

The Recovery Hub Ipswich Community Interest Company.

Quality Report

175 Felixstowe Road,
Ipswich,
Suffolk,
IP3 8EB.
Tel: 01473 402801
Website:

Date of inspection visit: 30 January 2017 IMS3
Date of publication: 02/06/2017

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 well-led?

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following issues the provider needs to improve:

- The service did not prescribe medication in a safe way. Staff did not re-assess one clients medication following a break and did not always establish

dependency before the medication was re-started. Staff did not follow best practise guidance. Staff did not record that the consultation with the prescriber took place before re-starting medication.

Summary of findings

- Staff did not update risk assessments when risk to clients changed. Staff did not transfer risks identified at initial assessment to the initial risk assessment. Staff did not routinely re-assess risk during treatment.
- The safeguarding lead for the service had completed basic safeguarding awareness training which posed a risk that they did not have sufficient knowledge for their role.
- Information was missing from client records and staff files. Staff did not record if clients were able to safely manage any physical health conditions.
- Managers did not complete appropriate checks to determine that staff were safe to transport clients to appointments.

- Managers did not have a clear definition between the roles of volunteers and peer mentors and the responsibilities of each role.

However, we also found the following areas of good practice:

- Staff took part in regular handovers to discuss client care and treatment.
- Managers provided staff with up to date safeguarding and medicines administration training. Managers had addressed infection control issues raised from the last inspection.
- Clients said they felt safe at the service and that staff listened to them and treated them as individuals.
- Staff reported good morale and were committed to supporting clients in recovery.

Summary of findings

Contents

Summary of this inspection

	Page
Background to The Recovery Hub Ipswich Community Interest Company.	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

The Recovery Hub Ipswich Community Interest Company.

Services we looked at

Substance misuse services

Summary of this inspection

Background to The Recovery Hub Ipswich Community Interest Company.

The Recovery Hub Ipswich aims to provide high quality, cost effective treatment to those recovering from addiction issues. The treatment options include detoxification and therapeutic interventions to support abstinence from drugs and alcohol.

The service provides 16 beds.

At the time of our inspection, there were fifteen clients using the service. The average length of stay was four weeks however the treatment programme can be up to 24 weeks.

The service was last inspected in October 2016 and requirement notices were issued in relation to:

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

- Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
- Regulation 17 HSCA (RA) Regulations 2014 Good governance
- Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The service is no longer in breach of Regulation 19 as the provider had ensured recent employees had received appropriate clearance prior to starting in post.

Breaches in Regulation 12, 13 and 17 remain and further details can be found at the end of the report.

Our inspection team

The team that inspected the service consisted of CQC Inspection Manager Victoria Green (inspection lead) and two other CQC Inspectors.

Why we carried out this inspection

We carried out this unannounced inspection due to anonymous concerns raised to the Care Quality Commission regarding client safety.

We also checked to find out whether the provider had made improvements since our last inspection in October 2016 and had taken action to rectify the concerns identified in the requirement notices.

The provider sent us an action plan in January 2017 detailing how they were going to make the required improvements to the service. This included:

- Exploring training opportunities for staff in breakaway techniques and de-escalation.

- Ensuring there were two staff on each shift to increase staff safety.
- Completing structured handovers three times daily so staff are aware of all relevant client issues.
- Updating client risk assessments when risk changed and at the halfway point of treatment.
- Ensuring all communication with external agencies is included in client records, to include communication with GP's and Safeguarding teams.
- Discussing incidents and learning during handovers and weekly team meetings.

Summary of this inspection

How we carried out this inspection

During this unannounced inspection, we asked the following questions to understand if the service had made the required improvements:

- Is it safe?
- Is it caring?
- Is it effective?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location, including recent anonymous concerns raised to us.

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with three clients
- spoke with the nominated individual
- spoke with the two staff members on shift.
- looked at 15 care and treatment records, including medicines records, for clients
- looked at nine staff files, including paid staff and volunteers
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients told us that they felt safe at the service and that staff worked with them to support their recovery. They told us that they felt listened to and that staff treated them with respect and compassion. They felt that staff understood their needs and treated them as individuals.

Clients enjoyed the structure and felt that there was variety in the programme.

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

- The service did not prescribe medication in a safe way. Staff did not re-assess clients following breaks in medication and the service did not assess dependency before medication was re started.
- Staff did not update risk assessments when risk to clients changed and information in clients assessments did not match information in initial risk assessments. Staff did not create risk management plans to demonstrate how risk to clients would be managed or reduced.
- The safeguarding lead for the service completed basic safeguarding awareness and had not completed further training to support their role as lead.

However, we also found the following areas of good practise:

- The service displayed appropriate hand washing guidance and information. Staff had access to hand washing facilities and the clinic room had hand gels available for staff to use.
- All staff had received recent training in safeguarding and medication administration.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- The service did not prescribe medication in line best practise guidance.
- Staff did not record comprehensive assessments of clients' physical health conditions and how this would be managed during treatment.

We found the following areas of good practice:

- Staff took part in handovers three times per day to discuss relevant client information and to share risk information.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Clients told us they felt safe at the service and staff treated them with kindness and respect.
- Staff treated clients as individuals and supported people to achieve goals that would support their recovery.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- Managers did not monitor the role and function of the prescriber. Managers could not explain the rationale for treatment decisions.
- Managers did not audit case files. Documentation was missing from files and there were gaps in client's files and staff files.
- The service did not have a policy outlining the roles and responsibilities of peer mentors and volunteers. This meant there was no boundary between the role and the requirements when recruiting to the roles.
- Managers had not completed appropriate checks on staff member's car insurance to ensure they were safe to transport clients to and from appointments.

However, we found the following areas of good practice:

- Managers shared learning with staff via team meetings.
- Managers kept copies of Disclosure and Barring Service checks (DBS) on an electronic system. Managers received DBS certificates before new staff started in the service.

Substance misuse services

Safe

Effective

Caring

Well-led

Are substance misuse services safe?

Safe and clean environment

- The service did not have alarms in interview rooms. Staff did not carry personal alarms. Managers staffed shifts with two members of staff to increase staff safety. Managers expected night staff to use the on-call system if they required help. One staff member was on shift when we arrived for the inspection and had worked the night shift alone. They did not have to use the on call system as they did not require support whilst on shift.
- The service displayed infection control information in relevant areas. The clinic room did not have a sink installed; staff used a sink in the room next door. Managers provided hand gel in the clinic room for staff to use. Staff washed their hands and used hand gel prior to administering medication and staff displayed a reminder to sanitise their hands on the front of the medication folder.

Safe staffing

- All staff received recent training in medication administration. Staff did not dispense medication if they had not completed training. We checked this against the medication administration records.

Assessing and managing risk to clients and staff

- Staff did not record all the correct information on risk assessments. Staff did not always transfer risk information contained in the initial admission assessments to the initial risk assessment. Staff recorded ways to manage risk in the daily progress notes; they did not create risk management plans. This meant that staff did not have easy access to information about how to reduce risk.
- Staff did not update risk assessments at specific intervals or when risk to clients changed.

- All staff received safeguarding training. Six staff received basic safeguarding awareness training whilst three staff received more in depth safeguarding training. However, the nominated safeguarding lead for the service had not received more in depth training than the basic level.
- The service did not prescribe medication safely. Staff did not always confirm dependency before starting an opiate replacement prescription, there was evidence of clients receiving a prescription without prior drug testing, which increases the risk of overdose. Staff did not consistently obtain advice from the prescriber when clients refused medication, or did not follow the agreed plan. Staff did not follow recommendations within the Drug Misuse and Dependence: UK guidelines on clinical management (2007).

Track record on safety

- We did not inspect against this question.

Reporting incidents and learning from when things go wrong

- Staff reported incidents using a paper based system. Staff recorded details of incidents that occurred and any immediate learning identified. The service discussed incidents during weekly team meetings.

Duty of candour

- We did not inspect against this question.

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

Assessment of needs and planning of care

- We reviewed 15 client records.
- Staff kept paper records that held information relating to clients treatment. The records did not contain all information regarding the clients. Medical

Substance misuse services

administration records were missing from one file and the manager could not locate them. This meant that we could not see what medication staff had dispensed to the client and at what dose.

Best practice in treatment and care

- Staff did not follow recommendations within the Drug Misuse and Dependence: UK guidelines on clinical management (2007), when prescribing medication to clients. Prescribers did not follow the assessment guidance outlined in the national institute for health and care excellence (NICE) guidance CG52 drug misuse in the over 16's: opioid detoxification. There was one example of a client accessing medication before any assessment of dependency was made. This followed a break in medication. According to the information in the client record, there had been no use of opiates in 5 days. This would affect a person's tolerance to opiate medication, putting someone at risk of overdose.
- The prescriber did not formally review clients' medication within set time frames. We were told staff would contact the prescriber if there were any issues and that this would then be reviewed.
- Staff did not always record how clients physical healthcare needs were managed during treatment. For example, staff did not record if a client was able to manage conditions themselves or if they required support from staff.

Skilled staff to deliver care

- We did not inspect against this question.

Multidisciplinary and inter-agency team work

- The service scheduled three handover meetings per day. Staff met before the start of each shift to discuss clients and to share information about the previous 24 hours. Staff read the previous 24 hours progress notes for each client to ensure they had the most recent information. A handover did not take place the morning we inspected, managers told us this was due to compassionate leave and this was not a regular occurrence. Staff at the service confirmed this.
- Staff recorded communication with other services, such as GP's and dentists in client notes. This was evident in client records and was an improvement since the last inspection. Clients registered with local GP's whilst

accessing treatment to get support with physical health needs. Staff supported clients to access GP appointments as and when required and recorded the outcome of appointments in records.

- Staff liaised with community drug and alcohol teams if clients were referred for treatment by that route. Records showed staff from community teams attending the service to review clients' progress and to discuss discharges.

Adherence to the MHA

- The service did not admit clients that were detained under the Mental Health Act.

Good practice in applying the MCA

- We did not inspect against this question.

Equality and human rights

- We did not inspect against this question.

Management of transition arrangements, referral and discharge

- We did not inspect against this question.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Staff engaged with clients in a compassionate and positive way. Staff encouraged clients to engage in the daily programme and demonstrated an understanding of individual needs.
- Clients told us that they felt safe at the service and that staff knew how to support them to achieve recovery. They felt that staff listened to them and empathised with them.
- Staff completed confidentiality paperwork with clients on admission and clients told us that they knew they were able to say who the service could talk to about their care.

The involvement of clients in the care they receive

- Staff involved clients in care planning and clients signed care plans to show they agreed with the goals set. Clients and staff set a variety of goals, including goals

Substance misuse services

related to drug misuse, life skills and medication. However, not all the care plans had comprehensive goals and some were not SMART (specific, measureable, achievable, realistic and time bound.)

- Staff updated families and carers about client's progress, if the client gave permission for them to do so. However, there was no evidence in care plans to suggest that families were involved in clients treatment. Records showed staff provided updates only.

Are substance misuse services well-led?

Vision and values

- We did not inspect against this question.

Good governance

- Managers had ensured relevant staff received updated medication administration training, following the last inspection.
- Managers did not have a process in place to ensure prescribing was offered to clients in a safe way. Clients accessed prescriptions without staff assessing and checking dependency. The decision to restart medication was not always discussed with the prescriber.
- The service did not have a policy in place to determine the roles of volunteers and peer mentors. This meant that there was no clear guidance for staff regarding pre-employment checks and the criteria required for the role. Human resource staff files for volunteers and peer

mentors were incomplete and did not demonstrate managers had completed an induction with them. Volunteer job descriptions were in some files, but this was not consistent.

- Managers had not completed appropriate checks on staff member's car insurance to ensure they were safe to transport clients to and from appointments.
- Managers did not audit the quality of risk assessments. The CQC had raised this as an issue at the last inspection.
- Managers had not addressed previous requirement notices issued by the CQC to achieve compliance to regulations.

Leadership, morale and staff engagement

- Staff were committed to supporting clients to achieve recovery from their drug of choice. Staff spoke with passion about their jobs and their service.
- Staff knew how to raise concerns and said that they were comfortable in discussing concerns with managers. Staff would raise concerns with outside agencies, such as the CQC, if they felt they were not getting the appropriate response from management teams. They told us they have never felt the need to do this as they felt managers supported them with this.
- Staff worked well as a team. They told us that they could get support from each other, if required.

Commitment to quality improvement and innovation

- We did not inspect against this question.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that clients are prescribed medication in a safe way and in line with best practise guidance.
- The provider must ensure that clients are risk assessed throughout their treatment and if risk changes.
- The provider must ensure that there is a system in place to ensure that all staff transporting clients to appointments and meetings are safe to do so.
- The provider must ensure there is a clear definition between employed staff, volunteers and peer mentors.

- The provider must ensure there are systems and processed in place to monitor and improve the quality of the service.

Action the provider **SHOULD** take to improve

- The provider should ensure that if clients are able to manage their physical health conditions that this is documented in the client's record.
- The provider should ensure that the safeguarding lead for the service has completed a level of training that supports their ability to support staff with safeguarding cases.

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	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <ul style="list-style-type: none">• The provider must ensure that there is a system in place to ensure that all staff transporting clients to appointments and meetings are safe to do so.• The provider must ensure there is a clear definition between employed staff, volunteers and peer mentors. <p>Regulation 13 (1)(2).</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• The provider must ensure there are systems and processes in place to monitor and improve the quality of the service. <p>Regulation 17 (1)(2)(a)(b)(f).</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	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• The provider must ensure that clients are prescribed medication in a safe way and in line with best practise guidance.• The provider must ensure that clients are risk assessed throughout their treatment and if risk changes. <p>Regulation 12 (1) and (2) (a)(b)(c)(g)(i).</p>