wrong

The service did not manage client safety incidents well. Managers did not always recognise incidents and report them appropriately. Managers did not always investigate incidents and share lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Support workers knew what incidents to report and how to report them.

The service had no never events.

Managers debriefed and supported staff after any serious incident

Staff did not always receive feedback from investigation of incidents during team meetings. Managers did not always identify or discuss lessons learned from incidents with staff. We reviewed team meetings for the three months prior to the inspection. We found that learning from incidents was not always discussed if an incident had occurred at the service or at Chelmsford day centre. We reviewed two incidents which had occurred in January 2022 prior to the team meeting which stated lessons learned were not applicable at present and the incident was to be discussed at the team meeting. We reviewed the team meeting minutes after this date and no incidents were discussed.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong.

Are Residential substance misuse services effective?

Inadequate

Residential substance misuse services

Requires Improvement

Our rating of effective went down. We rated it as requires improvement.

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented.

Staff completed a comprehensive assessment of each client We reviewed six client risk assessments. These risk assessments related to clients currently in treatment and clients who had been discharged. We found that staff completed a thorough assessment of client's needs. This included details of their personal history, mental health history, physical health and their substance misuse history.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. Records showed that clients had a physical health assessment on admission.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. Care records showed that each client had a detailed care plan that met their needs. Care plans covered a range of needs including substance misuse, physical and mental health needs as well as a recovery plan.

Staff regularly reviewed and updated care plans when clients' needs changed. Staff reviewed care plans weekly as part of clients' care reviews.

Care plans were personalised, holistic and recovery orientated.

Best practice in treatment and care

Staff provided access to a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives. However, managers did not use results from audits to make improvements.

Managers did not use results from audits to make improvements. Not all audits were thorough. We were shown an email trail between managers which picked up on observations being missed, but the audit did not pick up on the discrepancies between observations being carried out and recorded later. We found that no action had been taken after this time as we identified omissions in observation records continued up until the date of our inspection.

Staff made sure clients had support for their physical health needs, either from their GP or community services. There was physical health monitoring equipment in the house that could be used when required. One client told us staff helped them to access support for their physical and mental health needs.

Staff supported clients to live healthier lives by supporting them to access programmes or giving advice.

Inadequate

Residential substance misuse services

Skilled staff to deliver care

The teams included a full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care.

The service included a full range of specialists to meet the needs of each client. This included counsellors at Chelmsford day centre, an on call doctor and a nurse. However, one staff member told us they were not always able to contact the person on call.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care. Managers also recruited, trained and supported volunteers to work with clients in the service.

Managers did not support all staff through regular supervision of their work. Managers told us that they had a 50% supervision compliance rate of staff who worked at the service. All staff were up to date with their annual appraisals of their work.

Managers made sure staff attended regular team meetings and gave information to those who could not attend. We reviewed the previous three months of team meeting minutes. Staff attended team meetings monthly and the minutes were shared with any staff who were unable to attend.

Multidisciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff had effective working relationships with other teams in the organisation. Staff made sure they shared clear information about clients and any changes in their care, during morning and evening handovers with staff from Chelmsford day centre.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

The provider did not admit clients who were detained under the Mental Health Act. Clients were aware of the right to leave at any time.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

Staff did not receive any formal training in the Mental Capacity Act according to the training data the provider sent us. However, staff told us they were trained in the Mental Capacity Act and were able to describe its' five principles. Staff demonstrated when we spoke to them that they had a good understanding of the Mental Capacity Act.

Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so. Staff we spoke with told us the service would not admit clients who lacked capacity due to intoxication at admission, in line with the provider's policy. We were told staff would wait for clients to regain capacity so they could make the decisions for themselves.

Inadequate

Residential substance misuse services

Are Residential substance misuse services caring?

Good

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff did not always maintain client confidentiality. However, staff understood the individual needs of clients and supported clients to understand and manage their care and treatment.

We were unable to observe staff attitudes and interactions with clients as all staff and clients were at the day service when we carried out our onsite inspection. We spoke to three clients and one carer over the telephone who told us that staff were great, there was always someone available to chat. Clients each had an assigned support worker who they could talk to and clients were encouraged to speak to friends and family.

Staff understood and respected the individual needs of each client.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff.

Staff did not always maintain client confidentiality or record information securely. Staff were added to a social media messaging group where staff posted daily handover information. We saw this referred to in team meeting minutes and staff referred to this messaging group when we spoke to them. Although staff reassured us no confidential information was sent in this way, this was accessible to staff on their personal phones.

Involvement in care

Staff involved clients in care planning and risk assessment. They ensured that clients had easy access to additional support.

Involvement of clients

The admission process orientated clients to the service. We were told when clients arrived, staff showed them around the service and gave them a welcome pack which contained information about what the service offers and what to expect during the day.

Staff involved clients and gave them access to their care plans. We reviewed six client risk assessments. These risk assessments related to clients currently in treatment and clients who had been discharged. We saw evidence of the client's involvement in their care plans. Clients told us they would discuss their care plan weekly with their named councillor and could have a copy if they wished.

Staff made sure clients understood their care and treatment and found ways to communicate with clients who had communication difficulties. Staff discussed clients care and treatment during their weekly one to one session. During these sessions staff would ensure clients understood their care and treatment and provide any information and support they needed.

Staff involved clients in decisions about the service, when appropriate. The service held weekly community meetings where clients could provide input into decisions about the service.

Inadequate

Residential substance misuse services

Are Residential substance misuse services responsive?

Requires Improvement

Our rating of responsive went down. We rated it as requires improvement.

Access and waiting times

The service had beds available when people needed them. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

The service had beds available when people needed them. Staff assessed clients within 24 hours of receiving the referral. Staff would complete this either by telephone or face-to-face.

The service had clear criteria to describe which clients they would offer services to.

Staff supported clients when they were referred, transferred between services, or needed physical health care. We saw evidence in the care records of staff supporting clients to access the local hospital for physical health needs. The service had a car that staff could utilise to transport clients between services or to access appointments.

The service followed national standards for transfer.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity.

The service had rooms and equipment to support treatment and care at the accommodation. The service provided all equipment to enable clients to maintain their activities of daily living.

Clients were able to use their bedroom to make private phone calls after the first 72 hours of admission. Clients who required detox were not allowed access to their phones for the first 72 hours after admission.

Clients had access to outside space as there was a small garden area outside for clients to utilise.

Clients did not have access to basic provisions at the service. We were told there was a small stock of basic food supplies for new clients who arrived without food and drinks and clients could access these 24-hours. However, two clients told us the service were supposed to provide basic supplies such as milk, black bags and washing powder, but these were not supplied. One staff member told us there was no food in the house other than what clients buy in each day. Clients bought and prepared their own food.

Two clients told us the house was not as advertised on the website or how managers described to them during their initial assessment prior to admission. Two clients told us that they had been advised prior to admission that they would have their own bathrooms, but once admitted they found out the service only had shared bathrooms. One client told us that prior to admission they were told they would have their own bedroom but have since been told they might have to share a room.

Inadequate

Residential substance misuse services

Clients were able to personalise their bedrooms. We saw evidence that clients had bought in personal items such as photos and home comforts.

Clients bedrooms all had locks so they could choose if they wished to lock their bedrooms to keep their valuables secure.

Meeting the needs of all people who use the service

The service was not accessible for people with physical disabilities. We were told if a client required access to disabled facilities the service would refer them to another of their locations.

Staff made sure clients could access information on treatment, local mutual aid meetings, their rights and how to complain on admission. Staff gave clients a welcome pack which contained all appropriate information.

The service could provide information in a variety of accessible formats if required so the clients could understand them more easily.

Managers made sure staff and clients could get hold of interpreters or signers when needed.

Listening to and learning from concerns and complaints

The service did not investigate complaints or share learned lessons with the whole team and wider service.

Not all client's complaints or concerns were responded to. One client told us they had raised concerns about the service, but they had still not been resolved and managers had not responded to their concerns. We were told by managers at the service that they had not had any complaints in the six months prior to our inspection. However, all clients knew how to complain or raise concerns. Staff provided clients with information on how to complain upon admission as part of the welcome pack. Complaint forms were also available at Chelmsford day centre.

Staff understood the policy on complaints and knew how to handle them.

Are Residential substance misuse services well-led?

Inadequate

Our rating of well-led went down. We rated it as inadequate.

Leadership

Leaders were not visible in the service or approachable for clients and staff.

Not all managers were approachable to all staff. One staff member told us they felt there was a clear divide between managers and support workers.

Managers were not visible in the service. Staff told us they knew who the senior managers were, but they did not regularly attend the service.

Mangers did not ensure the required standards for the service were upheld. Examples of this included meeting safeguarding requirements and appropriate staff working patterns.

Vision and strategy

Staff knew and understood the service's vision and values and how they applied to the work of their team.

Managers and members of staff we spoke with told us they wanted to provide person centred care which helped clients to recover from substance misuse and maintain their recovery.

Culture

Not all staff felt respected, supported and valued. Not all staff felt able to raise concerns and feel listened to.

There had been no cases of bullying and harassment of staff reported in the 12 months prior to the inspection.

Staff knew how to use the provider's whistleblowing procedure. All staff we spoke to were able to explain what they would do if they had concerns about the service. However, one staff member told us they felt ignored by senior members of staff so there was no point in raising concerns.

Staff morale fluctuated throughout the service. Staff told us they felt that managers promised clients things about the accommodation that were not true, and staff were left to explain this to clients after their admission.

Governance

Our findings from the other key questions demonstrated that governance processes did not operate effectively at service level and that risks were not managed well.

Managers did not have adequate oversight of staff completing observations in line with provider policy. Managers did not have adequate oversight of staff completing health and safety checks or ligature risk assessments in line with provider policy.

Managers did not cover shifts in line with the working time directive. We reviewed the duty rotas for the two months prior to inspection and saw that not all shifts were covered appropriately. Staff were expected to work consecutively from Chelmsford day centre to a waking night shift at the service without sleep for between 24 and 96 hours.

Managers were not reactive to audits that required immediate action. The provider showed us an audit that had been carried out on client observations two weeks prior to our inspection. The audit found observations were not being carried out throughout the night, and staff were recording observations retrospectively. No action had been taken since this audit and we found the same issues had continued after the manager was aware of the outcome of the audit.

The service manager had sufficient authority to carry out their role. They told us they were supported to make any necessary changes.

Management of risk, issues and performance

Teams did not have access to the information they needed to provide safe and effective care.

Managers had not ensured staff had access to information they needed to provide safe care. Client risk assessments were not always up to date and the service did not adequately identify ligature risks or complete environment risk assessment tools appropriately.

Inadequate

Residential substance misuse services

Information management

Not all service and client information was recorded securely.

Not all information governance systems included confidentiality of patient records. For example, staff were part of a social media messaging group where staff posted daily handover information about clients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The service had not ensured they made safeguarding referrals and reported incidents in line with Care Quality Commission and national guidance. • The service had not ensured results from audits were used to make the improvements identified. • The service had not ensured all staff were supported through regular supervision of their work. • The service had not ensured clients' complaints and concerns were responded to in line with provider policy. • The service had not ensured managers had adequate oversight of the governance processes carried out within the service to keep clients and staff safe. • The service had not ensured staff received feedback from investigation of incidents.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service had not ensured staff completed all sections within the ligature risk assessment tool appropriately including scoring and mitigation for any identified risks. • The service had not ensured staff completed health and safety checks in line with provider policy and The Health and Safety at Work Act 1974. • The service had not ensured client risk assessments were regularly updated. • The service had not ensured all service and client information was recorded securely. (Regulation 12(1)). • The service had not ensured the service was well maintained and fit for purpose.

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
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service had not ensured they had enough support staff to keep clients safe and provide care and treatment in line with the clients prescribed observations. • The service had not ensured staff completed observation records in line with clients' prescribed observation times and in line with provider policy. • The service had not ensured staff did not work excessive hours without a break in line with The Working time Directive 2003.