

# Horizon Drug and Alcohol Recovery

## Quality Report

102 Dickson Road  
Blackpool  
Lancashire  
FY1 2BU

Tel: 01253 205156

Website: [www.horizonblackpool.uk](http://www.horizonblackpool.uk)

Date of inspection visit: 13 September 2018

Date of publication: 21/11/2018

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

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

### Overall summary

We did not rate this service as this was a focussed inspection.

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

- The service was not always safe. Risk assessments were of poor quality. Information included in risk assessments was vague and lacked detail. Information relating to clients risks were not always

included in risk management plans. This included risks relating to children. This was a breach of a regulation. You can read more about it at the end of this report.

- The service was not always effective. Recovery plans did not include detailed information to deliver safe care and treatment. Information contained in recovery plans did not match information contained within other documents. This was a breach of a regulation. You can read more about it at the end of this report. Staff supervision rates were below the

# Summary of findings

providers target of every six to eight weeks. This meant that the service was not effectively monitoring supervision to improve the quality of the service. This was a breach of a regulation. You can read more about it at the end of this report.

- Compliance with mandatory training was low. The service had improved and achieved an average compliance rate of 81%.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		See overall summary

---

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Horizon Drug and Alcohol Recovery	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	6
What people who use the service say	6
The five questions we ask about services and what we found	7

---

### Detailed findings from this inspection

Outstanding practice	12
Areas for improvement	12
Action we have told the provider to take	13

---

# Summary of this inspection

## Background to Horizon Drug and Alcohol Recovery

Horizon Drug and Alcohol Recovery provides community substance misuse services for the Blackpool area. The service is commissioned by the local authority as part of a wider service pathway. Horizon Drug and Alcohol Recovery provides support for clients who have recently been referred or have self referred for substance misuse support and treatment. This includes a triaging process that involves completing assessments, risk assessments, initial recovery plans for each client and prescribing for detox and stabilisation. Clients are transferred to another part of the pathway depending on each client's needs. The wider pathway includes two other services that provide;

- prescribing for detox and stabilisation
- maintenance and reduction of opiate replacement therapy
- support with abstinence

- volunteering opportunities
- multiagency working for clients with complex needs
- psychosocial interventions and therapy
- employment and education options
- keyworking and group work

The wider parent organisation fed into the service and provided some group work. This included:

- harm reduction and motivation programme groups
- community rehabilitation group (part of the dependency, emotional, attachment programme)

The service was registered to provide the regulated activity of treatment for disease, disorder or injury. There was a registered manager in post. The service had been registered since April 2017 and had previously been inspected in January 2018.

## Our inspection team

The team comprised of a CQC inspector Clare Fell (inspection lead), and two CQC assistant inspectors.

## Why we carried out this inspection

We undertook this inspection to find out whether the service had made the required improvements since our last inspection in January 2018.

The service was issued two requirement notices at the last inspection relating to:

Regulation 12 (2) (a) HSCA (RA) Regulations 2014 Safe care and treatment

The provider had not ensured that risk assessments were recorded for all clients. They had not all been updated or fully completed in a timely manner.

Regulation 9 (3) (b) HSCA (RA) Regulations 2014 Person-centred care

The provider did not ensure that recovery plans were comprehensive and up to date.

We also told the provider that it should take the following actions to improve:

- The provider should ensure that staff complete all mandatory training in line with the provider's policy.
- The provider should ensure that all staff receive the appropriate level of supervision necessary for their role.

At this focussed inspection the requirement notices had not been met and warning notices were issued. You can read more about this later in the report.

# Summary of this inspection

## How we carried out this inspection

We inspected elements of the following domains:

- Is it safe?
- Is it effective?

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

During the inspection visit, the inspection team:

- visited the location, and spoke with the registered manager, clinical service manager and care coordinator
- looked at 16 care and treatment records for clients
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We did not speak to clients as part of this focused inspection. This inspection focussed on previous breaches of regulation. Speaking to clients was not necessary for the key questions we inspected.

# 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 did not rate this service as this was a focussed inspection.

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

- Risk assessments were of poor quality. Risk management plans were vague and did not include all risks identified in the risk assessment document. This included risks to children. This meant that the service was not ensuring the safety of clients and their families. This was a breach of a regulation. You can read more about it at the end of this report.
- Compliance with mandatory training was low. However, the service had improved and achieved an average compliance rate of 81%.

### Are services effective?

We did not rate this service as this was a focussed inspection

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

- Recovery plans were of poor quality. Recovery plans were not up to date, holistic, recovery orientated or personalised. Recovery plans did not always include all risks and needs as identified in other documents. This meant that clients care and treatment was unclear, there was no specific plan for staff and clients to follow. This was a breach of a regulation. You can read more about it at the end of this report.
- Staff supervision rates were below the providers target of every six to eight weeks. This meant that the service was not effectively monitoring supervision compliance to improve the quality of the service. This was a breach of a regulation. You can read more about it at the end of this report.

### Are services caring?

We did not rate this service as this was a focussed inspection.

We did not inspect the caring domain. At the last inspection in January 2018, we did not find any breaches in regulation in relation to the caring domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

### Are services responsive?

We did not rate this service as this was a focussed inspection.

# Summary of this inspection

We did not inspect the responsive domain. At the last inspection in January 2018, we did not find any breaches in regulation in relation to the responsive domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

## **Are services well-led?**

We did not rate this service as this was a focussed inspection.

We did not inspect the well-led domain. At the last inspection in January 2018, we did not find any breaches in regulation in relation to the well led domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

## Detailed findings from this inspection

# Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

## Are substance misuse services safe?

### Safe staffing

Mandatory training was not up to date for all staff. Overall compliance with mandatory training over the last 12 months was 81%. Modules that were below the providers target of 100% were:

- fire 71%
- infection control 71%
- safeguarding children 71%
- safeguarding adults 71%
- general data protection regulation 71%

The service had a training cycle running from January to December. The senior management team felt the service would achieve 100% compliance by December 2018.

### Assessing and managing risk to clients and staff

There was a failure to ensure the risks to the health and safety of clients has been fully assessed. Also, there was a failure to do all that is reasonably practicable to mitigate risks. We examined 16 client records and found that risk assessments and risk management plans had been poorly completed for eight clients. One client had a risk assessment was only partially completed and three months out of date. The provider policy states risk assessments should be reviewed every three months. This same client had an initial recovery plan that only stated, “attend medical, buprenorphine, recovery group”, despite receiving care and treatment since 27 February 2018. This meant that sufficient information regarding risks and treatments were not available to staff.

Two risk assessments were not up to date. They had not been reviewed in line with the organisations policy of every

three months. Three risk assessments had information missing. For example, one risk assessment scored the client as no safeguarding concerns relating to children despite children living in the household. There was no risk assessment relating to the safety of the child.

Eight clients had poor risk management plans. Plans were brief and lacked specific detail relating to the risks identified. For example, a client was identified as being a fire risk however there was no risk management plan in place relating to fire safety.

We examined four caseload audits completed between June and September 2018. The results found that on average:

- 45% of recovery plans were incomplete
- 45% of risk assessments were incomplete

Staff completing the audits noted that in many instances information in risk assessments and recovery plans did not match. Staff also noted that the discharge process was not being adhered to and many clients open to the service should be discharged due to non-engagement. The provider was addressing audit outcomes with individual staff members during supervision.

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

**Assessment of needs and planning of care** (including assessment of physical and mental health needs and existence of referral pathways)

Staff did not have the information they needed in order to deliver safe and consistent care. Of the 16 care records reviewed 13 were not up to date, accurate or reflective of clients individual needs.

# Substance misuse services

Five recovery plans were not up to date. They had not been reviewed in line with the organisations policy of every three months. On average recovery plans were out of date by seven weeks.

Nine recovery plans were not personalised and did not include the client's views. Recovery plans lacked individual detail. Eight client's had information recorded on initial recovery plan templates instead of recovery plan templates. Initial recovery plans failed to give sufficient information needed to deliver safe care and treatment. An initial recovery plan had been created for a client that consisted of a list of next steps such as, "refer to group work and the date of the next appointment", but there was no evidence of the client's views being documented. There was little evidence of client involvement.

We found that eleven recovery plans were not holistic and did not include the full range of problems and needs that had been identified in other documents. For many clients, their problems and needs were unclear and written in vague language with little detail. One clients recovery plan only stated, "wants to access methadone programme".

We found that 13 recovery plans were not recovery orientated. Recovery plans contained a list of actions with no detail. Clients strength had not been included.

Ten recovery plans did not show that a copy of the recovery plan had been offered to clients. A new recovery plan template had been developed to demonstrate that a copy of the recovery plan had been offered to clients following the inspection in January 2018. This template was still not being used by all staff.

This means that recovery plans were unclear with limited goals and were not developed to ensure client needs were met.

## Skilled staff to deliver care

Staff were still not receiving the appropriate level of clinical and managerial supervision. We told the provider that this should be improved during the last inspection. The providers staff supervision policy stated that staff should be supervised every six to eight weeks. During the last six months compliance with this target was 76%. There were five instances where staff supervision was overdue by three to six weeks. This meant that the service was not effectively monitoring supervision to improve the quality of the service.

## Are substance misuse services caring?

We did not inspect the caring domain. At the last inspection in January 2018, we did not find any breaches in regulation in relation to the caring domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

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

We did not inspect the responsive domain. At the last inspection in January 2018, we did not find any breaches in regulation in relation to the responsive domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

## Are substance misuse services well-led?

We did not inspect the well led domain. At the last inspection in January 2018, we did not find any breaches in regulation in relation to the well led domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that recovery plans are comprehensive and up to date.
- The provider must ensure that risk assessments are fully completed for all clients. They must do all that is reasonably practicable to mitigate any risks to clients. This includes completing risk management plans that are individualised and detailed.
- The provider must ensure that staff receive the appropriate level of supervision and that supervision compliance is monitored and improved.

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><b>How the regulation was not being met:</b></p> <p>Staff were not receiving regular supervision and supervision compliance was not sufficiently monitored and improved.</p> <p>Regulation 17 (1) (2) (a)</p>

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**How the regulation was not being met:**

The provider did not ensure that recovery plans were comprehensive and up to date.

Regulation 9, (3) (b)

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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

**How the regulation was not being met:**

The provider had not ensured that risk assessments were fully completed for all clients. They had not done all that could be reasonably practicable to mitigate risks to clients.

Regulation 12 (1) (2) (a) (b)