

Addiction Recovery Centre

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Are services safe?

Overall summary

We undertook an unannounced, focused inspection of Addiction Recovery Centre following concerns identified at our last inspection in September 2018. During that inspection, we found the provider was not meeting the required standard of care. We had immediate safety concerns and found that the provider was not meeting the requirements to keep clients safe set out in Regulation 12, safe care and treatment, of the Health and Social Care Act, 2008. We also had concerns about the provider's management and oversight of the services delivered which is covered in Regulation 17, Good Governance. We took enforcement action and issued two warning notices in respect of each regulation which required the provider to make immediate improvements. We undertook this inspection (November 2018) to check whether the provider had made the required improvements to the safety of the service.

We found that whilst there was still much more improvement required we were assured that the provider was now able to deliver low level detoxification safely.

The provider gave assurances that it would only admit clients who required low level detoxification. We found that the provider had made enough improvement to meet the requirements of the warning notice served in relation to Regulation 12.

The provider had made the following improvements:

- Clients' risk assessments now included detailed plans to manage individual risks, including risks posed through undergoing detoxification. These identified what staff should do in different risk circumstances, including emergency situations such as clients' deterioration, seizures or overdose. Staff demonstrated a clear understanding of what action they should take in an emergency, including how to carry out first aid. Staff knew how to seek help in these circumstances.
- Clients who were self-administering medication all had risk assessments in place and clients had secure

Summary of findings

medication boxes that they kept in their rooms to store their medication in. Staff understood both the individual and group risks associated with clients having medication in their rooms.

- The provider had made improvements to its medicines management protocol and practices; medicines were now stored and managed safely. Staff understood the protocols and had received training and key staff had been assessed as competent in the administration of medicines.
- The service was now getting summaries from clients' GPs prior to admission to inform treatment and risks. These were reviewed by the GP who the service used to prescribe medication, who undertook a detailed

assessment of clients prior to prescriptions of detoxification medication being issued. The provider had contracted this GP to attend the service on a sessional basis and was also in the process of recruiting a registered nurse who would provide support to staff and also ensure clients were supported through detoxification safely.

- Staff who had positive criminal disclosures on their disclosure and barring service certificates now had risk assessments; although these needed to be more detailed.
- The provider had amended its website to more accurately describe the service it was able to offer.

Summary of findings

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Summary of this inspection

Background to Addiction Recovery Centre

Addiction Recovery Centre Portsmouth (ARC) is a residential drug and alcohol rehabilitation service, which also provides alcohol and drug detoxification treatment.

There is a treatment centre, which all clients attend Monday to Saturday, for individual and group sessions.

Accommodation for clients is provided in one of their four houses.

One house is for female clients and the other three houses, for males. The provider transports clients by minibus between the locations at set times. Local authorities refer into the service. Clients can also refer themselves.

The accommodation is registered with the Care Quality Commission to provide the regulated activity of accommodation for persons who require treatment for substance misuse and the treatment centre is registered to provide treatment of disease, disorder or injury. There is a Registered Manager in place.

Treatment provided is abstinence based and the programme consists of an induction procedure, group treatment, key working and counselling. There is also community-based engagement in the form of self-help groups and meetings, weekend activities, aftercare packages and drug and alcohol testing.

Our inspection team

The team that inspected the service comprised of four CQC inspectors, one with experience in working in substance misuse.

Why we carried out this inspection

We carried out this unannounced focused inspection to find out whether the provider had made significant improvements to the safety of the service since we issued the warning notice warning notice (requiring the provider to make improvements to the safety of the services) in September 2018.

We told the provider they must comply with the requirements of Regulation 12 by 09 November 2018 and Regulation 17 by 21 December 2018.

Following the concerns raised from the previous inspection, the provider made the decision to voluntarily suspend admissions on a temporary basis.

On 26 October 2018 the provider informed us it believed it was now meeting all the requirements of Regulation 12 and would begin admitting new clients to the service again. We carried out an unannounced, focused inspection on 01 November 2018 to check whether the provider had made the required improvements to ensure the service was safe.

The warning notice served to notify the provider it must improve the service provided at Addiction Recovery Centre because:

- Clients' risk assessments did not include thorough plans to manage risks. These were not detailed and did not identify what staff should do in different risk circumstances, including emergency situations such as seizures or overdose. Client who were self-administering medication had no risk assessments in place.
- Risks relating to clients taking medicines to the accommodation were not assessed individually or as a group.
- Relevant health concerns were not included in planning of a number of clients' care as there was limited/no health-related information sought from their GPs.
- Staff who had positive criminal disclosures on their DBS certificates were not risk

Summary of this inspection

assessed to work with adults at risk.

- A number of staff managing and administering medicines had not undertaken up-to date training and had not been assessed as competent to administer medicines.
- Staff did not have the qualifications and/or appropriate training to deliver the therapies they were being required to; as set out in your policies and website. Staff were not supervised or assessed as being competent to deliver these therapies.

How we carried out this inspection

As this was not a comprehensive inspection, we did not pursue all key lines of enquiry. We only focused on the issues identified in the Regulation 12 warning notice served following the last inspection. We concentrated on looking at the key question 'are services safe'

During the inspection visit, the inspection team:

- visited the treatment centre
- spoke to the registered manager
- spoke to five staff
- spoke to four clients
- observed an admission
- reviewed three new clients' risk assessments and care plan documents all of which were receiving detoxification from either alcohol or drugs
- reviewed updated policies

What people who use the service say

During this inspection, all four clients told us the service was helping them to recover. Clients said they felt safe, spoke highly of staff and gave examples of ways they had helped them. For example, one client told us staff had

ordered a new mattress when requested and another client told us staff had paid for their train fare. However, two clients told us they thought the premises could be improved.

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 were satisfied that the service had completed the improvements that we detailed in the Regulation 12 warning notice served in September 2018 because:

- The provider had made improvements in its medicines management protocol; including the storage of medicines.
- All staff had received training in medicines management and 50% of staff had received training in advanced medicines management.
- Clients undergoing alcohol and drug detoxification treatment had received face to face medical assessments with the prescribing GP. This GP received a medical summary from the clients' current GP prior to agreeing and prescribing a detoxification regime.
- All clients now had a thorough risk assessment in place.
- The provider had reviewed and updated relevant policies.
- The provider had completed risk assessments for all staff who had positive criminal disclosures on their disclosure and barring certificates.
- The provider had improved the transparency of the therapies provided on the website and made it clearer what therapies the service offered.
- The provider agreed only to admit clients who required low level detoxification which required clinical oversight not clinical management.

However,

- There were still improvements required to ensure good practice relating to keeping clients safe was embedded, that the required training was completed by all staff, that the provider monitored outcomes, that the GP worked more closely with the services and the registered nurse took up post.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Staff had made improvements to clients' initial assessment and risk assessments. The initial client assessment was more in-depth and mapped to the care plans and risk assessments. Staff had paid attention to risks which previously had not been identified, for example risk of seizures. Risk management interventions were thorough and care plans were in place linked to the identified risks. Following the focussed inspection, the provider sent us three completed risk assessments which had been completed to a safe standard.

The provider had reviewed and updated policies related to the management of risks to clients including: administration of medicines and detoxification, overdose management, seizure and delirium tremens risk management. Staff had read and understood the policies. There were clear policies and procedures in place for managing emergency situations and staff understood these.

The provider had a safer system in place with the GP who prescribed medicines for detoxification. During our inspection in September 2018 we found that staff did not request medical summaries from the client's GP prior to admission. This meant that the provider did not have a clear picture of the clients' medical history. During this inspection, we found that staff now requested and received GP summaries for all new admissions receiving detoxification in advance of their admission. This enabled staff to plan care and assess and manage risk before the client was admitted to the service. Staff sent GP summaries, the initial assessment and blood results for clients receiving detoxification to the GP prescribing the detoxification medication to review before they issued a prescription. Following our inspection in September 2018, the provider had set up a service level agreement with the

GP that prescribed the detoxification medication to hold a monthly clinic for up to 3 hours to review clients' progress. In addition, the provider was in the processes of employing a registered nurse to provide increased clinical oversight of detoxification.

The provider had revised its policy for monitoring of detoxification. Staff were required to monitor clients for the extent of withdrawal symptoms for alcohol, opiate or benzodiazepine detoxifications. Clinical Institute Withdrawal Assessment for Alcohol (CIWA) were completed by staff for the duration of the alcohol detox. Clinical Opiate Withdrawal Scale (COWS) were completed for the duration of an opiate detox or following the detox if a client presented with withdrawal symptoms. CIWA-b were completed for benzodiazepine detoxes. Staff had received training to use the monitoring scales. If withdrawal symptoms were severe there was an escalation process for staff and the doctor would be notified. The policy for detoxification stated the frequency of which monitoring must be completed. For CIWA this was three times a day in the first 48 hours, twice daily between days three and five and then daily from day six. The monitoring of opiates was completed on a daily basis. During the first 48 hours of alcohol detoxification the service now had a member of staff constantly supporting the clients. This monitoring was completed by a member of staff who had been assessed as competent to carry out monitoring and they stayed overnight in the client accommodation. After the initial 48 hour monitoring needs were assessed with the GP to decide if this period needed extending. During monitoring of detoxification, physical health observations including blood pressure monitoring, pulse monitoring, SATs monitoring and temperature monitoring were undertaken. Results were to be recorded on the CIWA or COWs sheets.

Staff with positive criminal disclosures had individual risk assessments. During our inspection in September 2018, we found that staff who had criminal records on their

Substance misuse services

disclosure and barring service certificate had no risk assessments in place. The provider had since designed a form to be completed when a member of staff makes a positive criminal disclosure. However, whilst this detailed the offences committed, it did not provide information about the circumstance, for example, a statement from the staff member. It did not describe the interventions the provider would use to reduce the risk of the staff member re-offending. We fed this back at the time of the inspection and the provider has since updated the risk assessments to include interviews with staff and a risk management plan.

Medicines management

Staff had improved their protocols around medicines management. Lockable storage boxes had been fitted in each of the clients' bedrooms for them to store their medicines safely. Self-administration of medication was now covered in the new initial client assessment document and linked to the client risk assessment and care plan documents. The provider had also developed a generic self-administration of medicines risk assessment based on groups of clients living together.

Staff received training in medicines management. During our inspection in 2018, we found that two members of staff who held the medicines keys had not received up-to-date training in medicines management. During this inspection we found that key staff who held the medicine keys and administered medicines had been trained and assessed as competent to administer medication. In addition, all staff have now completed eLearning in medicines management and 50% of staff had completed advanced medicines management, the other 50% of staff were booked to attend the next available course.

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

Best practice in treatment and care

The provider's website now clearly reflected what treatment and therapies the provider could provide. During

our inspection in September 2018, we were concerned that the provider was falsely advertising services that it was not delivering. For example, the website suggested staff delivered cognitive behavioural therapy, dialectical behavioural therapy and transactional analysis. The provider had since made amendments to the website around the types of therapy provided to make it clearer that they deliver elements of these therapies and not all staff delivering groups are trained in cognitive behavioural therapy.

The provider did not sufficiently monitor outcomes from therapy sessions or staff competence in delivering therapeutic groups. During our inspection in September 2018, we found that staff training to deliver therapies was not documented, there was no document course content or assessment of staff competence. On this inspection, the provider showed us forms staff used to collect feedback from clients in the therapy groups for each module. The registered manager read the feedback forms but these were not analysed in a formal way and there was no evidence that clients' comments were taken into account to drive improvements. However, the provider had developed observational tools to monitor staff performance on an ad-hoc basis.

Are substance misuse services caring?

We did not inspect this key question at this time.

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

We did not inspect this key question at this time.

Are substance misuse services well-led?

We did not inspect this key question at this time.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

The provider should ensure it continues to develop good practice relating to keeping clients safe and monitors outcomes.

The provider should ensure that the GP continues to work more closely with the service and a registered nurse takes up post.