

Luton

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

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service had a well-equipped, clean and tidy clinic room.
- Staff monitored and recorded the room temperature daily.
- The service had access to naloxone (used to reverse the effects of opioids) and a defibrillator. Staff carried out weekly audits of emergency equipment.
- Overall, 100% of staff had completed mandatory training.
- All clients had an initial risk assessment and all risk assessments had been updated within the past month. Risk assessments were comprehensive and included what process to follow for a client who unexpectedly exits treatment.
- The service had robust processes in place for medicines management and administering medication.
- Staff we spoke with were aware of what constituted an incident and how to report an incident. Staff received feedback from incidents and were able to tell us about changes and learning from incidents within the service.
- We observed staff interacting with clients in a kind, considerate and caring manner.
- Clients we spoke with told us staff were interested in their wellbeing and that staff were respectful, polite and compassionate. Clients said they felt safe while using the service, and were happy with the treatment they were receiving.
- All clients we spoke with said they were involved in and offered a copy of their treatment plan. Staff reviewed and updated individual treatment plans weekly. Treatment plans viewed were holistic, personalised, recovery orientated and looked at a client's strength areas.

Summary of findings

- Families could be involved in treatment with client agreement. The service facilitated monthly family meetings. Family members were asked for feedback about care and treatment.
- Staff completed comprehensive assessments on the day of admission. The doctor completed medical assessments at the point of a client's admission for treatment; this included a physical health examination to ensure suitability for detox. The nurse undertook physical health checks including blood pressure, breathalysing, and urine testing.
- Staff were inducted to the service appropriately. All staff working within PCP Luton were regularly supervised and all eligible staff had a recent appraisal completed. Staff had access to bi-weekly team meetings, monthly group supervision and daily handovers. Staff had access to specialist training for their role.
- The service rarely cancelled appointments or groups due staff shortages or sickness.
- Facilities were available at the treatment centre so that clients could make a hot or cold drink when they wanted to. Lunch was ordered and delivered from a local café.
- The service received 80 compliments in the 12 months prior to inspection.
- Clients knew how to complain; in addition information about making a complaint was displayed in the seating area of the treatment centre, along with a comments box.

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

- The blood pressure machine and alcometer (used to measure level of alcohol in breath) had not been calibrated.
- The service had not completed a ligature audit for the treatment centre.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse/ detoxification		inspected but not rated

Summary of findings

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Luton

Substance misuse/detoxification

Summary of this inspection

Background to Luton

PCP Luton was registered with the Care Quality Commission in April 2015 and is a residential drug and/or alcohol medically monitored detoxification and rehabilitation facility based in Luton, Bedfordshire. At the time of inspection, the service had a registered manager and a nominated individual.

The service includes a treatment centre where clients attend for daily therapy sessions and a six bedded detoxification house which is allocated to people undergoing detoxification with 24-hour supervision. PCP Luton is registered to provide treatment of disease, disorder or injury. At the time of inspection, PCP Luton was not registered to provide accommodation for persons who require treatment for substance misuse; this was highlighted to the provider who took immediate action to submit an application to CQC to have this regulated activity added.

Twelve further beds are available for clients in the primary treatment phase of the programme off site; the 12 bedded house is not required to be registered with the Care Quality Commission. At the time of inspection there were 11 people accessing treatment.

PCP Luton provides on-going abstinence based treatment, which focuses on the 12- step programme and also integrates cognitive behavioural therapy, motivational interviewing, psycho-social education and solution focussed therapy.

At the time of inspection 11 people were accessing the service for treatment. Length of stay for clients in treatment was between two and 12 weeks.

The service provides care and treatment for male and female clients. PCP Luton accepts self referrals from privately funded individuals and drug and alcohol community teams.

The Care Quality Commission carried out a focussed inspection in August 2015 due to concerns identified by the Care Quality Commission at other PCP locations. The focussed inspection concentrated on the safe, caring and well-led domains.

Following the August 2015 inspection, we told PCP Luton that it must take the following actions:

- Take action to ensure that incident reporting systems are robust. Staff must be familiar with the system and report incidents as and when they occur. Managers and staff must learn from incidents and complaints.
- Ensure that when risk assessments are completed they are completed in full and identified risks are mitigated using a risk management plan.
- Adhere to a robust recruitment policy that ensures that staff the service employs are qualified and competent to work with the service user group.

During the current inspection we reviewed incident reporting systems, risk assessments and seven staff recruitment files. We noted that incident reporting systems and risk assessments were robust and comprehensive. Staff recruitment was thorough and completed in full.

Our inspection team

The team that inspected the service included CQC inspector Hannah Lilford (inspection lead) and two other CQC inspectors.

Summary of this inspection

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.

During the inspection visit, the inspection team:

- visited the treatment centre and looked at the quality of the physical environment, and observed how staff were caring for clients

- spoke with 11 clients
- spoke with eight staff members including the registered manager and the lead nurse, counsellors, administrators and peer mentor volunteers.
- attended and observed a hand-over meeting
- collected feedback using comment cards from 10 clients
- looked at seven care and treatment records, including medicines records, for clients
- observed medicines administration at lunchtime
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with 11 clients, collected feedback using comment cards from 10 clients and looked at 22 feedback comments from families and carers.

Clients we spoke with told us staff were interested in their wellbeing and that staff were respectful, polite and compassionate. Clients said they felt safe while using the

service, and were happy with the treatment they received for physical and mental health, as well as substance misuse support. Clients said they were involved in their treatment plan and their exit plans.

Clients told us group therapy and activities were varied and good quality. Clients particularly enjoyed the Friday afternoon session where they could engage in fun activities within the community, such as bowling.

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 areas of good practice:

- The service had a well-equipped, clean and tidy clinic room.
- Staff were recording and monitoring room temperature daily.
- The service had access to naloxone (used to reverse the effects of opioids) and a defibrillator. Staff carried out weekly audits of emergency equipment.
- The furnishings in the treatment centre were clean, well maintained and had recently been decorated to a high standard.
- All communal areas of the treatment centre were clean and well maintained.
- Overall, 100% of staff had completed mandatory training, 100% of staff were trained in safeguarding adults and children and safeguarding vulnerable adults.
- All 11 clients had an initial risk assessment and all risk assessments had been updated within the past month. Risk assessments were comprehensive and included what process to follow for a client who unexpectedly exits treatment.
- The service had robust processes in place for medicines management and administering medication.
- Staff we spoke with were aware of what constituted an incident and how to report an incident. Staff received feedback from incidents and were able to tell us about changes and learning from incidents within the service.

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

- The blood pressure machine and alcometer (used to measure level of alcohol in breath) had not been calibrated.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff completed comprehensive assessments on the day of admission. The doctor completed medical assessments at the point of a client's admission for treatment; this included a physical health examination to ensure suitability for detox.

Summary of this inspection

- Staff reviewed and updated individual treatment plans weekly. Treatment plans viewed were holistic, personalised, recovery orientated and looked at a client's strength areas.
- The service offered a variety of daily activities and therapies
- Staff were inducted to the service appropriately. All staff working within PCP Luton were regularly supervised and all eligible staff had a recent appraisal completed. Staff had access to bi-weekly team meetings, monthly group supervision and daily handovers.
- Staff had access to specialist training for their role.
- Overall, 100% of staff had completed training in the Mental Capacity Act.
- Staff invited prospective clients to visit the service before accepting a place.
- Staff supported clients to formulate their own leaving plans, including unexpected exit from treatment.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff interacting with clients in a kind, considerate and caring manner.
- Clients we spoke with told us staff were interested in their wellbeing and that staff were respectful, polite and compassionate. Clients said they felt safe while using the service, and were happy with the treatment they were receiving.
- Clients told us there was always enough staff to offer additional support.
- Staff gave all clients a welcome pack on admission.
- All clients we spoke with said they were involved in and offered a copy of their treatment plan.
- Families could be involved in treatment with client agreement. Clients told us the service facilitated monthly family meetings. Family members were asked for feedback about care and treatment.
- Clients were able to give feedback on the service by using the comments box or during weekly community meetings.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- A pre-admission assessment was completed with clients to assess suitability prior to them being accepted to the service. The service had a clear exclusion criterion in place. The registered manager and the doctor assessed all referrals on a case by case basis.
- The service rarely cancelled appointments or groups due staff shortages or sickness.
- PCP Luton treatment centre had a range of rooms available to support treatment.
- Facilities were available at the treatment centre so that clients could make a hot or cold drink when they wanted to. Lunch was ordered and delivered from a local café.
- The service received 80 compliments in the 12 months prior to inspection.
- Clients knew how to complain; in addition information about making a complaint was displayed in the seating area of the treatment centre, along with a comments box.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had a robust recruitment process; we looked at seven staff and volunteer personnel files. Overall, 100% of active volunteers and of substance misuse staff had a current disclosure and barring service (DBS) check and all staff had two references located within their personnel files.
- Overall, 100% of staff had completed mandatory training, 100% of staff had regular supervision and all eligible staff had an up to date appraisal.
- All employed staff were involved in completing audits.
- Between December 2015 and December 2016 one member of staff left the service. Between September 2016 and February 2017 there were no unauthorised absences or sickness days taken by staff.
- Staff told us they knew the whistle-blowing process and felt able to raise concerns without fear of victimisation.
- None of the staff or managers we spoke with raised any concerns regarding bullying or harassment.
- Staff morale at the service was high. Staff told us that they felt valued and rewarded for the job they do.
- We saw evidence of recruiting from within the service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Overall, 100% of staff had completed training in the Mental Capacity Act. Staff had knowledge of capacity and the impact it could have on clients they were working with.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse/ detoxification	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse/detoxification services safe?

Safe and clean environment

- Rooms were not fitted with alarms at the treatment centre. However, staff had access to sound alarms during 1:1 and group sessions if required. The service had a procedure that staff followed if an alarm was raised. Staff gave clients who were detoxing from substances an alarm which staff would respond to.
- The service had a well-equipped, clean and tidy clinic room. The nurse recorded the clinic room temperature daily and was aware of what action should be taken if the temperature went out of range. The clinic room did not have a clinical fridge; at the time of inspection the service had no medication that required refrigeration.
- The blood pressure machine and alcometer (used to measure level of alcohol in breath) had not been calibrated.
- The service had not completed a ligature audit for the treatment centre. Ligature audits identify points where clients are able to tie something to if they intend to self-harm. Risk was mitigated by using the risk assessment, the pre-admission assessment and daily handovers. We observed client risk being discussed during the daily handover.
- The service had access to naloxone (used to reverse the effects of opioids) and a defibrillator. Staff carried out weekly audits of emergency equipment. Staff were fully trained to use naloxone and the defibrillator.
- The furnishings in the treatment centre were clean, well maintained and had recently been decorated to a high standard.

- Urine testing was carried out in the toilet, maintaining client privacy and dignity.
- A clinical waste disposal company contract was in place to collect and dispose of clinical waste.
- Staff had completed environmental risk assessments, including fire risk assessments, water temperature checks and weekly health and safety checks.
- Staff adhered to infection control principles including handwashing. Handwashing posters were visible above all sinks.
- There was evidence of portable appliance testing (PAT) on all electronic equipment.

Safe staffing

- The PCP Luton team consisted of three counsellors, a team leader who was a qualified nurse, three evening support workers who worked on a rota basis, an administrator, a registered manager and volunteer peer mentors. PCP (Luton) Ltd head office was also based on the same site and could offer additional staffing support if required.
- Managers estimated the number of staff required based on client need and the therapy programmes in place at any given time.
- The average caseload was four clients per counsellor. Counsellors acted as key workers and facilitated weekly one-to-one sessions with clients.
- Staff absences were planned for in advance and able to be managed effectively within the staffing team. Annual leave for the qualified nurse was planned for in advance and an agency was approached to provide nursing cover.

Substance misuse/detoxification

- Between September 2016 and February 2017 there were no unauthorised absences or sickness days taken by staff.
- Overall, 100% of staff had completed mandatory training. Mandatory training included safeguarding children and adults, lone working, safeguarding vulnerable adults, mental capacity and conflict management and breakaway techniques.

Assessing and managing risk to clients and staff

- We reviewed seven care records during the inspection. All clients had an initial risk assessment and all risk assessments had been updated within the past month. Risk assessments were comprehensive and included what process to follow for a client who unexpectedly exits treatment.
- Staff said that if they noticed deterioration in client's physical health they would refer them to the walk in centre, the local GP or seek guidance from the doctor. Staff monitored early warning signs of mental or physical health deterioration during daily contact with clients and during medication administration.
- The doctor reviewed all clients' medication on admission, introduced detoxification medication, and reviewed medication periodically during the clients stay at the service. The doctor advised nursing staff on medication administration and was available for consultation when needed. We saw comprehensive doctors' assessments. Staff requested client
- Overall, 100% of staff were trained in safeguarding adults and children and safeguarding vulnerable adults. Staff we spoke with knew when and how to make a safeguarding referral.
- The service had a child protection policy in place, which included protecting any children that visited the service.
- The service had robust processes in place for medicines management and administering medication. The nurse managed a controlled drugs destruction book and a returned drugs book which was used in conjunction with the local pharmacy. The service held a Home Office stock license which meant that when presented with an alcohol dependent person in severe withdrawal the nurse was able to administer medication from stock under the doctors' instructions to reduce risk of alcohol withdrawal related complications. The doctor

completed a stock medication instruction and medication card for all clients requiring detoxification and an up to date medications administration chart was available in each client's file.

Track record on safety

- The service reported no serious incidents in the 12 months leading up to the inspection.

Reporting incidents and learning from when things go wrong

- Staff we spoke with were aware of what constituted an incident and how to report an incident. Staff told us they could discuss an incident with a manager prior to submitting an incident report.
- Staff received feedback from incidents during daily handovers and bi-weekly team meetings. We observed feedback from incidents being discussed during the handover meeting.
- Staff were able to tell us about changes and learning from incidents within the service. We saw evidence that change had been implemented following incidents after discussion at the bi-monthly clinical governance meetings.
- Staff we spoke with said they had no recent incidents that required a debrief. However, they felt they could discuss any concerns or issues with management, during a handover, supervision or team meetings.

Duty of candour

- Managers and staff of the service were aware of the duty of candour. Managers and staff told us they were supported to be candid with clients.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Assessment of needs and planning of care

- We looked at seven client case files and noted that all full assessments were completed by staff on the day of admission. All pre-admission assessments were located within the client's case files.

Substance misuse/detoxification

- The doctor completed medical assessments at the point of a client's admission for treatment; this included a physical health examination to ensure suitability for detox.
- The nurse undertook physical health checks including blood pressure, breathalysing, and urine testing. This included appropriate medication regimes to support the first few days of the detoxification programme.
- Staff reviewed and updated individual treatment plans weekly. All seven treatment plans viewed were holistic, personalised, recovery orientated and looked at a client's strength areas. Client's goals throughout treatment and upon discharge were discussed and clearly recorded.
- Staff kept client files in locked cabinets within their offices which were only accessible to staff. The service used paper and electronic recording systems.
- Staff referred clients to the local walk in centre where there was a general health care need. All clients accessing treatment for longer than 28 days were temporarily registered with the local GP surgery for any healthcare needs.
- Staff supported clients to attend for blood borne virus testing and vaccination and advice or treatment for sexual health if required.
- Health screening was routinely conducted as part of clients care and treatment. This included titration and physical observation to help inform the client's treatment and detoxification regimes. Staff knew what early warning signs to be aware of when clients were on detoxification programmes.
- The nurse completed a weekly medication stock check and controlled drugs audits.

Best practice in treatment and care

- The service followed good practice in managing and reviewing medicines including following British National Formulary recommendations.
- The service told us that the doctor prescribed medication as described by Department of Health guidance, drug misuse and dependence: UK guidelines on clinical management (2007) for alcohol and opiate detox. An alcohol and opioid detox protocol was in place which followed national guidance.
- Interventions included supporting clients with follow on housing, education, training, employment and benefits.
- The service offered daily activities and therapies such as structured group work, art therapy, self-esteem workshops, goals workshops, anger management workshops, one to one key working and access to mutual aid groups.
- Staff used the Treatment Outcomes Profile to measure change and progress in key areas of the lives of people treated within the service, the Clinical Opiate Withdrawal Scale which rates common signs and symptoms of opiate withdrawal and is used to monitor symptoms and the Clinical Institute Withdrawal Assessment for Alcohol, a ten item scale used in the assessment and management of alcohol withdrawal.
- The multi disciplinary team consisted of counsellors, a qualified nurse, evening support workers, an administrator, a registered manager and volunteer peer mentors.
- Staff were always available at the service when required for support. The doctor attended the service dependent on need and was available for phone call support.
- Staff were inducted to the service appropriately. Induction records were completed and located within staff files.
- All staff working within PCP Luton were regularly supervised, all eligible staff had a recent appraisal completed. Staff had access to bi-weekly team meetings and monthly group supervision.
- Staff had access to specialist training for their role, overall, 100% of eligible staff had completed alcohol dependence, withdrawal and detoxification, Royal College of General Practitioners management of alcohol problems in primary care, RCGP alcohol brief identification and advice, RCGP management of drug misuse, Royal Pharmaceutical Society accredited medication training,
- There had been no concerns with poor staff performance within the last year. Managers advised us that when there were any concerns an informal discussion would be held.

Substance misuse/detoxification

Multidisciplinary and inter-agency team work

- Staff had access to bi-weekly team meetings; minutes were stored in a file located within the staff office.
- Staff attended handovers twice daily. They included discussion around any client issues or risks, the timetable for the day, incidents and detox update.
- The service worked closely with the PCP supported housing scheme and other PCP residential detox sites.
- Staff told us they had good links with the dispensing pharmacy, local GP surgeries, community mental health teams and PCP move on housing scheme.

Adherence to the MHA

- The Mental Health Act was not applicable to this service; clients using the service were not detained.

Good practice in applying the MCA

- Staff discussed and checked capacity with all clients on admission.
- Overall, 100% of staff had completed training in the Mental Capacity Act. Staff had knowledge of capacity and the impact it could have on clients they were working with.

Equality and human rights

- The service had an equal opportunities and diversity process in place. Staff we spoke with were able to tell us about the policy and how it impacted on their work.
- There were restrictions on clients having visitors for four weeks upon entering treatment. After the initial four weeks, clients were able to have weekend visits. Clients had restrictions on personal phone calls made whilst they were in treatment. Clients were required to hand their phones in to staff at the beginning of treatment for one week. After the initial week clients were allowed their phones outside of daily treatment activities. Clients signed a treatment agreement on admission to agree they would comply with the service rules.
- The service supported people with protected characteristics under the Equality Act 2010 and was accessible for people requiring disabled access.

Management of transition arrangements, referral and discharge

- The service had clear admission and discharge policies. Prospective clients were initially assessed using a pre-admission questionnaire to identify if they were suitable. Staff at PCP Luton carried out another comprehensive assessment on admission. The service did not have a waiting list for new admissions.
- Referrals were accepted from community drug and alcohol teams and on a private basis for clients. An assessment was completed with clients to assess suitability prior to them being accepted to the service.
- Staff invited prospective clients to visit the service before accepting a place.
- Staff supported clients to formulate their own leaving plans, including unexpected exit from treatment, as part of the treatment programme. Staff gave clients information on accessing local support groups on discharge.
- PCP Luton provided follow on support for clients who had completed their treatment programme. Clients who had completed treatment were offered the opportunity to live at PCP supported housing and attend the service for additional support or could apply to become a volunteer at the service.
- Staff asked all clients for feedback upon discharge. We looked at 24 feedback records for discharged clients, 80% were positive.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed staff interacting with clients in a kind, considerate and caring manner.
- Clients we spoke with told us staff were interested in their wellbeing and that staff were respectful, polite and compassionate. Clients said they felt safe while using the service, and were happy with the treatment they were receiving. They said there was always enough staff to offer additional support.
- Staff knew clients on a first name basis and were able to discuss clients in depth. Staff had an awareness of clients' individual needs and preferences and discussed these during the handover.

Substance misuse/detoxification

The involvement of clients in the care they receive

- Staff gave all clients a welcome pack on admission. The welcome pack included a treatment contract, compliments, complaints and suggestions form, advocacy information, a treatment contract, common questions and answers and advice around local GP and dental services.
- All clients we spoke with said they were involved in and offered a copy of their treatment plan. Client case files included client goals throughout treatment.
- We saw how treatment plans offered interventions aimed at maintaining and improving the clients' social networks and provided support for people to attend community resources.
- Families could be involved in treatment with client agreement. Clients told us the service facilitated monthly family meetings.
- We saw 22 family feedback forms, 21 were positive and one was negative. The negative feedback related to communication from staff.
- All clients had a named key worker and clients knew who their key worker was and all clients in treatment received weekly one-to-one sessions with their named keyworker.
- Clients were expected to follow the rules and protocols in place, signed agreement forms indicating client's willingness to comply with the rules and protocols were present in all client files.
- All client files contained a confidentiality and information sharing agreement, along with a signed copy of PCP's contract and a detox agreement if needed.
- Clients were able to give feedback on the service by using the comments box or during weekly community meetings. We looked at 24 feedback records for discharged clients. Overall, 80% were positive.

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

Access and discharge

- The doctor had flexibility and was able to see urgent referrals as needed. The service had no waiting list at the time of inspection.
- Staff worked with clients to include them in their care and prevent them from disengaging in their treatment.
- PCP Luton accepted referrals from private individuals and referral agencies.
- A pre-admission assessment was completed with clients to assess suitability prior to them being accepted to the service. Exclusion criteria included clients who had previously experienced seizures during detox and recent self harm or suicide history. The registered manager and the doctor assessed all referrals on a case by case basis.
- The service rarely cancelled appointments or groups due staff shortages or sickness. Clients we spoke with said they had not experienced any cancelled sessions or activities.
- Counsellors were assigned to clients as key workers at the point of admission. Leading up to discharge, clients formulated their own leaving plans and discussed these plans during therapy sessions.

The facilities promote recovery, comfort, dignity and confidentiality

- PCP Luton treatment centre had a range of rooms available, including group rooms, 1-2-1 rooms a clinic room, seating areas for lunch and a relaxation lounge. Clients who were detoxing had the opportunity to use a quiet room with access to a day bed if they felt unwell and could not engage in treatment.
- Facilities were available at the treatment centre so that clients could make a hot or cold drink when they wanted to. The service ordered lunch from a local café, which was delivered to the treatment centre. Clients were able to choose from a range of sandwiches, salads and jacket potatoes. Dietary requirements could be catered for.
- Clients had access to outdoor space and a smoking area.
- We saw comfortable dining areas with adequate seating for all clients.

Substance misuse/detoxification

- There were restrictions on phone calls for the first week upon entering treatment and visits for the first four weeks of treatment. This was discussed and agreed with clients prior to admission.

Meeting the needs of all clients

- Staff said they supported clients to access their spiritual needs in the local community. Clients confirmed they felt their spiritual needs were being met.
- The service was able to supply leaflets in languages other than English on request.
- The service was able to make adjustments for people in response to meet their needs, such as faith support, and cultural needs. There was disabled access on the ground floor.
- Managers advised they would be able to accommodate clients who had communication difficulties with prior arrangement and planning.

Listening to and learning from concerns and complaints

- The service received 11 complaints in the 12 months prior to inspection, two of these were upheld. The service had a robust process in place for managing complaints.
- The service received 80 compliments in the 12 months prior to inspection. We saw thank you cards and letters displayed within the staff office from clients who had successfully completed treatment, thanking staff for the support they had received. Managers had collated a folder of positive feedback which contained over 100 letters of thanks, cards and positive feedback forms.
- Clients knew how to complain; in addition information about making a complaint was displayed in the seating area of the treatment centre, along with a comments box. None of the clients we spoke with had made a complaint about the service and were not therefore able to reflect on how the service had handled their complaint. Staff knew how to handle complaints appropriately.

Are substance misuse/detoxification services well-led?

Vision and values

- PCP vision was 'a new beginning' and staff were passionate about supporting clients to improve their lives and become substance free.
- Staff knew who the most senior members of staff were and said that as they were based within the same building they saw them on a regular basis.

Good governance

- The service had a robust recruitment process; we looked at seven staff and volunteer personnel files. Overall, 100% of active volunteers and of substance misuse staff had a current disclosure and barring service (DBS) check and all staff had two references located within their personnel files.
- Overall, 100% of staff had completed mandatory training. Mandatory training included safeguarding children and adults, lone working, safeguarding vulnerable adults, Mental Capacity and Conflict management and breakaway techniques as well as substance misuse, detoxification and medication specific training.
- Overall 100% of staff had regular supervision and yearly appraisals in line with the provider's supervision policy.
- The service did not have targets or key performance indicators.
- The service manager felt they had sufficient authority and administrative support.
- All staff were involved in completing audits including client file audits, environmental audits (covering all aspects of buildings such as health and safety/ infection control), medication audits and emergency equipment audit.

Leadership, morale and staff engagement

- Between December 2015 and December 2016 one member of staff left the service.
- Between September 2016 and February 2017 there were no unauthorised absences or sickness days taken by staff.
- The provider had a whistle-blowing policy in place. Staff told us they knew the whistle-blowing process and said they felt able to raise concerns without fear of victimisation.

Substance misuse/detoxification

- None of the staff or managers we spoke with raised any concerns regarding bullying or harassment.
- Staff morale at the service was high. Staff told us that they felt valued and rewarded for the job they do, staff said they enjoyed their roles and that the team was supportive. We saw positive interactions between staff members. Staff said they all worked well together as a team and there was mutual support for each other.
- We saw evidence of recruiting from within the service; staff we spoke with had been promoted internally to new positions.
- Staff felt able to input into developments within the service. One member of staff we spoke with told us they had been able to develop and implement new groups.

Commitment to quality improvement and innovation

- The provider did not participate in any national accreditation schemes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that equipment is appropriately maintained and calibrated.

Action the provider **SHOULD** take to improve

- The provider should ensure that ligature risk assessments are completed and maintained for both the treatment centre and the detoxification house.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Safe care and treatment</p> <ul style="list-style-type: none">• The blood pressure machine and alcometer had not been calibrated. <p>This was a breach of regulation 12 (2) (e)</p>