

CAIS at Salus

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive?

Good



Are services well-led?

Inadequate



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.

Summary of findings

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

Letter from the Chief Inspector of Hospitals

I am placing the service into special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate overall or for any key question or core service, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Professor Ted Baker
Chief Inspector of Hospitals

Overall summary

We rated CAIS at Salus as inadequate because:

- The provider was not following the policy that set out the pre-admission process. Not all clients had had a comprehensive assessment of their risks and needs. We identified two clients whose previous history indicated that they would be at risk during withdrawal or detoxification. On both occasions, the provider had failed to adequately assess or mitigate these risks.
- Care plans did not fully reflect all clients' needs and the rationale for the choice of detoxification regime was not always clear.
- Staff did not keep complete records of the care provided. They failed to record important information about the medical management of detoxification. Staff were not consistent in reviewing the effects of medication on clients' physical health regularly and in line with national guidance.
- The provider did not manage medicines safely. The provider did not have effective policies, procedures and training related to medication and medicines management; including prescribing, detoxification or assessing people's tolerance to medication.
- Staff were not supported appropriately. They did not receive regular supervision. No staff had had an appraisal of their performance in the last 12 months. Staff did not receive any training that was specific to detoxification. Not all staff had a clear understanding of the Mental Capacity Act 2005 and the implications for their practice.
- The communal shower facilities compromised clients' privacy and dignity.
- The provider's approach to improving the quality of its services and standards of care was not effective. Systems to assess, monitor and mitigate risks to clients' health, safety and welfare were not effective. The clinical audit for care records had no actions recorded when improvements were identified. It was not clear how data was analysed, managed and used to support activities.

However:

- Staff helped clients to understand the risks of continued substance misuse.
- Discharge plans included pathways to enable clients to access other supporting services.
- The provider gave clients opportunities to provide feedback and the service had made improvements as a result. It was also responsive to feedback from clients, staff and external agencies. There was learning from incidents and the service had been proactive in responding to clients' concerns.
- Recovery staff were supported to attain qualifications in line with national occupational standards. There was a peer mentor arrangement with the partner organisation.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Inadequate 	Medically managed detoxification service.

Summary of findings

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Inadequate 

CAIS at Salus

Services we looked at

Substance misuse services

Summary of this inspection

Background to CAIS at Salus

CAIS at Salus is located in Chorley in Lancashire in single storey accessible premises. The service provides medically managed residential detoxification for drug addiction and alcohol addiction to men and women over 18 years of age. There are 14 beds. At the time we inspected there were six clients.

CAIS at Salus admits clients from across the UK, including clients funded by statutory organisations and those who are privately funded.

The service is registered to provide the following regulated activities:

- Accommodation for persons who require treatment for substance misuse
- Treatment of disease, disorder or injury

This service has been registered with CQC since 16 February 2018. It has not been inspected before.

There is a registered manager and a nominated individual. The nominated individual holds shared responsibility with the adjoining residential rehabilitation service. There is a partnership agreement between the two services with arrangements for shared governance and management.

Our inspection team

The team that inspected the service comprised two CQC inspectors, an assistant inspector and a pharmacy inspector.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- 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:

- looked at the quality of the environment and observed how staff were caring for clients
- spoke with two clients who were using the service

- spoke with the registered manager
- spoke with three other staff members including a doctor, nurse and one support staff;
- reviewed four staff records
- received feedback about the service from two commissioners;
- attended and observed two client meetings
- collected feedback from five clients using comment cards
- looked at five care and treatment records of clients
- looked at three prescription charts
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

The clients we received feedback from were generally positive about the service they received. They described it as excellent and highly organised. They said they found

the staff helpful and understanding. They felt safe participating in group work. One person was unhappy with one aspect of their treatment and another was not happy with the quality of the food.

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 rated safe as **inadequate** because:

- Not all clients had a comprehensive risk assessment on admission. Staff had not developed an appropriate risk management for one client who was at risk of self-harm or suicide. For another client who had developed epileptic seizures during a previous episode of detoxification, staff had failed to develop a care plan to minimise the likelihood of this happening again.
- Staff did not follow good practice in medicines management. Staff did not store medicines at correct temperatures.
- Staff were not consistent in reviewing the effects of medication on clients' physical health regularly and in line with National Institute for Health and Clinical Excellence guidance.
- Staff did not keep proper records of the medical management of detoxification. Staff did not consistently record the client's physical observations during detoxification.
- The communal shower facilities compromised clients' privacy and dignity.

However:

- Detoxification was supported by a therapeutic programme. Through the therapeutic programme, staff ensured clients understood the risks of continued substance misuse, including the risks associated with unplanned exit from the programme.
- Blanket restrictions were kept to a minimum. Banned items were limited to those assessed as potentially exposing clients to harm, based on the type of service being provided.
- Staff recognised incidents and reported them. The service had made safety improvements as a result of learning from incidents.

Inadequate



Are services effective?

We rated effective as **inadequate** because:

- The provider was not following the policy that set out the pre-admission process.
- Staff did not undertake a comprehensive assessment of clients' needs. Care plans did not fully reflect all clients' needs.
- Staff did not always record clearly the rationale for the choice of detoxification regime.
- Staff did not receive regular supervision as per the provider's policy.

Inadequate



Summary of this inspection

- No staff had had an appraisal of their performance since the service was registered.
- Staff had not received any training specific to detoxification.
- Not all staff had a clear understanding of the Mental Capacity Act 2005 and the implications for their practice.

However:

- The service provided a therapeutic programme and activities that included harm prevention, positive experiences and support for clients to live healthier lives. Recovery plans included pathways to other supporting services in the clients local area, such as mutual aid groups. There were protocols for the shared care of clients who used the service. Care co-ordinators were invited to attend care planning meetings.
- Recovery staff were supported to attain qualifications in line with national occupational standards.
- Eighty three per cent of clients who started treatment had completed it.

Are services caring?

We rated caring as **requires improvement** because:

- Staff did not fully assess clients' risks and needs before developing recovery plans. The pre-admission and admission assessments did not establish clients' previous and current risks and needs, including their physical and mental health needs. This meant staff did not fully understand clients' individual needs. Thus, they did not develop adequate recovery plans, and clients' involvement in making decisions about their care and treatment was not based on full and accurate information.
- Clients' involvement in decisions about their treatment was superficial because their recovery plans did not contain complete and accurate information about their needs.

However:

- Staff respected clients' privacy and dignity, and treated them with compassion and kindness.
- Staff supported clients to access other services when appropriate.
- Clients had opportunities to provide feedback and the service had made improvements as a result.

Requires improvement



Are services responsive?

We rated responsive as **good** because:

Good



Summary of this inspection

- Discharge plans included supporting clients to access other services. The majority of discharges were planned.
- There was a peer mentor arrangement with the partner organisation.
- There were quiet areas for privacy and where clients could be independent of staff.
- The service was accessible to all who needed it.
- The service investigated concerns and complaints, shared lessons learned with all staff and made improvements as a result.

However:

- Staff did not always ensure that relevant information was shared on discharge.

Are services well-led?

We rated well-led as inadequate because:

- The provider's approach to improve the quality of its services and standards of care was not effective. The provider had not ensured that improvements identified through clinical audit were always acted on. Managers did not collect, analyse or use information in a way that enabled them to assure themselves of the quality or safety of care provided.
- The provider did not have effective systems in place to assess, monitor and mitigate risks to clients' health, safety and welfare. This included systems to ensure the safe management of medicines.
- Staff did not keep care records relating to clients that were accurate or complete.
- The provider did not have effective systems to ensure that staff received support and supervision. No staff member had had an appraisal of their performance in the last 12 months.

However:

- The service was responsive to feedback from clients, staff and external agencies.
- There was evidence that the provider had learned from incidents.
- The service had been proactive in responding to clients' concerns.

Inadequate



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Clients consented to care and treatment on admission. The service had a policy on the Mental Capacity Act which staff were aware of and could refer to for guidance. However, not all staff had completed training in and






understood their responsibilities in relation to the Mental Capacity Act 2005. We reviewed the training records of four staff. Only two had completed Mental Capacity Act training, which did not form part of mandatory training.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Inadequate	Inadequate	Requires improvement	Good	Inadequate	Inadequate
Overall	Inadequate	Inadequate	Requires improvement	Good	Inadequate	Inadequate

Substance misuse services

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

Are substance misuse services safe?

Inadequate 

Safe and clean environment

The premises were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Staff knew about ligature anchor points and actions to mitigate risks to clients who might try to harm themselves.

Staff adhered to infection control principles, including hand washing and the disposal of clinical waste.

Bedrooms were all single occupancy and rooms for male and female clients were situated at opposite ends of a corridor. However, most of the bedrooms were not en suite, although we were told there were plans to provide all rooms with a shower. One bedroom had an en suite shower and one had an accessible wet room. There were three communal showers halfway along the main corridor, which all clients shared. The showers were situated so that clients did not have to pass bedrooms occupied by clients of the opposite gender to reach them.

However, we did not see evidence that the provider had taken steps to manage the risks associated with both genders being isolated in such close proximity to each other.

For example, clients were not informed before admission that they would be expected to share communal showers or to access and egress the showers fully clothed. This could compromise clients' privacy and dignity.

Safe staffing

The service had enough nursing staff to meet clients' identified physical and mental health needs. There were no staff vacancies. The provider employed a service director who acted as the nominated individual, a registered manager who was a registered nurse, and five other registered nurses with a sixth recently appointed but not in post.

The staffing establishment was three staff during the day and two at night if there were more than eight clients in the unit. This included a registered nurse on each shift. Managers were available on call to provide support out of hours. There were arrangements to cover any staffing shortfalls by utilising bank or agency staff. From 4 December 2017 until 31 October 2018, 50 shifts were filled by agency staff.

Staff knew the clients and received basic training to keep clients safe from avoidable harm. There were arrangements for managing unforeseen staff shortages and providing cover.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. There were personal safety protocols for staff including lone working policies where necessary. All staff had completed all mandatory training, including health and safety awareness training, infection prevention and control, first aid and basic life support.

Registered nursing staff had also received training in medicines from the pharmacy but none of this was specific to detoxification.

Assessing and managing risk to clients and staff

We reviewed five sets of care and treatment records.

Substance misuse services

Staff did not fully assess clients' risks prior to them being admitted to the service. The pre-admission assessment did not collect sufficient information to allow an informed decision as to whether the provider could meet the client's needs if balanced against identified risk. In one record, the pre-admission assessment had not been fully completed. Staff carrying out the pre-admission assessment had noted the client was at risk of self-harm but had not explored this and there was no evidence that the risk was addressed or mitigated. The written record did not state whether this client had attempted suicide within the previous 12 months - it was the provider's policy not to admit clients in such a circumstance. Following admission, the client attempted to self-ligate. Staff intervened and summoned emergency assistance. This incident could have been avoided if the risk had been properly explored and reflected in a care plan.

On admission, not all clients had received a comprehensive assessment of risk. We found that, on admission, staff had not assessed risks to clients or mitigated against those risks. Two of the five records we reviewed did not contain personalised, comprehensive risk assessments. One of these concerned a client with a history of seizures during previous episodes of withdrawal. There was no care plan in place to minimise the likelihood of this happening again during the client's stay. Following the client's transfer to the rehabilitation unit on the same site, the client had three seizures.

This meant staff were not always aware of the potential risk to or posed by clients. They could not be assured that admission was safe because pre-admission and admission assessments did not establish clients' previous and current needs.

In the three other records that we reviewed, staff had completed and updated risk assessments for clients, which they used to understand and manage risks individually.

Staff used recognised scales for the assessment of withdrawal symptoms but they did not complete them when clients were sleeping. At night, they carried out hourly observations to check that the client was asleep.

We found a lack of recording of information around the medical detoxification of clients. Staff were not consistent in reviewing the effects of medication on clients' physical

health regularly and in line with national guidance. For one client, these were recorded hourly during the evening but the scores and frequency of monitoring were not recorded accurately in the nursing notes.

Clients were made aware of the risks of continued substance misuse through the therapeutic programme that supported detoxification.

The service had protocols for dealing with unexpected exit from treatment.

Staff kept blanket restrictions on residents to a minimum. The only items banned were those that had been assessed as potentially exposing clients to harm, based on the type of service being provided.

Staff responded to severe and sudden deterioration in clients' health by contacting emergency services.

There was a crash bag containing emergency equipment. A crash bag is an easily accessible bag that contains equipment to treat someone in a medical emergency.

Safeguarding

Staff knew how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

They knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies.

Staff access to essential information

Staff maintained a paper recording system. They kept records of clients' ongoing care and treatment. However, the records did not contain all essential information.

Medicines management

The provider had a contract with a community pharmacist to provide pharmacy services. The provider had delegated responsibility for training of staff in medicines to the pharmacy service. Some elements of the training offered were not relevant to the care of people with addictions.

The manager told us they did not assess the competency of staff because they were registered nurses and they completed medicines training with the pharmacy. We concluded that staff were not adequately trained to manage medicines safely in this setting.

Substance misuse services

The provider did not have effective policies, procedures and training related to medication and medicines management including prescribing, detoxification or assessing people's tolerance to medication.

Staff did not follow good practice in medicines management.

Medication given to clients on discharge from the service did not always meet the Medicines Regulations 1994; the medicines label added by the service's staff did not contain the date of dispensing or the name and address of the service.

Staff did not always accurately record the administration of medicines given as required. They made a note in the client's daily record, but they did not record this on the medicines administration record. This meant that staff did not always know when medication had been administered.

A prescriber had signed but had failed to date a when required medicines record to give a medicine if needed to reduce the symptoms of alcohol withdrawal. This meant that staff did not know whether the instructions in those documents were current.

The fridge temperature was out of range. This meant that medicines may be adversely affected as they were not being stored at the correct temperature.

Track record on safety

There were no serious incidents for this service reported in the 12 months before we inspected. The service had made safety improvements by introducing hourly checks on clients' whereabouts following a client's unexpected exit from another unit.

During this inspection, one serious incident occurred and was reported.

Reporting incidents and learning from when things go wrong

Managers investigated incidents and shared lessons learned with the team and the wider service.

Staff understood that when things went wrong, they needed to apologise and give clients honest information and suitable support. There was a policy to provide guidance for staff.

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

Inadequate 

Assessment of needs and planning of care

We reviewed five sets of care and treatment records. The pre-admission assessment comprised a two-sided, structured pro forma. This did not cover all issues that would be expected to be addressed by such an assessment. As a result, the assessments were insufficient to identify all needs and risks. This meant staff did not know whether the service could safely meet the client's needs.

There was a prescribing policy that set out the pre-admission process. This included the development of admission and post-admission care plans. The provider was not following this policy.

In two of the five records we reviewed, there was no assessment of the client's needs, including their physical and mental health needs. This meant recovery plans could not meet each client's individual needs.

For the other records, staff had completed assessments and developed recovery plans and risk management plans that met the clients' physical and mental health needs identified during assessment. The recovery plans were reviewed at least every three days and when clinically indicated.

The prescribing policy stated that the pre-admission process should include agreement with the senior team doctor of each client's proposed medication regime and length of stay. The provider was not following this policy.

The rationale for whether a seven-day or 10-day detoxification regime was appropriate was not clear. A client could be commenced onto a seven-day or 10-day alcohol detoxification programme, the length of course being decided by the prescriber a day after starting the detoxification. The medical notes did not explain the reasons for deciding on the course prescribed. One client had deranged liver results and a history of multiple

Substance misuse services

seizures. Staff had started this client on a seven-day detoxification programme. There was no explanation as to why this was not extended to the 10-day programme to reduce the risk of seizures.

Best practice in treatment and care

Detoxification was supported by a therapeutic programme of interventions, in accordance with national guidance. There was a weekly timetable of group work and activities, such as discussing feelings, denial, self-motivation, harm prevention, positive experiences and planning future goals.

Staff supported clients with their physical health and helped them to deal with issues relating to substance misuse. They encouraged clients to live healthier lives through offering support, advice and information about behaviours, goals and future planning.

Staff participated in local clinical audits. However, they had not always acted on the results when improvements needed were identified. An audit of care records identified gaps in the records but did not specify the actions needed and there was no timescale for improvements to be made.

Monitoring and comparing treatment outcomes

Staff used treatment outcome profiles to monitor clients' progress.

The provider reported outcomes to the National Drug Treatment Monitoring Service, which collates data on substance use.

From 1 December 2017 until 31 October 2018, 170 clients had started treatment; 136 for alcohol, 16 for opiates, and 18 were categorised as 'other'. Of those, 142 (83%) completed treatment successfully; 120 for alcohol (88%), seven for opiates (44%), 15 for 'other' (83%).

Skilled staff to deliver care

The manager of the service was a nurse who had a background in substance misuse services. The service employed five other nurses. One of these was a nurse prescriber who had worked in substance misuse services previously.

One nurse was a newly qualified registered general nurse who had previously worked in substance misuse services, and one was registered as a learning disability nurse. One other was a registered general nurse and two were registered mental health nurses. A further mental health

nurse had been appointed but was not in post. We did not see evidence of any of these staff having specialist training in substance misuse. There were plans to introduce naloxone training but this had not been implemented at the time we inspected.

There were four recovery workers who were supported to achieve qualifications in line with national occupational standards. They held a range of qualifications including substance misuse, counselling, psychotherapy, psychology and suicide recognition.

A doctor worked under contract for the provider. The doctor had worked at the service since it was opened and at the adjoining rehabilitation service for two years before that. The doctor attended the service for two sessions each week. The doctor was expected to be on call for the rest of the week and would be expected to attend when new clients were admitted.

Another doctor who worked at the provider's location in Wales provided locum cover.

Supervision had not been taking place consistently through the year and did not follow the provider's policy. The policy stated that monthly supervision should take place. There was an action plan that addressed this but there was no timescale for compliance.

The provider's policy stated that new staff appointments were subject to a six month probationary period, at the end of which staff would undergo their first formal appraisal. Since the service was registered with CQC in February 2018, no staff had had an appraisal. Therefore, staff had not set objectives for their development that focused on improvement and learning. This meant that staff may not have the appropriate skills and knowledge to carry out their role.

Multi-disciplinary and inter-agency team work

There was a multi-disciplinary handover meeting at every shift change that included information about each client but there were no formal multi-disciplinary meetings where staff reviewed clients' progress.

Recovery plans included pathways to other supporting services. Staff supported clients to use services in their locality, such as mutual aid groups. There were effective protocols for the shared care of clients who used the service. Care co-ordinators were invited to attend care planning meetings.

Substance misuse services

The nurse prescriber and the doctor were responsible for prescribing, supported by the locum doctor who provided cover when needed.

Good practice in applying the MCA

Clients consented to care and treatment on admission. The service had a policy on the Mental Capacity Act that staff were aware of and could refer to for guidance. However, not all staff had completed training in and understood their responsibilities in relation to the Mental Capacity Act. We reviewed the training records of four staff. Only two had completed Mental Capacity Act training, which did not form part of mandatory training. This meant that staff may not always recognise when capacity deteriorated and may not take appropriate action.

Are substance misuse services caring?

Requires improvement 

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. However, the provider did not ensure that staff carried out comprehensive assessments of all clients' risks and needs, so could not demonstrate a true ethos of respect and support.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes without fear of consequences.

Staff directed clients to other services when appropriate and, if required, supported them to access those services.

Involvement in care

Staff involved clients and communicated with them about their recovery, care and treatment and reviewed their progress at least every three days.

However, staff did not fully assess clients' risks and needs before developing recovery plans. The pre-admission and admission assessments did not establish clients' previous and current risks and needs, including their physical and mental health needs. This meant staff did not fully

understand clients' individual needs. Thus, they could not develop adequate recovery plans and clients' involvement in making decisions about their care and treatment was not based on full and accurate information.

Clients and those close to them had opportunities to give feedback on the service via comment boxes and surveys at the end of treatment. There was a 'you said, we did' board in the dining room that set out actions taken in response to feedback, such as introducing morning meetings to discuss the day's activities and heated trolleys to keep food warm.

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

Good 

Access and discharge

Clients were admitted from across the UK. When a person was referred, the non-medical prescriber would undertake an assessment over the phone. The decision whether to admit the client was made on the basis of this interview.

Staff did not routinely provide naloxone injection kits when clients treated for opiate misuse were discharged. Naloxone can be used in an emergency if a client overdoses on opiates.

Care records contained plans for discharge that included accessing other services local to the client's home.

Information was shared when clients had completed treatment and their care was transferred to another provider but the information was not always complete. For example, information relating to a client's physical health had not been shared. The discharge letter for this client did not provide information about their past medical history of seizures.

Staff supported clients during referrals and transfers between services, for example, if they required treatment in an acute hospital or were transferred to the partnership organisation for rehabilitation. There was a peer mentor arrangement with the partner organisation.

The facilities promote recovery, comfort, dignity and confidentiality

Substance misuse services

Clients had their own rooms where they could keep personal belongings safely. There were quiet areas for privacy and where clients could be independent of staff.

There was a choice of good quality food, including special dietary requirements such as kosher or halal meals, and vegan, diabetic and liquid diets.

Clients' engagement with the wider community

Staff supported clients to maintain relationships with people that mattered to them, both within the services and the wider community; for example, staff facilitated family visits.

Meeting the needs of all people who use the service

Staff helped clients with communication and cultural support. Registered nursing staff included staff trained as learning disability nurses and mental health nurses.

There were accessible rooms to see clients in for group work and individually. One bedroom had an en-suite wet room.

Bedroom doors were painted with luminous paint that glowed in the dark so clients with visual impairment could see them.

Listening to and learning from concerns and complaints

Only one client had made a complaint in the last 12 months. This related to lack of therapeutic interventions, lack of structure in the recovery programme and lack of supervision of clients. A structured two-week activity programme had been introduced in response to the concerns raised.

Clients completed satisfaction questionnaires at the end of their treatment. Scores indicated that clients were mainly satisfied with their experience.

The provider's statement of purpose stated incorrectly that patients could complain directly to the Care Quality Commission.

The nominated individual had a good understanding of the service. Leaders were visible in the service and approachable for clients and staff.

Members of the senior executive team attended the monthly management meetings.

Vision and strategy

The service had a vision for what it wanted to achieve and plans to turn it into action. There was a corporate aim to help people recover from addiction and rebuild their lives.

Staff understood the vision and values of the team and organisation and their role in achieving that. They could explain how they were working to deliver care.

Culture

Staff felt respected and valued. The team worked well together. Where there were difficulties, managers dealt with them appropriately.

Governance

The provider's approach to improving the quality of its services and standards of care was not effective.

Managers did not collect, analyse or use information in a way that enabled them to assure themselves of the quality or safety of care provided. The provider had not ensured that they always acted on the results of clinical audits. The clinical audit for care records had no actions recorded when improvements were identified. It did not specify the actions needed and there was no timescale for improvements to be made.

Systems to assess, monitor and mitigate risks to clients' health, safety and welfare were not effective and records relating to clients were not complete.

The pre-admission assessment did not collect enough information to allow an informed decision as to whether the provider could meet the clients' needs if balanced against identified risk. On admission, staff did not always assess risks to clients or mitigate against those risks.

There was a lack of recording of information around the medical detoxification of clients. Staff did not review the effects of medication on clients' physical health consistently and in line with national guidance.

Are substance misuse services well-led?

Inadequate 

Leadership

Substance misuse services

Systems to ensure the safe management of medicines were not effective. Staff were not adequately trained to manage medicines safely. We found failures in recording prescribing, dispensing and administration of medicines.

Staff did not receive adequate support. They had not received supervision consistently and no staff had had an appraisal of their performance. Staff had not received any training that was specific to detoxification. Not all staff had received training on the Mental Capacity Act 2005.

There was a framework of what should be discussed in team and governance meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.

Staff had implemented recommendations from reviews of incidents and concerns at the service level.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the clients.

Management of risk, issues and performance

The provider did not have effective systems for identifying and managing risks. There was no cohesive quality assurance framework that operated across all organisational policies and procedures.

There was a corporate risk register dated September 2018 that had 11 risks identified. The location did not have a risk register so the provider did not have a record of current concerns at this location or how they would be mitigated.

Staff could escalate concerns via clinical governance meetings.

There were plans for emergencies to ensure business continuity.

Information management

Managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care. However, it was not used in a way that enabled them to assure themselves of the quality or safety of care provided.

Staff had access to the equipment and information technology needed to do their work.

Staff made notifications to external bodies as needed.

Engagement

Staff and clients had access to up-to-date information about the work of the provider and the services they used.

Clients had opportunities to give feedback on the service they received in a manner that reflected their individual needs.

Managers engaged with external stakeholders such as commissioners.

Learning, continuous improvement and innovation

There was an action plan that set out planned service improvements but there was no timescale for completion.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all clients have a comprehensive assessment of risk.
- The provider must ensure that all staff who deliver regulated activity are working within the scope of their qualifications, competence, skills and experience and that care and treatment is delivered in a safe way.
- The provider must ensure that staff carry out consistent and effective monitoring of clients undergoing detoxification to assess withdrawal and to reduce the risk of death from withdrawal, in line with national guidance.
- The provider must ensure there are effective policies, procedures and training related to medication and safe medicines management.
- The provider must ensure that the rationale for the choice of detoxification regime is clear.
- The provider must ensure that all clients have a comprehensive assessment of their needs.
- The provider must ensure that recovery plans support staff to manage clients' risks and needs.
- The provider must ensure clients' safety, privacy and dignity.

- The provider must ensure that improvements identified through clinical audit are acted on, and that data collected is analysed, managed and used to support activities.
- The provider must ensure all staff receive regular supervision and an annual appraisal that includes objectives focused on improvement and learning.
- The provider must ensure that records relating to clients are accurate and complete.
- The provider must ensure that information shared on discharge is complete.

Action the provider **SHOULD** take to improve

- The provider should ensure staff follow policy in relation to the pre-admission process.
- The provider should ensure they follow their procedural document in relation to staff supervision and appraisal.
- The provider should ensure that all staff have a clear understanding of the Mental Capacity Act 2005 and the implications for their practice.

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

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

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

How the regulation was not being met:

Staff did not always carry out a comprehensive assessment of clients' physical and mental health needs.

Care plans did not always support staff to manage clients' needs.

This was a breach of regulation 9 (1)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

How the regulation was not being met:

All bedrooms were not en suite. There were three communal showers halfway along the main corridor, which male and female clients shared.

This was a breach of regulation 10 (2) (a)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

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

How the regulation was not being met:

Staff did not always assess the risks to the health and safety of clients receiving care and treatment.

Requirement notices

Where a client had a high risk of suicide, there was no appropriate risk management plan to support staff to manage this risk. The pre-admission assessment had noted the risk but there was no evidence that this risk was addressed.

The rationale for the choice of detoxification regime was not always clear.

The provider did not have effective policies, procedures and training related to medication and medicines management including prescribing, assessing clients' tolerance to medication, or detoxification.

Medication given to clients on discharge from the service did not always meet the Medicines Regulations 1994

Staff did not always accurately record the administration of medicines given as required.

Staff were not consistent in reviewing the effects of medication on clients' physical health regularly and in line with national guidance.

Medication charts did not always record the date medication was prescribed.

The administration of medicines given as required was not always recorded accurately.

Information shared on discharge was not always complete.

This section is primarily information for the provider

Requirement notices

This was a breach of regulation 12 (1) and 12 (2) (a) (b) (g) and (i)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

Systems to ensure the safe management of medicines were not effective.

The provider had not ensured that they always acted on the results of audits when improvements needed were identified.

Systems to assess, monitor and mitigate risks to clients' health, safety and welfare were not effective.

Records relating to clients were not always accurate and complete.

Systems to support and supervise staff were not effective. There was an action plan to address this but it did not identify a timescale for compliance.

This was a breach of regulation 17 (1) and 17 (2) (a) (b) and (c)

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 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Staff had not received supervision consistently. No staff had had an appraisal of their performance since the service was registered. This was a breach of regulation 18 (2) (a) We have issued a warning notice in respect of this regulation.