Phoenix Futures National Specialist Family Service

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

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

- The provider had failed to make sufficient improvements to fully address the governance issues identified at our last inspection of May 2016.
- Staff did not always administer and store medication in line with their policies. The system in place to risk assess and determine the suitability of clients to self-administer medicines was not robust.
- Staff did not always report incidents using the incident reporting system and the manager did not have oversight of all incidents.
- Staff did not always act on file audits to update care plans and discharge plans.
- Some prescribing policies were not available on-site and the benzodiazepine detoxification policy had not been agreed between the doctor and the service.
- The provider could not identify all the mandatory training requirements for staff and could not provide compliance data for which grade of staff had completed which training.

Summary of findings

- The provider's service improvement plan did not always contain specific actions to address deficiencies. Their audit systems did not link clearly to the service improvement plan and they did not have mechanisms for ensuring actions were followed up.

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

- The provider had purchased suitable equipment and an appropriate waste disposal system, which staff used when carrying out urine tests on clients.
- The provider had purchased new breathalyser tubes and ensured staff used a fresh tube each time they carried out a breath test.
- The provider had ensured staff carried out necessary training including paediatric first aid, mental health awareness and managing challenging behaviour. There was a procedure in place for medical emergencies and trained staff to use the defibrillator.
- The provider had implemented evidence-based scales to monitor client withdrawal symptoms and trained staff to use them.
- Staff updated client risk plans, where appropriate, following incidents. Staff and managers discussed incidents in team meetings and handovers.
- The service had taken action to address several areas we said they should consider improving in the previous inspection of May 2016. This included ratifying their adult safeguarding policy and updating their serious incidents policy to include the duty of candour.
- The provider had also ensured managers were supervising staff in line with their policy.

Summary of findings

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Background to Phoenix Futures National Specialist Family Service

Phoenix Futures National Specialist Family Services offers residential treatment for families experiencing drug and/or alcohol problems.

The service can accommodate families including children up to and including the age of ten. Parents including couples, single parents, and pregnant women can stay on-site with their children. Each family has their own room and access to a shared kitchen and bathroom facilities.

An on-site Office for Standards in Education (OFSTED) registered crèche is available for children up to the age of eight and where necessary, children are enrolled in external childcare provision or school. The crèche was last inspected by the Office for Standards in Education in March 2015 where the standard of its early year's childcare provision was rated as good.

The service offers two flexible treatment programmes, 12 and 26 weeks. There are three main elements of focus in the programme. A therapeutic element to help clients address their substance misuse, a parenting element where support is offered by specialist childcare workers to improve clients' parenting skills and a childcare element, which includes the on-site nursery and crèche.

Where clients are physically dependent on substances, including alcohol, the service can offer an on-site medically monitored withdrawal programme.

The service accepts referrals from community services across the country including the courts, substance misuse teams, social care organisations and privately funded clients.

The service is not fully accessible for clients with a disability.

The National Specialist Family Service is one of four residential substance misuse services registered with The Care Quality Commission by the provider Phoenix Futures. It registered with The Care Quality Commission on 20 January 2011 to provide accommodation for persons who require treatment for substance misuse as its regulated activity.

The Care Quality Commission has inspected Phoenix Futures National Specialist Family Service three times since it was registered in 2011. When we last inspected the service in May 2016, we issued the provider with three requirement notices, which related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12, Safe care and Treatment
- Regulation 17, Good Governance
- Regulation 18, Staffing.

Following that inspection, the service sent us a plan, which set out the steps they would take to meet the legal requirements of the regulations.

Our inspection team

Team Leader: Liz Mather, Inspector (Mental Health) Care Quality Commission

The team that inspected the service comprised three Care Quality Commission inspectors, including the team leader.

Why we carried out this inspection

We undertook this inspection to find out whether Phoenix Futures National Specialist Family Service had made improvements to their substance misuse service since our last comprehensive inspection of the location in May 2016.

Following our inspection May 2016, we told the provider it must make the following actions to improve substance misuse services:

Summary of this inspection

- The provider must ensure infection control procedures and practices, especially in relation to drug and alcohol screening, are undertaken in a way to minimise the risk of the spread of infection.
- The provider must risk assess the requirement for physical health examinations and observations to be completed during detoxification, and the use of a recognised withdrawal scale.
- The provider must risk assess the requirement for emergency medications, oxygen and emergency equipment like the defibrillator for both adults and children, and the emergency doctor's provision outside the contracted on-call hours. It must agree the final contract with the doctor.
- The provider must ensure that systems are in place to ensure that client information is recorded consistently and that all information is in one place so that information is accessible to all staff at all times.
- The provider must ensure that systems are sufficient to ensure managers can access accurate training information for permanent and sessional staff, and to be clear which training is mandatory and when this needs to be repeated.
- The provider must ensure that necessary training is completed to ensure that staff are equipped to meet the needs of the children and the clients they support.
- The provider must ensure that staff have completed the necessary training to use the clinical tools used in the service.
- The provider must ensure that staff have sufficient training to manage challenging behaviour, aggression and violence.
- The provider must ensure that the doctors providing treatment at the service have been revalidated with the general medical council.
- The provider must ensure that medication is stored appropriately and that records of controlled drugs are completed in accordance with legislation.
- The provider must ensure that risk assessment and risk management plans follow the contemporaneous records, and be reviewed and updated following incidents.
- The provider must ensure that incidents are reported using the incident procedures and learning from incidents is shared, including from medication incidents.
- The provider must ensure that its protocols for detoxification from opiates and alcohol are ratified and in line with best practice and agree whether a protocol for detoxification from benzodiazepines is required.
- The provider must be able to evidence that records are accurate, complete and contemporaneous and that care plans and risk assessments are reviewed.
- The provider must ensure that assessments are completed on a client's ability to self-administer their own medication and that their children's medication and ensure that the medications administration policy is ratified to include more detailed information around self-administration and administering medication to children.
- The provider must ensure that the governance systems operated effectively and were sufficiently established and embedded to assess, monitor and improve the quality and safety of the service provided.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12 Safe care and treatment
- Regulation 17 Good governance
- Regulation 18 Staffing

We also reported that the provider should take the following actions:

- The provider should consider the risk of mixed sex couples sharing bathroom facilities and people having to use these with other unrelated clients of the opposite gender.
- The provider should ensure that the safeguarding adults policy is reviewed and ratified
- The provider should ensure that it updates its serious incident policy to include the duty of candour.
- The provider should ensure that staff supervision is completed within the eight week period outlined in the supervision policy and that the information in the personnel files is consistent for each staff file.
- The provider should ensure that discharge plans are agreed and in place at the beginning of treatment.
- The provider should ensure that staff have a clear understanding about mental capacity.
- The provider should consider to review options for the ground floor bathroom to be fully accessible for clients with mobility issues.

Summary of this inspection

- The provider should ensure that the complaints information includes details of the local government ombudsman.
- The provider should ensure that local managers and staff have a clear understanding of performance indicators and how the service performs against them.

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?

On this inspection, we assessed whether the service had made improvements to the specific concerns we identified during our last inspection. These relate to the key questions of is the service safe, effective and well led. We did not receive any information, which caused us to re-inspect the caring and responsive domains. We also followed up on a sample of the actions we reported the provider should take. This was a short-notice announced inspection.

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited the location and looked at the quality of the physical environment
- spoke with six clients
- spoke with the registered manager and head of operations
- spoke with four other staff members employed by the service provider, including therapeutic workers and care workers
- looked at five staff personnel files
- looked at five client care and treatment records and two medicines records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

On the day of our inspection, we spoke with six people who were using the service. Clients told us they felt fully involved in their care and that staff were welcoming and helpful. New clients to the service told us how staff had helped them to settle in, feel safe, and understand how the service worked. Some clients spoke of the benefits of being able to be with their families and how the staff were skilled in working with children and their parents. One client told us they would not have been able to complete the programme without being able to be with their family. Clients told us that staff provided an appropriate balance of challenge and support to motivate behaviour change towards recovery goals.

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 provider had addressed our previous concerns around infection control by ensuring that suitable protective equipment was available for staff to use when carrying out urine tests. This included the provision of a specific waste facility for clinical waste, for example, urine pots.
- The provider had purchased disposable breathalyser tubes so staff could use a new one each time they carried out a breath test with a client.
- In response to issues raised at our last inspection, the provider had carried out a series of risk assessments including the requirement for physical health examinations, the requirement for emergency medications and the risks in relation to the management of aggression and violence.
- Staff used recognised withdrawal scales to monitor client withdrawal symptoms and staff were trained in how to use them.
- The provider had trained staff in first aid including paediatric first aid and using the defibrillator.

However, we also found the following areas the provider needs to improve:

- Staff did not always store and administer medications in line with the provider's policy
- Staff did not complete risk assessments to determine the suitability of medication for self-administration.
- Staff did not always report incidents in line with the provider's policy

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider stored care workers' and doctors' records together so that information was held in one place and accessible to staff.
- Since our last inspection in May 2016, the provider had trained some staff in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Summary of this inspection

- Managers supervised staff in line with the provider's policy.

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

- Staff working in the service did not have access to current prescribing policies and the protocol for benzodiazepine detoxification had not been agreed between the prescribing doctor and the provider.
- Staff did not always update care plans and discharge plans. When managers identified these omissions through file audits, staff did not always act to update these plans and some files contained missing information like dates and signatures.

Are services caring?

We do not currently rate standalone substance misuse services.

Since the last inspection in May 2016, we have received no new information that would cause us to re-inspect this key question.

Are services responsive?

We do not currently rate standalone substance misuse services.

Since the last inspection in May 2016, we have received no new information that would cause us to re-inspect this key question.

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:

- The provider had not completed all the actions to address the issues identified at our last inspection in May 2016. The systems were not sufficient to ensure that managers could access accurate training information for permanent and sessional staff and to establish which training was mandatory for which grade of staff.
- The provider's service improvement plan did not contain mechanisms to ensure that staff had carried out the actions identified in service audits.
- The provider did not ensure that staff at all levels reported incidents in line with their policy.
- Some of the provider's policies, for example, concerning medicines management, gave staff conflicting information and did not always identify how staff should carry out risk assessments.

Summary of this inspection

- The provider's service improvement plan did not always contain specific actions to address improvements. It was difficult for us to see how improvements would be monitored and reviewed by them.

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

- Managers at the service had made improvements in ensuring staff received appropriate training including paediatric first aid, mental health awareness, and managing challenging behaviour.
- Managers had introduced an on-line care certificate course for all non-professionally qualified staff where they were involved in delivering direct care.

Detailed findings from this inspection

Mental Health Act responsibilities

We include our assessment of the service provider's compliance with the Mental Capacity Act 2005 and where relevant, the Mental Health Act 1983 in our overall inspection of the service. Phoenix Futures National Specialist Family Service does not admit people who are detained under the provisions of the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

We did not review the service's adherence to the Mental Capacity Act and Deprivation of Liberty Safeguards during this inspection. However, the provider had trained 26% of staff in mental capacity and the Deprivation of Liberty Safeguards and had a plan in place to train the remaining staff using an on-line system.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

At our inspection in May 2016, we found that staff did not use personal protective equipment such as aprons to carry out drug tests on client samples of urine. There were no suitable waste disposal arrangements in the toilet area where staff carried out tests and breathalyser tubes were sterilised and re-used contrary to the manufacturer's guidelines.

At this inspection, we found the provider had purchased suitable personal protective equipment including aprons and placed an appropriate waste bin in the toilet area for clinical waste such as empty urine pots and breathalyser tubes. We observed staff using the equipment in line with a new testing procedure and washing their hands afterwards. The provider had also purchased new breathalyser tubes and ensured staff used a fresh tube each time they carried out a test. However, the provider's urine test procedure did not advise staff about disinfecting surfaces, which potentially could have been exposed to urine following the completion of each test. This meant clients and staff could be at risk of contracting infections through touching contaminated surfaces.

Safe Staffing

At our inspection in May 2016, we identified that appropriate staff had not completed training in paediatric first aid and basic childcare, mental health awareness, Clinical Institute Withdrawal Assessment, (CIWA) scale and managing aggression or working with challenging behaviour.

At this inspection, we obtained evidence that 100% of staff had completed paediatric first aid training and 83% of staff had completed mental health awareness training. The provider told us that 65% of staff had received training in managing challenging behaviour and the remaining staff were due to complete it in June 2017. When we looked staff files and spoke with staff in the service, they confirmed that they had received basic childcare training and training in the use of the Clinical Institute Withdrawal Assessment Scale. However, at the time, managers could not provide current figures for how many staff required this training and how many had actually undertaken it. Following the inspection, however, the provider told us that 15 members of staff required the Clinical Institute Withdrawal Assessment scale training and 14 staff had completed the training.

With regard to the actions we told the provider they should take in relation to training, we found the provider had implemented training for staff in mental capacity although at the time of inspection, only 26 % of staff had completed this. Managers told us the remaining staff were working through an on-line course.

Assessing and managing risk to clients and staff

At our inspection in March 2016, we identified deficiencies in the service's approach to assessing and managing risk to clients. The service had not carried out a number of key risk assessments, for example, the need for emergency equipment and the requirement for physical health checks to be completed during detoxification

At this inspection, we found that the provider had assessed the requirement for emergency equipment and trained staff to use the defibrillator. They had also put a procedure in place for staff so they could respond to medical emergencies including between the hours of 8pm and 8am when the doctor was not on-call. Staff had received training in adult and paediatric first aid from an external company. Staff reported that they had found this training useful and that it equipped them to know what to do in the event that

a client or their child suffered a cardiac arrest or stopped breathing. We saw the provider had finalised a contract with the doctor for the provision of medically monitored detoxification services.

The provider had carried out a risk assessment on the requirement for physical health examinations and observations for staff to complete during client detoxification. As a result, they had implemented two evidenced-based scales to monitor clients' withdrawal symptoms during the detoxification process. We saw evidence in staff personnel files that they had received training in how to use the scales and evidence from client files that staff were using them appropriately to monitor signs of opiate withdrawal. We did not see evidence that staff used the scale to monitor alcohol withdrawal because at the time of our inspection, there were no clients admitted who required this. However, managers assured us that these tools were in use and that staff had received training in how to use them.

The provider had carried out a risk assessment regarding the management of violence and aggression and, as a result, managers ensured training in managing challenging behaviour was

mandatory for all staff. Managers provided evidence that 65% of staff had received training in managing challenging behaviour and the rest were to receive training by the end of June 2017. During our inspection, we observed staff using verbal de-escalation techniques with clients to help diffuse potential conflict.

At our last inspection in May 2016, we found the service did not always store medication appropriately and records of controlled drugs were not always completed in accordance with legislation. We also found staff did not complete assessments on a client's ability to self-administer their own medication and their children's medication.

At this inspection, we saw that staff stored controlled drugs appropriately in a locked cabinet. The provider had purchased a special fridge in-which to store other medication which required refrigerating . However, during our inspection, we observed that staff did not record the maximum and minimum fridge temperatures in line with their medicines management policy, which the provider had revised in September 2016. When we asked staff about why they had not recorded the maximum and minimum temperatures, they told us they did not know how to do this. In addition, the provider's medicines management policy did not give staff any guidance about what to do if the temperature of the fridge or the medication room fell outside the recommended ranges in the policy. When we inspected the service, we observed gaps where the staff had not recorded fridge temperature at all and staff had stored an item of medication in the fridge contrary to instructions on the medication label. If medications are not stored at the required temperature, this can affect their efficacy. The provider had an improvement plan in which they had identified that staff were not recording fridge temperatures correctly, however, they had not taken any action to improve this.

Staff used a competence form to assess clients' ability to administer medication to themselves and their children. However, the provider's medicines management policy did not refer to this form. The policy required staff to carry out a risk assessment to determine the suitability of the medication for self-administration and to check periodically that clients were administering medication correctly to themselves and/or their children. However, staff did not document reviews of medication on the competence forms. This meant that staff could not identify any changes in competency to ensure that clients could safely self-administer medication.

At our last inspection in May 2016, we found that risk assessments, care plans and risk management plans did not follow the contemporaneous records and risk management plans were not updated following incidents.

As part of this inspection, we reviewed five treatment records. We saw evidence that staff had updated risk management plans following incidents. For example, following an incident of aggression, staff had incorporated actions into the client's risk management plan to help minimise further occurrences. However, we saw two examples where information available at initial assessment concerning health risks had not been documented by staff in the appropriate risk assessment and management plans. Audits carried out by managers failed to identify these omissions.

Reporting from incidents and learning from things go wrong

Substance misuse services

At the last inspection in May 2016, we found that not all incidents were reported using the incident reporting system, and learning was not always shared despite the systems in place.

At this inspection, we found that staff did not report all medication errors in line with the incident reporting policy. We found one occasion where a member of staff had administered a controlled drug but this had not been witnessed by a second member of staff, in line with the provider's medicines management policy. Staff had not reported this as an incident so managers were unaware of it. There were also several instances where we observed missing signatures in relation to missed doses of medication but staff had not reported these. The provider had carried out an internal audit in October 2016 in which they identified that actions were required to reduce the number of medication errors and discrepancies, for example, missing signatures. However, the provider did not investigate the reasons for the errors and did not take any corrective action. When we inspected the service, some staff told us they only used the incident reporting system to report serious incidents.

However, although staff did not always report incidents using the incident report system, they did investigate some incidents and share lessons learned in team meetings and staff handover communications. At this inspection, we saw evidence that managers had investigated the reason behind a near miss incident. They had discussed it with staff in supervision and at team meetings. We saw copies of emails, meeting minutes and supervision notes showing where managers had investigated and shared lessons learned from the incident. We noted the provider had updated their policy to include the duty of candour and staff at the family service had offered an apology and a meeting with a client concerning the above incident even though this incident did not meet the threshold for the duty of candour. At the time of our inspection, we did not see any incidents reported where the duty of candour would apply.

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

Assessment of needs and planning of care

At our last inspection in May 2016, we found that systems were not in place to ensure that client information was recorded consistently so that information was accessible to all staff. The protocols for detoxification from opiates and alcohol had not been agreed between the service and the doctor and they had not agreed whether a protocol for detoxification from benzodiazepines was required. The medication administration policy had limited detail around self-administration and administering medication to children.

At this inspection, we found the provider stored care workers' and doctors' records together so that information was held in one place and accessible to staff. The service divided each file into different sections with a contents page so information could be located more easily. We saw that staff transferred notes from daily handover meetings to the client's file as appropriate so the file contained an accurate record of care delivered and any incidents affecting care. However, we saw one client file which did not contain a discharge plan or a review of the care plan goals. Managers had identified this in an audit they had carried out in March 2017, however, staff had not taken steps to rectify it. When we asked managers about this, they assured us the client would not be discharged by the service without plans being in place. There were sometimes dates and signatures missing from some client files which meant it was not clear whether clients agreed with their plans.

We did not see evidence that the prescribing protocols for detoxification from alcohol and opiates were on-site and available to staff. Following the inspection, we requested copies of these policies but the manager provided a copy of the prescribing doctor's contract, which contained an old version of a medication and detoxification policy no longer in use. We did see evidence at the service of a protocol for benzodiazepine detoxification. However, the protocol was not dated and there was no evidence that this protocol had been agreed between the doctor and the organisation. This meant staff and doctors might use a policy with clients which had not been agreed or ratified by the provider.

At our last inspection in May 2016, we told the provider to ensure that they provided staff supervision within the eight week period outlined in their supervision policy. As part of this inspection, we looked at five staff files and found that managers provided supervision to staff in line with the

provider's policy. An audit carried out by the provider in October 2016 also confirmed that managers carried out staff supervision and appraisal in line with the relevant policies.

Are substance misuse services caring?

Since the last inspection in May 2016, we have received no new information that would cause us to re-inspect this key question.

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

Since the last inspection in May 2016, we have received no new information that would cause us to re-inspect this key question.

Are substance misuse services well-led?

Good governance

At our last inspection in May 2016, we found that systems were not sufficient to ensure that managers could access accurate training information for staff and establish which training was mandatory and which training needed to be repeated. There was no system in place for the service to ensure itself that the doctors had been re-validated.

At this inspection, we found managers had made significant improvements to ensure that staff received appropriate training including paediatric first aid, mental health awareness, and managing challenging behaviour. The provider had also responded to one of the actions we told them they should take by providing training for staff in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Managers had also introduced an on-line care certificate course for all non-professionally qualified staff where they were involved in delivering direct care.

However, managers told us that they still had not finalised which courses were mandatory for each grade of staff. The provider had a service improvement plan, which identified this area as requiring improvement but they had not assigned any actions or dates by when they would improve this. Although managers at a local level had a list of mandatory training requirements, they did not break this down clearly by staff grade so it was not possible to see whether the therapeutic staff, for example, had completed what was required of them. At organisational level, there was no evidence the provider kept a record of any training compliance data for the service so they would not know whether staff were up-to-date with their mandatory training. We saw examples of conflicting information held at provider level and service level as to what constituted mandatory training. For example, basic childcare training and training in the use of Clinical Institute Withdrawal Assessment scale was stated as required training on the provider service improvement plan but managers at a local level did not specify this on their mandatory training matrix. Neither managers at the local level nor organisational level could provide compliance data for how many staff had completed training in basic childcare or the Clinical Institute Withdrawal Assessment scales. However, following inspection, the provider told us that 15 members of staff required the clinical Institute Assessment Withdrawal training and 14 staff had completed it. The organisation's revised safeguarding adult's policy stated that staff were required to complete different levels of safeguarding training depending on their role. However, managers at a local level did not reflect this in their mandatory training matrix. The provider did not have clear oversight or arrangements in place to enable them to identify and monitoring the training requirements for staff in the service.

At this inspection, we saw evidence that the doctors providing medical treatment at the service had been re-validated with The General Medical Council. Following the inspection the provider told us that re-validation of clinicians was checked and a central record maintained by their quality team.

Since our last inspection, the provider had acquired the emergency drug naloxone, which is a medication that can reverse the effects of overdose from drugs like heroin. Some staff had received training in how to use naloxone and the night staff carried it with them when on duty in case of an emergency. However, the provider had not carried out a risk assessment for the use of naloxone, which meant that staff did not know how to store the drug correctly. The service's policy for the storage of the drug said it should be stored in a locked cupboard. However, guidance from the resuscitation council on the use of emergency drugs states they should not be locked away,

therefore, the provider's policy was not in line with best practice. The provider's policies also gave staff conflicting information regarding the temperature at which naloxone should be stored so staff did not monitor this.

Following our last inspection in May 2016, the provider carried out an audit in October 2016 on the family service in which they noted several areas of good practice but also a number of areas of improvement. For example, some risk assessments within client care records did not correspond to the risk management plans. Although the provider produced a service improvement plan, that plan did not contain mechanisms to ensure the actions identified in the audit had been carried out by staff in the service. The link between local audit recommendations and the service improvement plan were not clear.

The provider's most recent service improvement plan, did not contain sufficient detail to enable us to understand how some of the actions were to be achieved or reviewed. For example, ensuring staff reported all incidents in line with policy, did not contain specific actions or mechanisms to achieve this. The provider could not evidence they had carried out the action relating to identifying mandatory and specialist staff training, yet this was marked as complete on the action plan. This meant the organisation was unable to provide assurance that they were monitoring the service effectively to identify, review and maintain improvements in the service. The provider told us they had recruited a new Clinical Quality Manager to lead on improving the quality of care in services.The Clinical Quality Manager took up the role in February 2017.

Outstanding practice and areas for improvement

Outstanding practice

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure medications are stored and administered correctly.
- The provider must ensure appropriate risk assessments and review arrangements are in place for clients who self-administer their own and their children's medication.
- The provider must ensure that staff at all levels report all incidents.
- The provider must ensure appropriate detoxification protocols are in place and are agreed between the provider and the prescribing doctor.
- The provider must ensure they have mandatory training requirements in place for all grades of staff including sessional workers and that they have sufficient oversight to determine staff compliance with training.
- The provider must ensure effective service improvement plans are in place to assess, monitor and improve the quality and safety of the services provided. Such plans should contain specific measurable actions with clear timescales for review.

Action the provider SHOULD take to improve

- The provider should ensure staff clean all surfaces appropriately after carrying out urine tests.
- The provider should ensure client records audits are effective in identifying improvements in assessment and care planning and ensuring staff act on the results.
- The provider should ensure that current prescribing protocols are available for staff working in the service to refer to as needed.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems were not established and did not operate effectively to assess, monitor and improve the quality and safety of the service provided. The provider did not ensure appropriate systems were in place for the storage and administration of medicines The provider did not complete risk assessments to determine the suitability of medication for self-administration. The provider did not ensure that staff at all levels reported incidents consistently including near miss medication errors. Detoxification protocols had not been finalised and agreed between the prescribing doctor and the organisation. The provider did not have suitable oversight of mandatory training requirements for staff including sessional staff and volunteers. Service improvement plans were not reviewed and did not link to audits carried out in the service This was a breach of Regulation 17 (1) (2) (a) (b)