No 12

Quality Report

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Date of inspection visit: 2 August, 3 August and 10 August 2016
Date of publication: 03/10/2016

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas where the service needs to improve:

- While staff had undertaken mandatory training, there was no specific training which reflected the specialist needs of clients available for all nurses, health care assistants and therapists including the enquiries team who were based off site. For example, training specifically reflecting substance misuse, alcohol misuse, eating disorders and mental health. However, after our inspection, we were told that the service had booked all health care assistants and nursing staff onto face to face training for alcohol misuse and eating disorders.
- Staff told us that sometimes they had been given little information about clients prior to them being told by the enquiries team to present to the service for an assessment.
- Nurses were not receiving regular clinical supervision, although there were plans to implement peer supervision these had not been actioned at the time of our inspection. The service manager's management supervision was not documented.
- Clients and staff shared toilet facilities. None of the toilets had specialist sanitary waste bins.

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

- Clients who used the service were very positive about the support and care which they had received.
- The service ensured that clients were assessed by a nurse and doctor soon after admission.
- Staff undertook physical health monitoring of clients.
- Staff in the service had referred people to specialist physical and mental health services when their health had deteriorated.
- There had been significant improvements in the service since our previous inspection in October and November 2016 including adopting more robust policies in physical health management and monitoring. There had also been significant improvements in the medicines management procedures and staffing levels.
- Staff were enthusiastic and committed to providing a good quality of care to clients. They were supportive of the service manager.

Summary of findings

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Summary of this inspection

Background to No 12

No 12 is a 3 bed unit based in a mews house in Kensington. It is run by PROMIS Clinics, which has a sister service which is on the same street called No 11 which also runs a small service at No 4. The services work together as clients in both services use common areas in both the units, for example, the kitchen and dining room is in No 11 and group therapy rooms are in No 12. Staff cover both the services. At the time of our inspection, there were three clients at No 12. We inspected No 12 and No 11 on the same days.

The service at No 12 was registered with CQC in November 2012. There was one inspection in May 2013 where it was found to be compliant with the regulations. A focussed inspection was carried out following concerns raised which looked specifically at the safe domain in October and November 2015. There was one outstanding requirement notice for regulation 17 (Good governance) as the provider did not have sufficiently robust policies ensuring the safety of people who used the service. This inspection was carried out simultaneously with the inspection at No 12.

The service is registered to provide accommodation for persons who require treatment for substance misuse and treatment for disease, disorder and illness.

The inspection team visited the service on the 2 and 3 August 2016 and the pharmacy specialist inspector visited the service on 10 August.

Currently the registered manager for the service is the owner of the service. The provider had appointed a manager on site who runs the service on a day to day basis along with no 11.

Our inspection team

The team that inspected the service comprised of two CQC inspectors, one specialist advisor (who was a nurse who specialises in addictions), one CQC pharmacy specialist and one expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information. .

During the inspection visit, the inspection team:

- Visited this location, looked at the quality of the physical environment, and observed how staff were caring for clients.

Summary of this inspection

- Spoke with two people who had used the service.
- Spoke with the manager of the service and the registered manager for the service who is the owner of the service.
- Spoke with eight other staff members employed by the service provider, including nurses and support workers.
- Collected feedback using comment cards from seven patients who had used No 12 or the sister service at No 11.
- Looked at three care and treatment records, including medicines records.
- Looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Feedback through comments cards was collected across No 11 and No 12 together and it was not possible to determine which feedback related to which site. However, the feedback was predominantly very positive, praising the staff and the organisation.

People we spoke to when visiting the service were predominantly positive about the care and treatment which they received.

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 issues that the service provider needs to improve:

- There were no separate toilet facilities for staff and clients. No toilet facilities had specialist sanitary waste disposal.
- Some pre-assessment information was not comprehensively completed by the enquiries team which meant that there may be relevant gaps in key information about clients coming into the service. The admission process had been changed shortly before the inspection to ensure that more information was provided but this was not embedded.

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

- Staffing was sufficient to meet the needs of clients in the service. There was good access to medical support including out of hours support.
- Procedures had been put into place by the management to ensure that clients were assessed by a medical and nursing staff on admission and physical health monitoring was recorded.
- The medicine management had significantly improved since the last inspection and was safe.
- Staff had received mandatory training, including first aid training.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- Clients presented for assessment in the night when comprehensive and essential information about risk histories had not been collected.
- Although staff in the service had a good understanding of the levels of care that they could provide safely in the service, there were no specific admission criteria or exclusion criteria which could assist the enquiries team although there was a new admission procedure in place where the enquiries team collected information on a form to pass over to the service.

Summary of this inspection

- Staff did not receive specialist training regarding substance misuse, alcohol misuse, eating disorders and mental health. Some training was booked shortly after our inspection visit.
- Nurses were not receiving regular clinical supervision and the service manager did not receive regular management supervision. Some staff meetings took place but they were not minuted so some learning and communication among the team was not documented.

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

- Clients had access to a wide range of therapies including cognitive behavioural therapy and psychoanalytic therapies. They also had access to local support groups such as alcoholics anonymous.
- Clients had access to medical care, both from GPs and a psychiatrist who had specialist training in substance misuse. Nurses were available at all times.
- Staff had received training relating to the Mental Capacity Act at a team meeting prior to the inspection and had a good understanding of mental capacity in the context of the service.

Are services caring?

We found the following areas of good practice:

- Clients who had used the service told us that they were satisfied with the service which was provided and felt that the staff were respectful and caring.
- Staff had a good understanding of the individual needs of clientsand were very committed to providing a high standard of care.
- Clients took part in weekly meetings where they could share and raise issues regarding the service. These meetings were minuted.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Bedroom, bathroom and toilet areas were clean and in good condition regarding repair and décor.
- The service had developed a new admission procedure. The service manager and nurses told us that they felt confident in restricting admission when people were referred who they did not feel able to manage safely. This relied on information being available by which they could make these judgements.

Summary of this inspection

- The service catered to an international patient base. They had experience in meeting the needs of people from a variety of cultural and religious backgrounds. Food was prepared by a chef who was able to meet people's specific needs.
- The service had developed good links with local healthcare providers in the area. For example, a local private mental health hospital where referrals were made if the needs of people who used the service was higher than the service was able to provide.

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

- Therapy rooms which were accessed at No 12 were in a poor state of décor including a broken window in one of the one to one therapy rooms. This may have presented a risk to people using the service.
- There were no formal exclusion criteria for people using the service, which meant that sometimes the service was asked to accept people where the environment and level of care would not be suitable to meet their needs.

Are services well-led?

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

- Staff morale was low and a number of staff members reported that they did not feel valued by the provider although they felt supported by the service manager. Mechanisms to ensure that staff were involved and consulted about decisions made within the service were not evident and staff were not able to reflect the values of the provider.

However, we also found areas of good practice, including that:

- Significant improvements had been made since the last inspection and the service responded quickly to identified concerns.
- A new clinical governance forum had been established to share learning across all the provider's services.
- The service notified incidents which needed to be notified to the CQC.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Nurses, health care assistants (HCAs) and therapy staff had received face to face training related to the Mental Capacity Act. We saw that there was reference to capacity to consent to admission and treatment in care records.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- The service was in a mews house in Kensington. It was arranged over two floors above a shop. One bedroom was ensuite and the other bedrooms had bathrooms and toilets located nearby. The service had domestic staff who cleaned the communal areas and bedrooms daily. It was visibly clean and people who used the service told us that the found the service to be clean.
- The service had an infection control policy covering the clinic rooms, bathrooms and shared spaces and carried out regular infection control audits.
- There were no separate toilet facilities for staff. The service employed female staff. The Code of Practice for Regulation 21 of the Workplace (Health, Safety and Welfare) Regulations 1992 states that "in the case of water closets used by women, suitable means should be provided for the safe disposal of sanitary dressings". There was no segregation of sanitary waste available for female staff or clients using the service. This meant that "offensive/hygiene waste" was being disposed of with general waste and that this waste was not segregated in accordance with the recommendations of the Health and Safety Executive "Managing offensive/hygienic waste safely" guidance published in April 2014.
- There were some areas in the service which would not be visible by a staff member at all times and these were identified on the environmental risk assessment which identified key areas where clients may harm themselves. Actions were identified along with timescales and staff told us that this formed part of the assessment on admission relating to which rooms would be more suitable and whether the service would be suitable.
- There was a clinic room which was used for this service was based in a separate building in the same street and shared by a service which was registered separately. There was an oxygen supply and mask for emergencies in this clinic room.
- Environmental risk assessments were up to date and included specific legionella risk assessments and fire risk assessments. Regular fire drills took place and were documented.
- Portable appliance testing (PAT) had been carried out annually and was up to date.
- The service had a search policy and searched clients on admission and at random intervals including when there were concerns. This was explained to patients on admission as part of the admission contract and procedure and was to ensure that illicit substances were not available on the premises.
- There were no alarm systems in the service. Clients were able to call staff who were present in the house but there was no systematic way to access support. Staff worked between three houses on the same street. This meant that it was possible that staff may not be on site so may not be contactable. Staff used mobile phones during the day to ensure they were contactable. However, the service only had two mobile phones which were held by one nurse and one health care assistant which meant that other members of staff used their own mobile phones.

Safe staffing

- The service is had a full time manager. There was always one nurse and one health care assistant on duty during the day and at night who covered the three houses in the street. Therapists attended during the weekdays. Staffing had been increased since the last inspection in November 2015.
- There were no vacancies for nurses at the time of our inspection. Additional shifts were covered with bank

staff when necessary when staff were unavailable due to sickness or planned leave. The manager told us that they were able to cover additional shifts when necessary.
- There were two GPs and one psychiatrist who covered the service. The GPs were available during the working week but were also called out of hours when necessary. The consultant psychiatrist attended the service twice or three times a week as necessary.
- Staff had undertaken mandatory training and this was up to date. Mandatory training included training relating to child and adult safeguarding, health and safety, fire awareness and first aid.
- Where a clients is undergoing detoxification, the service ensured that there would always be a member of staff in the same building.

Assessing and managing risk to patients and staff

- We looked at three risk assessments which were carried out on and before admission to the service. For one record, there was little information provided at the point of admission which meant that there was a risk that full risk history was not being collected and documented before decisions around admission were made. Other records had more comprehensive risk histories present. Information was documented about medical checks on admission and the impact on current risk.
- Four members of staff told us that the information which was passed on from the enquiries team did not consistently include comprehensive risk histories including full medical histories. This was because people may not choose or be able to share their information when referrals are initially made. However, it meant that there was a risk that key information would not be passed on to the service when clients presented to the service and may be missed. This could an impact on the care and treatment of clients.
- Clients were assessed by nurses on admission to the service and by a doctor as soon as possible after admission but always within 12 hours of admission.
- The service had implemented a more systemic recording of physical health checks following the previous inspection to the service in November 2016 where these were not in place. Nurses in the service assessed clients on admission to the service and updated the physical health checks during clients' stays. We saw this reflected in the risk assessments checked.
- The service had a policy around observations and observations of clients were recorded by nursing and health care staff
- . Staff had received training in the use of withdrawal scales relating to alcohol to increase awareness of triggers to refer to medical support. These scales highlighted specific symptoms which may need to trigger additional support or action.
- As part of this inspection we looked at the prescription charts for five people who used this service and the service at No 12. The prescription charts were reviewed by a specialist pharmacist inspector who visited the service when there were three clients at the service. The records showed people were getting their medicines when they needed them. There were no gaps on the administration records and any reasons for not giving people their medicines were recorded. Any allergies were recorded on the prescription charts.
- The location had access to specialist pharmacist advice via a service level agreement with a private pharmacy service provider. This meant each month all the prescription charts were reviewed and checked by a clinical pharmacist. A monthly report detailed any issues raised and the response from the service.
- The medicines management policy had been reviewed in June 2016 and reflected the procedures in place
- We saw medication was stored securely. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use.
- Controlled drugs were managed appropriately. They were stored securely and records were completed correctly. A home office licence was not required as no schedule 2 controlled drugs were held as stock.
- There were appropriate medicines available to manage an emergency situation.
- The service had access to detailed medicines information via the private pharmacy service provider's website. Client specific medicines information sheets could be generated in easy read or large print if required. This meant that clients could be given information about the medicines they had been prescribed. Staff had received training relating to safeguarding adults and children. Most staff had an understanding of recognising concerns. However, there had been a safeguarding issue which had been notified to CQC but had not been referred to the local authority by the service manager. This had been notified

subsequently. We also saw that where the service was concerned about a patients' welfare on discharge, referrals had been made to relevant safeguarding authorities. However, staff told us that this did raise concerns when patients were from overseas as the safeguarding processes on their discharge may not be so clear.

Track record on safety

- Between 1 July 2015 and 1 July 2016, there was one incident recorded at No 12. This related to deterioration in a clients' physical health which resulted in a transfer to a specialist provider.
- Staff in the service were aware of key incidents which had happened within the service. However, there were no recorded minutes of staff team meetings, which evidenced that incidents had been discussed with the whole staff team.

Reporting incidents and learning from when things go wrong

- Staff reported incidents directly to the service manager who completed incident report forms. Staff were aware of incidents which needed to be reported and some staff told us that they were aware of how to report incidents. However, incident reports did not reflect or evidence learning which had taken place at a local level in response to incidents.

Duty of candour

- The service manager was aware of obligations under the duty of candour and explained that when there were errors, clients received an apology from the service. Staff in the service had not received specific training relating to the duty of candour.

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

Assessment of needs and planning of care

- An enquiries team, which was based off site, received referrals by telephone and completed the pre-admission questionnaire which was then sent to the admitting service. We saw two sets of records. In one record which we checked, the pre-admission assessment form had not been fully completed and there was no indication on the form why this had not been completed. This meant that there could be a risk that people were assessed without comprehensive information which could impact on the care and treatment. For example, substance misuse history indicated the type of alcohol consumed without reference to the dates, quantity or patterns of use.
- Assessments were undertaken on admission. We reviewed three recovery plans of patients. We found that pre-admission assessment information was sparse and in one record was not accurate as it had not reflected the most recent period of alcohol misuse. There was some lack of clarity in the text of assessments which could impact on treatment plans. For example, one record we looked at referred to substance misuse prior to admission but did not reflect the amount consumed or patterns of use.
- All clients had physical health checks on admission including drug and alcohol screening as necessary and physical health was monitored regularly throughout their treatment. We saw records which showed that these were carried out.
- Screening for blood borne viruses was not specifically carried out within the service which meant that there was a risk that clients who had carried out high risk behaviours may have developed physical health problems which were not picked up. Staff told us that when clients who have substance misuse issues leave the service they were given specific advice about relapse prevention or harm minimisation in the community and clients who had eating disorders were given advice about diet management. However, there was no written information which was given to clients relating to avoidance of overdosing. However, we saw one record that a client was given a continuing care plan on discharge which included a comprehensive diet plan.
- Information was stored on electronic records. Prescription charts were stored in the clinic room. Staff at the service had access to one laptop which held the records. This laptop was used by all staff. As there was no office, paper records were stored in the clinic room.

Best practice in treatment and care

- Clients had access to a range of therapies provided by the team in the service. This included cognitive behavioural therapy, psychoanalytic therapy as well as art therapy.

Substance misuse/detoxification

- The service's psychiatrist had an understanding of National Institute of Health and Care Excellence (NICE) guidance regarding detoxification and we saw that this guidance was reflected in the treatment that patients received.
- Staff had received training in the use of clinical institute withdrawal assessment for alcohol (CIWA) scales to determine needs of clients using the service and staff also used the clinical opiate withdrawal scale (COWS) for patients when necessary.
- Clients had access to 12 step groups (including alcoholics anonymous and narcotics anonymous which were available in the local area).
- The service offered free aftercare programme for clients on discharge. This was praised by people who used the service.

Skilled staff to deliver care

- All staff employed in the service had had background checks before starting employment in the service.
- Three members of staff who had been employed in the eight months prior to the inspection told us that the induction experience had been had been mixed with two people telling us that they had not had an induction. One member of staff told us that their induction had involved shadowing other members of staff. New health care assistants (HCAs) were enrolled to complete the Care Certificate. The service manager delivered weekly training around specific modules in the Care Certificate weekly. Staff were offered the opportunity to join this training whether they were enrolled (for example, nurses) or not.
- Nurses and the service manager told us that they did not receive consistent clinical supervision. The service manager had asked nurses to arrange peer supervision between themselves. However, this had not been actioned at the time of our inspection. Some therapy staff and the service manager accessed external clinical supervision. The service manager received management supervision, however, this was not documented and they had not had an appraisal. Other staff in the service staff had received appraisals.
- Staff team meetings took place weekly. However, these meetings were not minuted but staff told us that they found them useful. The lack of minuted team meetings meant that it we were not able to determine that incidents, complaints and issues relating to the service had been shared through the team and that staff who were not able to attend meetings were updated about recent events and incidents.
- Staff had not received specialist training in issues specifically related to substance misuse and alcohol misuse as well as eating disorders and mental health. All these were common reasons that clients received treatment at the service. The lack of specialist training meant that there was a risk that specific issues may not be approached with a level of knowledge that reflected the needs of clients. This included staff who undertook the pre-admission screening in the enquiries team. This meant that there was a risk that people could be referred for services which were not suitable for them as staff may lack awareness about specific needs of patients with substance misuse histories. Immediately after our inspection visit, the provider booked staff at the service onto face to face training for alcohol awareness and eating disorders awareness.

Multidisciplinary and inter-agency team work

- On admission to the service, assessments were undertaken by nurses and medical staff who worked closely together.
- We saw that where there were concerns about people on discharge, referrals had been made to relevant statutory services, for example, the local authorities.
- There were two handovers a day between nursing staff and HCAs. These were recorded so that information could be picked up if staff were not able to attend.
- The service shared information with clients' GPs if they consented to information being shared. Where clients refused to give consent there was a risk that information was not being shared on admission or discharge which may have had an impact on past or future care.

Good practice in applying the Mental Capacity Act

- All staff had received training related to the Mental Capacity Act and their knowledge reflected the key areas of how it would be used within this type of service.

Equality and human rights

- The service did not exclude clients on the basis of protected characteristics. However, due to the physical environment of the site and the placement of bedrooms and stairs, the service was not equipped to admit someone who had significant mobility impairments. The

service also could support clients who required assistance with personal care due to the staffing levels. Staff told us that when a client who was referred who had a disability in the past, they were visited at home and a ramp was put in place for them to access the living room area. However, this was only possible where clients lived locally.

Management of transition arrangements, referral and discharge

- All admissions were privately funded by individuals or their family members. This meant that there was not a waiting list for treatment. Clients were able to access the service when they wished to as long as there were rooms available. The provider did not have specific exclusion criteria when assessing clients for admission. However, staff in the service told us that if a client was too unwell for them to manage, they would refuse to assess them where information in the pre-admission assessment was comprehensive
- Three members of staff raised concerns about clients presenting at the service for an assessment where the enquiries team had not passed on information or when it was late at night. Two members of staff told us that clients had been referred to the service and asked to present to the service and they had only been informed of this when the person was on their way.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- People we spoke to who used the service were generally positive about the care and treatment which they received.
- We received feedback from seven comments cards from clients who used No 11 and No 12. We were not able to determine which cards related to which service. However, all the feedback we received was positive.
- Staff we spoke with had a good understanding of the needs of clients who used the service. They spoke about their work with clients with enthusiasm and spoke positively about their passion to make a positive difference to people who used the service.

The involvement of patients in the care they receive

- Clients had the opportunity to take part in a weekly meeting where issues could be raised. These meetings were minuted so that actions could be followed up. However, it was not evident that action was taken as a result of feedback given in these meetings. For example, the minutes for one meeting stated that two comments had been made about the lack of recycling but there was no reference to this in the next meeting or indication on the minutes that this had been followed up. This meant that when action was taken as a result of patient feedback, it could not be evidenced.
- The service had an information pack available on admission which was being updated at the time of our inspection. We saw that people had contributed to their recovery plans. Clients had a choice to access therapy groups that they felt would be useful to them.

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

Access and discharge

- All clients who attended the service funded their own care and treatment. Clients wishing to access the service contacted an enquiries team which was based off-site. The enquiries team were not clinicians and had not received specific training in substance misuse, alcohol misuse or mental health. New forms had been developed for pre-admission processes which indicated that the service manager or a nurse had to agree to accept admissions before the process could procee
- The average length of stay for patients was five weeks. However, this varied according to individual need and had capacity to be flexible. Staff told us that they discussed discharge dates with patients from admission.
- There were no clear admission or exclusion criteria which set out who the service was able to provide care for.
- The service had developed links with other healthcare providers in the local area. For example, a local mental health hospital and an acute hospital where patients could be transferred if the need arose. We saw that there were examples where that had happened.

The facilities promote recovery, comfort, dignity and confidentiality

- There were three bedrooms at No 12, one of which was ensuite. The rooms that were not ensuite had access to toilets and bathrooms. The clinic room, kitchen, dining room and lounge area was used at No 11. However, there was no dedicated office for staff. Clients and staff raised concerns about the shared space and the lack of separate space specifically for staff. Staff did not have access to lockable space or storage for personal items which created additional anxieties about where items could be left.
- There were therapy rooms which were used by clients at No 11 and No 12. One of these rooms had a broken window at the time of the inspection. The therapy rooms were not in a good state of décor with some peeling wallpaper in another room.
- The service employed a chef. Clients had an extensive choice of food and specified their preferences so that food could be prepared which met their needs. This included food which reflected their cultural or religious needs such as halal food.

Meeting the needs of all patients

- The service accepted clients from overseas and people used the service from a wide range of cultures. Staff had a good understanding of the different cultural needs of people using the service. The service also accessed specific twelve step groups which were targeted towards the lesbian, gay, bisexual and transgender GBT community if it was relevant for individuals and also a twelve step group for atheists.

Listening to and learning from concerns and complaints

- Five complaints from five people had been received at the service between September 2015 and August 2016. Two complaints related to attitude of members of staff, one related to the admissions process and one related to an administrative error by a member of staff.
- We saw that these complaints had been logged centrally by the service and all had been resolved informally through conversations with the patient who had made the complaint. Complaints were investigated by the service manager or the owner. If there was a complaint about the service manager, it could be investigated by another manager within the organisation. However, there was no provision for alternative investigators if a complaint were made about the owner or manager of the service. Information about how to make complaints was not clearly displayed in the service. The service was updating its welcome pack to include this information.
- There was no evidence of learning from complaints. For example, where complaints were monitored, clear learning was not documented and it was not clear that this was discussed in team meetings and used to improve the service.

Are substance misuse/detoxification services well-led?

Vision and values

- Staff across the service were committed to work for the benefit of clients and had a very strong focus on recovery. However, the values of the provider were not clearly established and staff were not able to articulate the provider's vision.

Good governance

- Following a previous inspection in October/November 2015 where requirements were put in place for the service, a number of improvements had been made to systems and it was clear that the service was improving governance systems. For example, a new clinical governance meeting had been established since our last inspection. There was a standard agenda. There had been one meeting at the time of our inspection. This included senior management from across the services provided over a number of locations and had medical input. Items discussed included complaints and incidents to evidence learning. Each service manager was responsible for sharing information with their team.
- There had not been a consistent approach to ensuring staff received clinical and managerial supervision. Some improvements were being implemented, for example, the expectation that nurses would provide peer supervision for each other but this meant that a number of months had passed where nurses had not received formal clinical supervision. For staff new to the role, especially for those that did not have prior experience of working in a substance misuse service, this meant that there was a risk that good practice was not being disseminated.
- There had been a high turnover of staff. There was no exit questionnaire available to staff leaving the service.

This meant that there were no systems in place to evaluate learning from staff who were choosing to leave and the provider was not able to make improvements on the basis of staff feedback.

- The service had an understanding of notifications which needed to be made to CQC. We saw that notifications were made appropriately.

Leadership, morale and staff engagement

- Morale in the service was low. Staff told us that they felt supported by the service manager, they did not feel valued by the provider. Some examples they gave us were the lack of space for staff in the service, the perceived lack of training and the lack of response when concerns were raised. Staff gave us examples of where they had been discouraged from taking leave and policies had been changed regarding being able to have access to food and drinks on the premises which increased the feeling that they were isolated from the central management.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that there are specific arrangements for the disposal of sanitary waste.
- The provider must ensure that staff across the service have access to specialist training related to the needs of people who use the service.
- The provider must ensure that staff in the service have access to regular clinical and managerial supervision

Action the provider SHOULD take to improve

- The provider should ensure clients are not advised to present at the service by the enquiries team without the knowledge of a clinical member of staff on site.
- The provider should ensure that all staff across the service have an understanding of the duty of candour and their responsibilities regarding this.
- The provider should ensure that therapy rooms in No 12 are maintained in a good state of repair.
- The provider should ensure that learning from complaints and incidents are shared through the services to improve the safety and quality of all services.
- The provider should work with staff to improve the morale and staff input and engagement within the service.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way because the registered person was not doing all that was reasonably practicable to mitigate risks to health and safety of service users receiving care and treatment by the lack of provision of sanitary disposal specifically for "offensive/hygiene waste" as defined by the Health and Safety Executive. This is a breach of regulation 12 (1) (2)(b)

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 18 HSCA (RA) Regulations 2014 Staffing Persons employed by the service provider in the provision of the regulated activity had not received appropriate training, professional development, supervision and appraisal as is necessary to carry out the duties they are employed to perform because all staff in the service had not received specialist training relating to the specific needs of people who used the service including drugs and alcohol misuse and eating disorders. Also, nurses had not had access to clinical supervision. This is a breach of regulation 18 (1) (2) (a)