PCP (Luton) Limited

Luton

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of this service went down. We rated it as requires improvement because:

- The premises were not clean. Staff had not made sure cleaning records were up-to-date and the weekly cleaning checklist was last completed on 23 July 2023. At the time of inspection there was a pest control issue.
- It was unclear if there were assigned bathroom and toilet facilities for males and females in the detoxification house.
- Managers did not have audit processes in place to ensure that observations were being carried out in line with the provider's policy. Staff were not always recording observations in line with the providers policy.
- Staff did not record comprehensive care plans for each client on the electronic recording system. Staff did not regularly review or update care plans when clients' needs changed.
- Managers were not adhering to the audit schedule. We could not be assured that staff took part in clinical audits, benchmarking and quality improvement initiatives.
- Managers had not ensured that staff had received Mental Capacity Act training, staff had not received basic life support training in line with the providers observation policy.
- Staff did not plan for clients' discharge in line with the providers admission, treatment planning and discharge policy. Staff did not plan for early unexpected exit from treatment with clients.
- Managers had not followed the providers recruitment policy.
- Team meetings were not taking place regularly.

However:

- The service had enough staff. Staff had received mandatory training and had access to regular supervision and handovers. Staff worked well together as a multidisciplinary team and relevant services outside the organisation. Staff felt positive and proud to work for PCP as an organisation.
- Staff completed comprehensive assessments with clients on admission. They provided a range of treatments suitable to the needs of the clients. The service offered a full range of treatment groups and activities seven days a week.
- Nursing staff carried out physical health assessments with clients on admission and regularly thereafter. Any identified needs were appropriately referred. Emergency equipment at both the treatment centre and detoxification house was in date, regularly tested and ready for use.
- The service offered daily activities and therapies alongside 12-step treatment. Interventions offered included training and work opportunities.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Requires Improvement 	Our rating of this service went down. We rated it as requires improvement because: • The premises were not clean. Staff had not made sure cleaning records were up-to-date and the weekly cleaning checklist was last completed on 23 July 2023. At the time of inspection there was a pest control issue. • It was unclear if there were assigned bathroom and toilet facilities for males and females in the detoxification house. • Managers did not have audit processes in place to ensure that observations were being carried out in line with the provider's policy. Staff were not always recording observations in line with the providers policy. • Staff did not record comprehensive care plans for each client on the electronic recording system. Staff did not regularly review or update care plans when clients' needs changed. • Managers were not adhering to the audit schedule. We could not be assured that staff took part in clinical audits, benchmarking and quality improvement initiatives. • Managers had not ensured that staff had received Mental Capacity Act training. • Staff did not plan for clients' discharge in line with the providers admission, treatment planning and discharge policy. Staff did not plan for early unexpected exit from treatment with clients. • Managers had not followed the providers recruitment policy. • Team meetings were not taking place regularly. However: • The service had enough staff. Staff had received mandatory training and had access to regular supervision and handovers. Staff worked well

Summary of findings

together as a multidisciplinary team and relevant services outside the organisation. Staff felt positive and proud to work for PCP as an organisation.

- Staff completed comprehensive assessments with clients on admission. They provided a range of treatments suitable to the needs of the clients. The service offered a full range of treatment groups and activities seven days a week.
- Nursing staff carried out physical health assessments with clients on admission and regularly thereafter. Any identified needs were appropriately referred. Emergency equipment at both the treatment centre and detoxification house was in date, regularly tested and ready for use.
- The service offered daily activities and therapies alongside 12-step treatment. Interventions offered included training and work opportunities.

Summary of findings

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Summary of this inspection

Background to Luton

Luton was registered with the Care Quality Commission in April 2015 and is a residential drug and/or alcohol medically monitored detoxification and rehabilitation facility based in Luton, Bedfordshire.

The service includes a seven-bedded detoxification house which is allocated to people undergoing detoxification with 24-hour supervision. On the same site is the treatment centre where clients attend daily for therapy sessions. Where there are a further five on-site bedrooms for people undergoing detoxification.

Thirteen further beds are available for clients in the primary treatment phase of the programme off site; the 8 bedded and 5 bedded houses are not required to be registered with the Care Quality Commission.

At the time of inspection there were 8 people accessing treatment, 3 of these were living in the detoxification house.

The service provides care and treatment for male and female clients. Most clients are self-funded, but the service also takes admissions from local authority drug and alcohol teams.

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

The service has a registered manager and a nominated individual.

PCP (Luton) Limited is registered to provide:

• treatment of disease, disorder or injury

• accommodation for persons who require treatment for substance misuse.

The Care Quality Commission last carried out a comprehensive inspection of Luton in November 2018 and rated the service as good overall. Safe was rated as requires improvement. Breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified for

regulation 12: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

The provider was required to take the following actions:

• The provider must ensure that staff are able to call for assistance if required.

The provider sent their action plan to the Care Quality Commission following the last inspection to address this and during the current inspection we noted all staff had access to personal alarms should they require them.

We carried out this inspection due to concerns relating to observation levels and quality of observations following a death at the service in June 2023.

Summary of this inspection

What people who use the service say

We spoke with 4 people who had used the service. All gave positive feedback about the service and their treatment by staff.

All clients we spoke with were happy with the service. Clients told us that they felt involved in decisions about their care and treatment. Clients said that staff were caring, supportive and helpful. Clients described staff as easy to approach, accessible and responsive to their needs.

Clients we spoke with described how there was a pest control issue and that they had seen mice in the treatment centre.

Clients knew how to complain. Clients felt listened to and that staff were responsive if they felt they were struggling with cravings and needed additional support.

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?

During the inspection visit, the inspection team:

• visited the 6 bedded detoxification house and the treatment centre, looked at the quality of the physical environment and observed how staff were caring for clients

• spoke with 4 clients

• spoke with 7 staff members including the unit manager, the nurse clinical lead, counsellors, the chef and administrators

• collected feedback using exit questionnaires, thank you cards and family feedback

• looked at 6 care and treatment records, including medicines records, for clients

• looked at 4 staff personnel files

Summary of this inspection

• looked at policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The provider must ensure all areas are cleaned and that cleaning records are up to date. Regulation 15 (1)(a).
- The provider must implement a robust internal audit and assurance process. Regulation 17 (2)(a).
- The provider must ensure staff receive Mental Capacity Act training. Regulation 18 (2)(a).
- The provider must ensure that staff receive basic life support training in line with the providers observation policy. Regulation 18 (2)(a).
- The provider must ensure staff plan for clients' discharge in line with the providers admission, treatment planning and discharge policy and unexpected exit from treatment plans are in place in line with the providers early unplanned discharge strategy. Regulation 12 (1).

Action the service SHOULD take to improve:

- The provider should ensure that mixed sex accommodation is being managed effectively and should ensure that there is assigned bathroom and toilet facilities where clients do not have to pass through opposite-sex areas to reach their own facilities.
- The provider should ensure staff consistently record care plans for each client that meets their health needs, and they review or update care plans when clients' needs change.
- The provider should consider staff undertaking the Care Certificate or an equivalent substance misuse specific induction programme.
- The provider should ensure staff have access to regular team meetings.
- The provider should ensure they follow the providers recruitment policy.
- The service should provide informative harm minimisation advice to clients to make them aware of the risks of continued substance misuse.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement

Requires Improvement

Residential substance misuse services

Safe	Requires Improvement
Effective	Good
Caring	Good
Responsive	Good
Well-led	Requires Improvement

Is the service safe?

Requires Improvement

Our rating of safe stayed the same. We rated it as requires improvement.

Safe and clean care environments

Premises where clients received care were not clean or well maintained. Infection control procedures and cleaning rotas were not being completed.

Safety of the facility layout

Staff completed and regularly updated thorough risk assessments of all areas including fire risk assessments and ligature risk assessments and removed or reduced any risks they identified.

Staff could not observe clients in all areas of the service, staff risk assessed clients to ensure they did not pose a risk of harming themselves. CCTV was in operation for the carpark and the treatment centre entrance.

It was unclear how the service managed risk and client safety where there was mixed sex accommodation. The detoxification house had six bedrooms over two floors. Staff told us each floor was separated for males/ females. However, male clients told us they could use the bathroom and shower upstairs which was a designated female floor. At the time of treatment there was one female living in the detoxification house. However, we found 6 toothbrushes in the female bathroom and shower room. Clients were not able to lock bathroom or bedroom doors.

Each floor had 1 shared bedroom, 1 single bedroom and access to a bathroom. The detoxification house had a shared kitchen, and all bedrooms had a television.

Staff knew about any potential ligature anchor points. The service did not admit any clients with a history or risk of self-harm by ligature.

Staff had easy access to alarms and clients had easy access to call systems. Bedrooms at the detoxification house had alarms fitted next to each bed so clients could call for help if needed. Alarms sounded in both the detoxification house and the treatment centre. Staff had access to lanyard alarms to call for assistance if required.

Maintenance, cleanliness and infection control

Some areas were well maintained, well-furnished and fit for purpose. However, one of the treatment rooms needed redecoration, holes in the wall had been fixed, but not repainted and the electrical column in the room required maintenance.

Staff had not made sure cleaning records were up-to-date and the premises were not clean. At the time of inspection there was a pest control issue. We found mouse traps in most rooms throughout the treatment centre and the detoxification house. Food from dinner the previous night had been left on the kitchen counter, bins were broken and full of food waste and there was out of date food left in the fridge. Both clients and staff told us they had seen mice within the treatment centre. Clients were responsible for therapeutic duties such as cleaning. However, the weekly cleaning checklist was last completed on 23 July 2023. A cleaner also attended the service twice weekly.

We could not be assured that staff followed infection control policy, due to pest control issues.

There was no sink in the clinic room for staff to wash their hands. The service displayed hand washing posters at each sink. Hand sanitizer was available in all areas, including in clinic rooms and the reception area.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

The service had access to naloxone. Naloxone temporarily reverses the effects of an opiate overdose. In the event of a medical emergency staff would call for an ambulance.

Staff checked, maintained, and cleaned equipment. The clinic room was clean and tidy. It contained medication, including a controlled drugs cabinet and a range of equipment used to carry out physical examinations with clients. The nurse recorded the clinic room temperature and the medication fridge temperature daily and was aware of what action should be taken if the temperature went out of range.

The alcometer (used to measure level of alcohol in breath) had been calibrated. The provider purchased weighing scales and blood pressure machines annually.

The provider had installed emergency equipment at both the treatment centre and detoxification house. This was in date, regularly tested and ready for use. This included a sound alarm to call for staff assistance in an emergency, naloxone, ligature cutters and a defibrillator.

Urine testing was carried out in the toilet, maintaining client privacy and dignity.

A clinical waste disposal company contract was in place to collect and dispose of clinical waste.

Safe staffing

The service had enough nursing and medical staff, who knew the clients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep clients safe. At the time of inspection, the service had 12 staff employed by PCP Luton, this included 1 registered manager, a unit manager, 2 registered nurses, 1 administrator, 2 counsellors, 1 chef and 4 support workers. At the time of inspection, the service had 2 vacancies for support workers.

At the time of inspection there was no agency staff usage.

The service did not provide staff turnover rates.

Managers supported staff who needed time off for ill health.

Levels of sickness were low.

Managers estimated the number of staff required based on client need and the therapy programmes in place at any given time.

Clients had regular one to one sessions with their named counsellor.

Staff shared key information to keep clients safe when handing over their care to others. Staff held handover meetings at each shift change to discuss each client and any changes in their risk.

Medical staff

The service had enough daytime and night time nursing cover. The service contracted a specialist GP who was the prescriber for the service. The GP carried out online meetings to assess clients on the day of their admission and was available by telephone to advise staff. Nursing staff also carried out physical health checks and a further assessment face to face with clients.

Mandatory training

Staff had completed and kept up to date with their mandatory training. Overall, 100% of staff had completed mandatory training. One new staff member was in the process of completing mandatory training and the providers induction programme.

The mandatory training programme included de-escalation techniques, medication training, safeguarding adults and children and first aid awareness. The mandatory training programme did not include basic life support which was recommended within the observations policy.

Staff completing overnight observations had completed training in first aid awareness and were aware of the providers responding to deterioration in patient health procedure and policy, which was included as part of the induction programme.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to clients and staff

Requires Improvement

Residential substance misuse services

Staff screened clients before admission. They assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Unplanned discharge plans, and harm minimisation advice was not present in client files.

Assessment of client risk

The provider had an assessment and admissions processes, which was completed prior to clients starting detoxification treatment. This included a pre admission assessment with the admissions team, a discussion including the manager, a doctor and a nurse, a virtual assessment with the doctor prescribing them medicines and a nursing assessment on admission.

Staff completed risk assessments for each client on arrival, and reviewed this regularly, including after any incident. We reviewed 6 care records and saw that staff had completed an initial risk assessment on the day of arrival and updated these fortnightly or more often if required.

Management of client risk

Staff knew about any risks to each client and acted to prevent or reduce risks. We reviewed 6 care records and saw that staff assessed risks, and where risks were identified, clients had a risk management plan in place.

The service did not have a process for recording client's preferences if they disengaged from treatment. We reviewed 6 care records and saw only one client had an unplanned discharge plan within their records. This was not in line with the providers admission, treatment planning and discharge policy or the providers early unplanned discharge strategy. This meant that clients may not be discharged in a safe manner, either during or following detoxification. Following inspection, the provider submitted evidence to show that all clients had an unplanned discharge plan in place.

Staff identified and responded to any changes in risks to, or posed by, clients. Staff discussed any changes in client risk at handover meetings between each shift.

Staff did not always record observations in line with the providers policy. We reviewed one current observation record during inspection, staff had logged that the client 'appears sleeping,' this was not in line with the providers policy which stated that staff must record that clear signs of life have

been noted, such as breathing movements. Audit processes were not in place to ensure that observations were being carried out in line with the providers policy.

Staff followed policies and procedures when they needed to search clients or their bedrooms to keep them safe from harm.

The service did not provide informative harm minimisation advice to clients to make them aware of the risks of continued substance misuse.

Safeguarding

Staff understood 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.

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff were kept up to date with their safeguarding training.

Staff could give clear examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a safeguarding lead and they liaised with the local authority safeguarding board with any concerns or queries.

Staff access to essential information

Staff had easy access to clinical information.

The provider used an electronic recording system for client records. The electronic system had recently been implemented and was easy to navigate.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.

Medical staff followed systems and processes to prescribe and administer medicines safely. Staff reviewed the effects of each patient's medicines on their physical health according to The National Institute for Health and Care Excellence (NICE) guidance.

Clinic rooms were clean and well equipped, although there were no handwashing facilities available in the clinic room. Staff had access to emergency medicines, equipment, and medicines disposal facilities.

The service requested GP summaries from clients prior to admission. However, these were not always received prior to clients commencing detoxification. Contact with a client's GP was a mandatory part of the treatment agreement.

Staff wrote to GPs to keep them informed of the treatment being provided by the service. Staff obtained clients' consent before requesting and sharing information with their registered GPs.

Staff completed medicines records accurately and kept them up to date.

The service monitored the temperatures of medicines storage areas. If temperatures fell outside the recommended ranges, staff knew what actions to take.

Track record on safety

The service had reported one serious incident in the past 6 months which resulted in the death of a client.

Requires Improvement

Residential substance misuse services

Reporting incidents and learning from when things go wrong.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy.

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly, although we could not be assured that staff received feedback from investigation of all incidents, we saw no evidence that showed a team meeting, or any feedback had been given to staff following the serious incident at the service in June 2023. However, some learning had been identified at previous team meeting in May 2023, which included the importance of correct fitting clothing and shoes for clients.

Is the service effective?

Good

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on admission to the service. However, staff did not work with clients to develop individual care plans or update them as needed. Care plans were not personalised, holistic or recovery oriented.

Staff completed a comprehensive assessment of each client on admission. We reviewed 6 care records and saw that staff completed a full assessment on the day of arrival, as well as a pre-admission assessment.

All clients had their physical health assessed soon after admission. Clients' physical health was regularly reviewed during their time in the service. Staff completed an assessment of physical health for each client on admission and throughout their stay.

Staff did not record comprehensive care plans for each client. We reviewed 6 care records, 3 had no care plan in place for substance use, 1 care plan had goals within the counsellor assessment but not in the care plan section, 1 had a care plan that had been completed but not signed by the client and one client had no care plan in place. Care plans were not personalised, holistic, strength-based and goal oriented, and staff did not regularly review or update care plans when

clients' needs changed. The provider held a weekly care planning group with clients to identify individual and group goals, clients told us they felt involved in all areas of their treatment.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes.

Requires Improvement

Residential substance misuse services

Staff provided a range of care and treatment suitable for the clients in the service. The service provided a treatment programme based on the 12-step model that included group therapy, written assignments and one-to-one sessions. Staff developed and delivered groups and one-to-one sessions in line with client need.

Staff used recognised scales to measure change and progress in key areas of the lives of people treated within the service, the Clinical Opiate Withdrawal Scale (COWS) which rates common signs and symptoms of opiate withdrawal and is used to monitor symptoms and The Clinical Institute Withdrawal Assessment for Alcohol, (CIWA-Ar), a ten-item scale used in the assessment and management of alcohol withdrawal. Staff also used outcomes stars to support clients to progress towards and maintain a substance free life.

Staff supported clients to attend a sexual health or genitourinary medicine clinic for blood borne virus testing and vaccination and advice or treatment for sexual health if required. Clients were also offered support to access the dentist and opticians.

Staff identified clients' physical health needs and recorded them in their care plans. We reviewed 4 care records and saw that staff recorded any physical health needs.

Staff supported patients to live healthier lives and referred clients to smoking cessation services.

We could not be assured that managers were effectively carrying out clinical audits, benchmarking and quality improvement initiatives. Managers described a weekly and monthly audit schedule. However, the provider showed that weekly detox file audits had been completed on 06/06/2023, 04/07/2023 and 27/07/2023. Weekly clinical risk file audits had been completed on 23/05/2023 and 30/05/2023.

The last quarterly quality governance audit was last completed on 8 April 2023, this showed that clinical risk / client file audits were not being completed within timeframes. Management fed back through the quality governance audit that auditing was poor and reviews were not being signed off in a timely fashion. Nurses completed medication room and procedures audits and medical equipment audits monthly in line with the audit schedule.

Skilled staff to deliver care.

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the clients. At the time of inspection, the service had 11 members of staff employed by PCP Luton, this included 1 unit manager, 2 registered nurses, 1 administrator, 2 counsellors, 1 chef and 4 support workers. A specialist GP was employed to carry out video assessments and could be called for telephone support at any time.

Managers had not ensured staff had the right skills, qualifications and experience to meet the needs of the clients in their care. Basic life support training was not part of the mandatory training package, as recommended in the providers observation policy. This meant the provider could not be assured that staff could appropriately support a client in a medical emergency.

Managers gave each new member of staff a full induction.

Requires Improvement

Residential substance misuse services

Managers told us they supported staff through regular, constructive appraisals of their work. We reviewed 5 staff files. One staff member had an appraisal in place, all other staff had started within the past year so were not yet due an appraisal.

Managers told us they supported staff through regular, constructive supervision of their work. The provider reported supervision compliance rates were 99%. Clinical staff and counsellors also received external supervision.

Managers made sure staff attended regular daily handover meetings or gave information from those they could not attend. We reviewed monthly team meeting minutes; the last monthly team meeting was held in May 2023. Staff had not had a team meeting in June or July 2023. Managers recognised poor performance, could identify the reasons and dealt with these.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff attended handovers twice daily. Handovers included discussion around client issues or risks, the timetable for the day and a discussion around client medication.

Staff told us they had good links with the dispensing pharmacy, community mental health teams, local mutual aid groups, the local dentist, the genitourinary medicine clinic and the local GP practice.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for clients who might have impaired mental capacity.

Managers had not ensured that staff had received Mental Capacity Act training. No staff had received Mental Capacity Act training.

The provider had a policy relating to the Mental Capacity Act which staff were aware of and had access to.

The doctor discussed and checked capacity to consent to treatment with all clients on admission as part of the admissions assessment. Staff monitored clients being admitted to the service to ensure they did not lack capacity due to drug or alcohol intoxication.

Is the service caring?

Good

Our rating of caring stayed the same. We rated it as good.

Requires Improvement

Residential substance misuse services

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients and supported them to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for clients. Clients we spoke with felt listened to and told us they had built good relationships with staff. We observed staff interactions with clients that were kind and respectful.

Staff gave clients help, emotional support and advice when they needed it.

Staff supported clients to understand and manage their own care treatment or condition.

Staff directed clients to other services and supported them to access those services if they needed help. Staff provided details of local drug services, housing services and 12-step fellowship meetings to all clients. Staff understood and respected the individual needs of each client.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients.

Staff followed policy to keep client information confidential. We reviewed 6 care records and all included confidentiality contracts and information sharing agreements.

Involvement in care

Staff involved clients in their treatment and actively sought their feedback on the quality of care provided.

Involvement of clients

We spoke with two clients in treatment, who said they were involved in their care. Clients attended a weekly goals group to identify their own specific treatment goals.

All clients received a welcome pack on admission. The welcome pack included a treatment contract, compliments, complaints and suggestions form, advocacy information, common questions and answers and advice around local services.

Clients could give feedback on the service and their treatment. The service held community meetings where clients could give feedback and make suggestions about the service. However, community meetings did not have a set agenda, were not held regularly and minutes of the meetings were not shared with clients. The service had a suggestions box, but it was unclear how often this was emptied and reviewed. Staff also provided clients with a feedback form on discharge and reviewed the feedback results.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Requires Improvement

Residential substance misuse services

Families could be involved in treatment with client agreement. Clients told us the service facilitated monthly family meetings. Family members were welcome to attend client graduations.

Family visits could be requested after 21 days in treatment. This was agreed with clients, prior to their arrival at the service.

Is the service responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

The service was easy to access. Staff did not plan discharge in line with the providers admission, treatment planning and discharge policy. The service had alternative care pathways and referral systems for people whose needs it could not meet.

Bed management

At the time of inspection there were three clients living in the detoxification house. Prospective clients were assessed pre- admission to assess suitability, all clients were then assessed upon admission virtually by the doctor and face to face by the nurse lead. The doctor had flexibility and could see urgent referrals as needed. The service had no waiting list at the time of inspection.

Referrals were accepted from community drug and alcohol teams and on a private basis for clients.

The provider's 'Admission policy and exclusion criteria' did exclude clients who had a past history of seizures or delirium tremens from treatment at the service. However, we had identified one client who was admitted who had a history of seizures related to withdrawal. A client's past history of alcohol withdrawal seizures or delirium tremens indicates they may be at high risk of such complications in treatment in the future. Alcohol withdrawal seizures and delirium tremens can result in death. To minimise the risk of this or other complications, staff should have received appropriate training and a prompt medical response to any patient deterioration was required. We were not assured that both were consistently available**.**

Discharge and transfers of care

Staff did not plan for clients' discharge in line with the providers admission, treatment planning and discharge policy. We reviewed 6 care records; none had recorded the clients discharge plans. This was not in line with the providers policy which stated that in cases where patients are only booked in treatment for 10-14 days, discharge planning should be started upon or within the first few days of admission and in all other cases, discharge planning should take place no later than 2 weeks before the planned end date.

Staff did not plan for early unexpected exit from treatment with clients, only one of the care records we reviewed had documented plans in place for unexpected exit from treatment. This was not in line with the providers early unplanned discharge strategy. This meant that clients may not be discharged in a safe manner, either during or following detoxification.

Facilities that promote comfort, dignity and privacy

Each client had their own or a shared bedroom and could keep their personal belongings safe. There were quiet areas for privacy.

Each client had their own bedroom, or a bedroom shared with one other person of the same gender depending on which room they had booked.

Clients had a secure place to store personal possessions, within the staff office. Bedrooms did not have locks on the doors.

The treatment centre had a range of rooms available, including group rooms, one-to-one rooms a clinic room, seating areas for lunch and a relaxation lounge. Clients who were detoxing had the opportunity to use a quiet room with access to a day bed if they felt unwell.

Facilities were available at the treatment centre so that clients could make hot or cold drinks when they wanted to. A chef was employed to make a choice of lunch and dinner options. Clients we spoke with told us the food was amazing and the kitchen was always open. We saw comfortable dining areas with adequate seating at both the treatment centre and the detoxification house.

Clients had access to outdoor space and a smoking area at the treatment centre and the detox house.

There were restrictions on phone calls for the first week upon entering treatment and clients could not have visitors for the first four weeks of treatment. This was discussed and agreed with clients prior to admission.

Meeting the needs of all people who use the service.

The service met the needs of all clients, including those with a protected characteristic or with communication needs.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Managers advised they would be able to accommodate clients who had communication difficulties with prior arrangement and planning, staff had access to interpreters if required and the service was able to admit clients with a physical disability. The centre had disabled access and could accommodate people with mobility difficulties. The treatment centre had group rooms and one-to-one rooms located on the ground floor. However, female bedrooms at the detoxification house and the clinic room in the treatment centre were located upstairs.

Staff made sure clients could access information on treatment, local service, their rights and how to complain and this was included in the welcome booklet.

The service had information leaflets available in languages spoken by the clients and local community.

Requires Improvement

Residential substance misuse services

Clients had access to spiritual, religious and cultural support. The service offered access to 12-step fellowship meetings and could escort clients to religious services on request.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

The service clearly displayed information about how to raise a concern in client areas and this was included in the welcome booklet and displayed within the service. Clients, relatives and carers knew how to complain or raise concerns.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. The service had received 6 complaints in the 6 months prior to inspection, managers responded to complaints within the providers timescales.

We saw numerous thank you cards and letters from clients who had successfully completed treatment and their family members, thanking staff for the support they had received during treatment.

Staff protected clients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint.

Managers shared feedback from compliments and complaints with staff through team meetings and handovers and learning was used to improve the service. For example, ensuring covid and urine testing is carried out at the point of admission following a complaint from a client.

The service used compliments to learn, celebrate success and improve the quality of care.

Is the service well-led?

Requires Improvement

Our rating of well-led went down. We rated it as requires improvement.

Leadership

Leaders were visible in the service and approachable for clients and staff.

Service level managers were based at the service, senior managers visited regularly and were visible and approachable for staff and clients.

Managers had a good knowledge of substance misuse, the service and clients. However, managers lacked oversight of governance processes, such as auditing processes, client community meetings and staff team meetings.

Requires Improvement

Residential substance misuse services

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

PCP's Vision 'a new beginning' was indicated on all signs across the building as part of the PCP logo. PCP Mission statement was to provide life-saving alcohol and drug detox and rehab treatment of exceptional quality.

Staff we spoke with were passionate about reducing the stigma attached to people who use substances, supporting them to recover from their illness and realise their potential.

Staff we spoke with all said they were a happy team who worked well together. Staff said they felt supported by managers and they could ask for help or raise any concerns if needed.

Culture

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff told us they felt respected, supported and valued by their colleagues and management. Staff told us they were happy working within the service.

Staff told us they had a good work-life balance and that they had low levels of stress which supported them in staying motivated and passionate within their roles. Staff reported they felt positive and satisfied with the way the team worked well together.

Staff had been appraised in line with the providers appraisal policy. We reviewed 4 staff personnel files, only one staff member was eligible for an appraisal, which was contained within their personnel file.

Staff we spoke with told us they had been able to implement new groups and ideas. Staff felt their views were considered to help develop the service.

There were no reported cases of bullying or harassment.

Governance

Our findings from the other key questions demonstrated that governance processes were not operated effectively at management or provider level. We saw evidence that showed staff performance was managed well.

The provider told us staff received three-monthly management supervision in line with policy. Counsellors and registered nurses also received clinical supervision. Supervision notes were located in staff personnel files. We reviewed 4 staff personnel files which showed staff had been supervised in line with the supervision policy and the provider reported a supervision compliance rate of 99%.

Managers had not always followed the recruitment policy. One staff member had no references located within their staff personnel file, which was not in line with the recruitment policy which stated that it was the responsibility of the hiring manager to ensure that pre-employment checks were undertaken prior to staff commencing employment, including one reference as a minimum. Staff personnel files were stored on the providers electronic recording system, which was managed by the providers human resources department, no paper copies were maintained.

Team meetings had a set agenda, learning from incidents and complaints was shared and discussed at each team meeting. However, the last monthly team meeting was held in May 2023. Daily handovers were taking place and staff stored minutes for those who could not attend to review.

We could not be assured that managers were effectively carrying out clinical audits, benchmarking and quality improvement initiatives. Managers described a weekly and monthly audit schedule. However, at the time of inspection we observed no evidence to show that these were taking place. The last quarterly quality governance audit was last completed on 8 April 2023, this showed that clinical risk / client file audits were not being completed within timeframes. Management fed back through the quality governance audit that auditing was poor and reviews were not being signed off in a timely fashion. Nurses completed medication room and procedures audits and medical equipment audits monthly in line with the audit schedule.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Staff used an electronic recording system for client records. The system had been recently implemented and was easy to navigate.

Information governance systems included confidentiality of patient records. All client files contained a confidentiality and information sharing agreement.

The service had a business continuity plan in place in case of adverse events that would affect the running of the service.

The service had a risk register in place which staff were aware of. The risk register was discussed at the managers quarterly meetings. Risks identified on the risk register matched issues discussed within team meetings.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Staff made notifications to external bodies as needed. The service notified the Care Quality Commission of notifiable incidents, including incidents involving the police.

The service monitored outcomes by contacting clients post discharge to check if they were remaining abstinent from drugs and alcohol. The provider also had move on housing available to clients who had completed treatment.

Engagement

Requires Improvement

Residential substance misuse services

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was provided to meet the needs of the local population.

Staff maintained up to date information about the service through daily handover meetings. However, the last monthly team meeting was in May 2023, so we could not be assured that learning was being shared with staff.

Clients could feed back about the service and make requests during weekly community meetings or by using the comments box. However, as the community meetings minutes were not stored, we could not be assured that actions from the meetings were being followed up.

Family member feedback was welcomed through phone calls, emails or feedback forms.

The service had good working relationships with local councils and had follow on housing available for clients.

Clients told us they felt able to speak with senior managers at any time.

Learning, continuous improvement and innovation

The provider did not participate in any national accreditation schemes.

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 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had not ensured that staff received basic life support training in line with the providers observation policy.

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 The provider had not ensured staff received Mental Capacity Act training.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not ensure staff planned for clients' discharge in line with the providers admission, treatment planning and discharge policy. Unexpected exit from treatment plans were not in place in line with the providers early unplanned discharge strategy.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The provider had not ensured all areas were clean and that cleaning records were up to date.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not implemented a robust internal audit and assurance process.