PCP (Luton) Limited

Chelmsford

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Overall summary

PCP Chelmsford is an independent substance misuse service for clients with an alcohol or substance addiction, providing treatment for up to 18 adults under the age of 65. The location was registered with the CQC in July 2011. The service has a registered manager and a nominated individual. PCP (Luton) Limited is the registered provider.

Our rating of this location stayed the same. We rated it as inadequate because:

- Staff working patterns were unsafe. In one week, the registered nurse worked 69 hours which put them and the clients at risk of avoidable harm.
- Staff did not follow the provider's policy for observing clients on enhanced observations. Staff did not always update risk assessments.
- Staff did not complete audits appropriately. Staff did not make necessary improvements following the results of audits. Senior leaders did not ensure an action plan for improvement was implemented or actioned.
- Staff did not always report safeguarding concerns. Senior leaders did not know what incidents should be reported or referred as a safeguarding concern.
- Leaders did not always demonstrate the skills, knowledge and experience to perform their roles. Senior leaders did not know what incidents should be reported or referred as a safeguarding concern.

However:

- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Inadequate 	Our rating of this service went down. We rated it as inadequate. See the summary above for details

Summary of findings

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Summary of this inspection

Background to Chelmsford

PCP Chelmsford is an independent substance misuse service for clients with an alcohol or substance addiction, providing treatment for up to 18 adults under the age of 65. The location was registered with the CQC in July 2011. The service has a registered manager and a nominated individual. PCP (Luton) Limited is the registered provider.

The service is registered for:

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

Treatments offered at PCP Chelmsford include medically assisted withdrawal and detoxification programmes and therapy programmes, for clients addicted to alcohol or substances.

The location offers one to one counselling and a range of therapy groups, including medication, the 12-step programme, art therapy, meditation, euphoric recall, relapse assessment and prevention, and harm minimisation. Accommodation for the detoxification programme is not provided on site, but at a nearby house separately registered with CQC. PCP Chelmsford consists of a day treatment centre, where all clients go daily to receive treatment and therapy, and four treatment houses where clients live and spend their evenings during treatment. One of these houses is used for clients requiring detoxification and is staffed 24 hours, seven days a week. We inspected the New Writtle Street location as part of this inspection. There is a separate report for that location.

We undertook a focussed inspection of this service as a follow up to our inspection in April 2021 where we found significant concerns. Following this inspection, we rated the service as inadequate, and issued an urgent section 31 notice of decision to place conditions on the service's registration. These conditions stated:

1. The Registered Provider must devise, review and assess the effectiveness of the system(s), process(es) for the service in particular to but not limited to:

a) Records keeping of services users assessed and admitted to the service;

b) Investigations and review of incident reporting;

c) Investigation and review of complaints management;

d) Review of equipment;

e) Review of staff training appropriate to their role.

2. The Registered Provider must not admit any service users who require a new course of detoxification treatment from addictive substances without the prior written agreement of the Care Quality Commission.

3. The Registered Provider must devise a process and undertake a review of current service users admitted for detoxification of addictive substances with accurate clinical risk assessment and care planning, in particular ensure that the level of service user' needs are individualised, recorded and acted upon. This must include but not limited to

Summary of this inspection

a) prescribed medication review;

b) a clear process for documentation that inform staff of the current care planning where applicable, of all service users this includes details of any changes to service users' individualised needs are clearly recorded and are easily accessible to relevant staff and acted upon.

4. The Registered Provider must provide the Care Quality Commission with a report setting out the actions taken or to be taken in relation to conditions above by 23 April 2021 and every Friday after that. The report must also include the following:

a) details of the system(s) and processes that are implemented to comply with the conditions,

b) details and confirmation of action taken to ensure the system(s) are being audited and monitored to improve the quality and safety of services,

c) Details and confirmation of action taken to ensure incidents and complaints are recorded, investigated and lessons learned shared with staff.

We also told the service action they must take:

- The service must ensure that it follows the government's guidelines on Covid-19: infection prevention and control. Regulation 12(1)
- The service must ensure that staff follow the services Covid-19 risk management plan to protect clients and staff.
- The service must ensure that they manage medication safely and follow national guidance. Regulation 12(1)
- The service must ensure that it follows the guidelines which are set out in the drug misuse and dependence – UK guidelines on clinical Management (also known as the Orange book) when providing medical detoxification to clients. Regulation 12(1)
- The service must ensure staff regularly check all medical equipment to ensure it is working correctly. Regulation 12(1)
- The service must ensure that it reports and investigates incidents in line with their policy. Regulation 17(1)
- The service must ensure that it implements a robust governance system to monitor the effectiveness of the service. Regulation 17(1)
- The service must ensure that it responds to and investigates complaints in line with duty of candour. Regulation 16(1)
- The service must ensure it has a system in place to record and monitor risks to the service. Regulation 17(1)

Following our inspection of this service the provider took the decision to close the service and deregister. All clients were either discharged or transferred to one of the provider's other services.

Summary of this inspection

What people who use the service say
We spoke with three clients who all told us that the staff were kind caring and compassionate. They felt well supported and told us that staff were always available for one to one time if they required. Clients felt that the treatment programme was appropriate and met their needs.

How we carried out this inspection

The inspection team visited Chelmsford on 25 January 2022 and completed further off-site inspection activity until 3 February 2022. During the inspection we:

- Visited the service and looked at the quality of the environment.
- Spoke with three clients and one carer of a client who was using the service.
- Interviewed two support workers.
- Interviewed the service manager.
- Interviewed the registered nurse.
- Reviewed clients' care and treatment records, both current and recently discharged.
- Reviewed staffing hours from 1 December 2021 to 30 January 2022.
- Reviewed observation records for 10 clients from 16 December 2021 to 3 February 2022.
- Reviewed policies and procedures relevant to the running of the service.
- Carried out a check of the medication management.
- Looked at a range of 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 service 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 service must ensure that staff do not work excessive hours that would put themselves and clients at risk of avoidable harm. (Regulation 12).
- The service must ensure staff complete enhanced observations in line with the provider's policy. (Regulation 12).
- The service must ensure staff complete audits appropriately and accurately. (Regulation 17).
- The service must ensure action is taken as a result of the audit process to make necessary improvements to the service. (Regulation 17).
- The service must ensure all incidents and safeguarding concerns are recorded appropriately. (Regulation 17).
- The service must ensure all relevant statutory notifications are submitted to the Care Quality Commission. (Regulation 17)
- The service must ensure leaders have the skills and knowledge to perform their roles. (Regulation 17).
- The service must ensure all staff are supported through regular supervision of their work. (Regulation 17).

Action the service SHOULD take to improve:

Summary of this inspection

- The service should provide staff with training in The Mental Capacity Act.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Inadequate	Requires Improvement	Good	Good	Inadequate	Inadequate
Overall	Inadequate	Requires Improvement	Good	Good	Inadequate	Inadequate

Inadequate

Community-based substance misuse services

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

Are Community-based substance misuse services safe?

Inadequate

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

Safe and clean environment

All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Staff completed and regularly updated risk assessments of all areas. We reviewed the environmental risk assessment for the service. This covered all identified risks. However, the assessment did not state what action the service put in place to reduce or mitigate risks posed by potential ligature anchor points.

All clinic rooms had most of the necessary equipment for clients to have thorough physical examinations. We inspected the clinic room and found that staff had access to equipment necessary to monitor client's physical health. However, there was no examination bed available or hand washing facilities in the clinic room.

All areas were clean, well maintained, well-furnished and fit for purpose. We reviewed the environment and saw that it was clean and well maintained.

Staff made sure cleaning records were up-to-date and the premises were clean. We reviewed the cleaning records which were completed appropriately.

Staff followed infection control guidelines, including handwashing.

Staff made sure equipment was well maintained, clean and in working order. We reviewed the medical equipment audits for the three months prior to the inspection. We found that staff regularly checked equipment to ensure it was accurate and in good working order.

We reviewed a sample of health and safety audits for November and December 2021 and January 2022 and found they contained prepopulated responses with only dates and minor information changed. Therefore, these audits were ineffective in providing assurance that all required checks had been completed and any required improvements were actioned.

Inadequate

Community-based substance misuse services

Safe staffing

The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. However, staff were working excessive hours outside of their normal working hours which could put clients at risk of avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep clients safe. However, we found evidence that a registered nurse was working during the day at the treatment centre and then doing night shifts at the services accommodation. We reviewed the duty rotas for both services and found eight occasions where the nurse had worked in both locations. We found evidence that in one week in January 2022, the nurse worked four days and three nights consecutively. We spoke to the manager who told us that staff were expected to stay awake on night shifts at the accommodation. The manager told us senior leaders within the organisation authorised for the nurse to work this pattern of shifts. This put the staff at risk due to excessive tiredness and the risk of this leading to mistakes that could cause unnecessary risks to clients.

The service had low vacancy rates. The service had one vacancy for a receptionist.

The service did not use bank or agency staff.

Managers made arrangements to cover staff sickness and absence. Senior staff would support the therapy programme in the event of staff sickness.

Managers supported staff who needed time off for ill health.

Medical staff

The service had enough medical staff. The service had access to a doctor who would provide medical cover as required.

The service could get support from a psychiatrist quickly when they needed to. The doctor was available on call should staff need medical advice out of hours.

Mandatory training

Staff had completed their mandatory training. We reviewed the mandatory training records. These showed that mandatory training was 100%. However, this just stated that staff had completed the training and did not say what date they completed it and when it was due for renewal. Some training, such as immediate life support, requires regular completion to continue for staff to be up to date.

The mandatory training programme was comprehensive and met the needs of clients and staff.

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

Assessing and managing risk to clients and staff

Staff assessed and managed risks to clients and themselves. However, staff did not always review risk assessments. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse.

Inadequate

Community-based substance misuse services

Assessment of client risk

Staff completed risk assessments for each client on admission or arrival, using a recognised tool. We reviewed the records of six clients who had been admitted for a medical detoxification in the three months prior to the inspection. We found staff completed risk assessments on admission. However, staff did not always update risk assessments. We found two of the client's risk assessments had not been reviewed or updated. Staff told us that risk assessments were completed on admission and reviewed after three days. However, the risk assessment document would not be updated further. Any changes in a client's risks would be documented in their daily progress notes. This meant that information on a client's latest risk level would not be easily accessible to staff.

Staff could recognise when to develop and use crisis plans and advanced decisions according to client need. Staff completed crisis plans and unexpected exit from service plans when they completed the initial risk assessment.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. Since the most recent inspection the service had provided training for staff on physical health monitoring which included what action they should take if physical health observations were not within normal range. The service's electronic recording system alerted staff when a client's physical health observations were outside of normal range. This was an improvement since the most recent inspection.

Safeguarding

Whilst staff received training on how to recognise and report abuse, they did not always do so in line with safeguarding procedures.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff compliance with safeguarding training was 100%.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. We spoke to four staff who demonstrated a good understanding of how they protected vulnerable clients from abuse.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them**.** Staff were able to describe potential signs that a client may be at risk of abuse.

Managers did not always make safeguarding referrals or report incidents or concerns appropriately. We found evidence that managers had not reported a significant safeguarding concern to relevant authorities, including a statutory notification to the Care Quality Commission, and had not documented this on the provider's incident reporting system. We were told it was a management decision not to report it as an incident or make a safeguarding referral but to investigate it internally. The incident was investigated internally, and action taken to safeguard the client. The service retrospectively made a safeguarding referral at our request.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Other than risk assessments, records were clear, up-to-date and easily available to all staff providing care.

Client notes were available, and all staff could access them easily. The service had an electronic recording system that was accessible by all staff. We reviewed the notes for six clients and, other than risk assessments, found they were detailed and comprehensive.

Records were stored securely. The electronic system was secure and only those with permission were able to access.

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.

Staff followed systems and processes to prescribe and administer medicines safely. We reviewed the medication management systems. We found that staff followed the provider's policies and procedures when prescribing and administering medication.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. Staff reviewed clients progress weekly and made any necessary adjustments to client's medication if required. Staff would discuss this with clients and provide information in necessary.

Staff completed medicines records accurately and kept them up-to-date. We reviewed the medication records for all clients as well as the records for controlled drugs. We found two recording errors in the controlled drugs records. However, this was an improvement from the most recent inspection. These errors dated back to June 2021, which was prior to the service implementing their action plan following our previous inspection.

Staff stored and managed all medicines and prescribing documents safely. All medication records were stored in the nurse's office and only accessible by staff.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The doctor followed prescribing guidance as set out in Drug Misuse and Dependence: UK Guidelines on Clinical Management (also known as the Orange book).

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff knew what incidents to report and how to report them. We spoke to four staff who were able to tell us what they would report as an incident and what action they would take.

Staff raised concerns and reported incidents and near misses in line with the service's policy. We reviewed the services incident reporting system for the six months prior to the inspection and found that all incidents relating to the therapy centre were reported appropriately.

The service had no never events.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong.

Inadequate

Community-based substance misuse services

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly. Clients and their families were involved in these investigations. We reviewed incidents from the six months prior to the inspection and found that they had been investigated appropriately.

Staff received feedback from investigation of incidents, both internal and external to the service. We spoke to four staff who told us that they discuss the outcome of incidents and investigations during weekly team meetings and they share any learning identified in the investigations.

Staff met to discuss the feedback and look at improvements to client care.

Are Community-based substance misuse services effective?

Requires Improvement

Our rating of effective went down. We rated it as requires improvement.

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

Staff completed a comprehensive assessment of each client. We reviewed six client records, five of clients receiving treatment and one record of a client recently discharged. We found that staff completed a thorough assessment of client's needs. This included details of their personal history, mental health history, physical health and their substance misuse history.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. Records showed that clients had a physical health assessment on admission.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. Care records showed that each client had a detailed care plan that met their needs. Care plans covered a range of needs including substance misuse, physical and mental health needs as well as a recovery plan.

Staff regularly reviewed and updated care plans when clients' needs changed. Staff reviewed care plans weekly as part of clients' care reviews.

Care plans were personalised, holistic and recovery-orientated.

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 provided a range of care and treatment suitable for the clients in the service. The service had a comprehensive treatment plan based on the 12-step model, cognitive behaviour therapy, acceptance and commitment therapy and experiential therapy.

Staff delivered care in line with best practice and national guidance (from relevant bodies such as National Institute for Health and Care Excellence). The service followed guidance as set out in Drug Misuse and Dependence: UK Guidelines on Clinical Management (also known as the Orange book) to manage peoples addiction treatment.

Staff made sure clients had support for their physical health needs, either from their GP or community services. The service registered clients with a local GP service so they could access support with their physical health needs if required. Staff would also use the local general hospital for any specialist support such as diabetes specialists or epilepsy specialists.

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives. Staff completed a Clinical Institute Withdrawal Assessment for alcohol scale for clients undergoing treatment for alcohol addiction. This is a 10-item scale used in the treating and monitoring of alcohol withdrawal. Staff also used the Clinical Opiate Withdrawal Scale for clients undergoing treatment for Opiate withdrawal. The clinical opiate withdrawal scale is a clinician-administered, pen and paper instrument that rates eleven common opiate withdrawal signs or symptoms.

Staff used technology to support clients. Staff had access to tablet computers that they could carry around the service so they could access essential information throughout the service.

Staff did not complete clinical audits effectively. The service required staff to complete several clinical audits.

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.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank and agency staff. The service provided staff with the range of mandatory training provide them with the necessary skills and knowledge to perform their roles.

Managers gave each new member of staff a full induction to the service before they started work. All staff at to undertake an induction programme upon commencement of employment. This included completing all mandatory training and shadowing a colleague to help develop their skills and confidence in working with clients.

Managers supported staff through regular, constructive appraisals of their work. All staff received an annual appraisal. We reviewed the appraisal records and saw that compliance was 100%.

Managers were required to provide staff supervision on a quarterly basis. We reviewed the supervision records of staff for the three months prior to the inspection and found compliance for this was 66%.

Managers made sure staff attended regular team meetings and gave information to those who could not attend. Team meetings were held on a monthly basis. We reviewed the team meeting minutes for the three months prior to the inspection. These were attended by all staff.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The service had provided staff with additional medication management training following issues raised at the most recent inspection. All staff had completed this training which led to a reduction in medication errors.

Managers recognised poor performance, could identify the reasons and dealt with these.

Managers recruited, trained and supported volunteers to work with clients in the service. The service had to volunteers who provided additional support for clients and staff.

Multidisciplinary and interagency teamwork

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 made sure they shared clear information about clients and any changes in their care, including during transfer of care. Staff would liaise with the clients care team in the community upon admission and at the point of discharge.

Staff had effective working relationships with other teams in the organisation.

Staff had effective working relationships with external teams and organisations.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

The provider did not provide services for clients who were detained under the Mental Health Act. Clients were aware of the right to leave at any time.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

Staff did not receive training on the Mental Capacity Act. We reviewed the training matrix which showed all mandatory training courses and training on the Mental Capacity Act was not included.

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access.

Staff knew where to get accurate advice on Mental Capacity Act. Staff told us they would speak to the senior leaders if they required advice on the Mental Capacity Act however, senior staff had not received training in the Mental Capacity Act.

Inadequate

Community-based substance misuse services

Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so. Staff told us they always assumed the client has capacity unless evidence suggested otherwise. If staff suspected that a client did not have capacity, they would contact the doctor to complete a capacity assessment.

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision. We reviewed the records of six clients and saw that capacity was assessed as part of the admission process. This was documented as part of the initial assessment.

We did not see evidence that staff audited their compliance with the Mental Capacity Act.

Are Community-based substance misuse services caring?

Good

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

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.

Staff were discreet, respectful, and responsive when caring for clients. We spoke with three clients and observed the interactions of staff with clients throughout the inspection. Clients told us that they felt the staff treated them with respect and were kind and compassionate.

Staff gave clients help, emotional support and advice when they needed it. Staff were available for one to one session's with client when required.

Staff directed clients to other services and supported them to access those services if they needed help. Staff supported clients to access groups outside the service such as alcoholics anonymous and narcotic anonymous to support their recovery. Staff would also signpost clients to groups in their local area upon discharge.

Staff understood and respected the individual needs of each client. Staff demonstrated a good knowledge and understanding of clients' needs and how they support them to meet their needs.

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

Staff followed policy to keep client information confidential. Confidential information was stored electronically so only those with a right to access it could.

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Inadequate

Community-based substance misuse services

Involvement of clients

Staff involved clients and gave them access to their care plans. We reviewed the care plans of six clients. We saw evidence of the client's involvement in their care plans. Clients told us they would discuss their care plan weekly with their named councillor and could have a copy if they wished.

Staff made sure clients understood their care and treatment and found ways to communicate with clients who had communication difficulties. Staff discussed clients care and treatment during their weekly one to one session. During these sessions staff would ensure clients understood their care and treatment and provide any information and support they needed.

Staff involved clients in decisions about the service, when appropriate. The service held weekly community meetings where clients could provide input into decisions about the service.

Involvement of families and carers

Staff informed and involved families and carers appropriately. We spoke to one carer who felt that they were provided with information and kept informed of their loved one's progress.

Staff helped families to give feedback on the service. We spoke to one carer who told us that they were aware of how to provide feedback to the service.

Are Community-based substance misuse services responsive?

Good

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

Access and waiting times

The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

The service had clear criteria to describe which clients they would offer services.

Staff supported clients when they were referred, transferred between services, or needed physical health care. We saw evidence in the care records of staff supporting clients to access the local hospital for physical health needs. The service had a car that staff could utilise to transport clients between services or to access appointments.

The service followed national standards for transfer.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.

The service had a full range of rooms and equipment to support treatment and care. The treatment centre had a group room for group activities as well as rooms that could be used for quiet time or a one to one conversation with staff.

Inadequate

Community-based substance misuse services

Meeting the needs of all people who use the service

The service did not admit people with disabilities as the accommodation would be unsuitable. The provider had other services available where they could admit people with disabilities if required.

Staff made sure clients could access information on treatment, local service, their rights and how to complain. Clients were given a welcome pack which contained information on treatments available, local services such as local support groups and health services, their rights and the compliments and complaints process.

The service provided information in a variety of accessible formats so the clients could understand more easily. Staff could access information in different formats if required, such as in different languages or easy read.

Managers made sure staff and clients could get hold of interpreters or signers when needed. Staff could access an interpreter service if required. The service manager was also multi-lingual and could support if required.

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.

Clients, relatives and carers knew how to complain or raise concerns. We spoke to one relative/carer who told us they knew how to complain if required.

Staff understood the policy on complaints and knew how to handle them. Staff told us they would take the details of the complaint and pass it on to the manager who would decide if it could be dealt with locally or escalated to the compliance lead for further investigation.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint. Staff told us they received feedback from complaints, including any lessons to be learned during team meetings. We reviewed the minutes of team meetings and saw that complaints were a standard agenda item.

Managers investigated complaints and identified themes. If a complaint needed investigation this would be escalated to the compliance manager who would investigate the complains and respond in accordance of the providers complaints policy. The service had one complaint in the previous three months. We reviewed this complaint and found that the service had responded in accordance with their policy. This was an improvement from the last inspection.

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

Clients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. We reviewed team meeting minutes which showed that complaints were discussed as a standard agenda item.

The service used compliments to learn, celebrate success and improve the quality of care. Staff provided us with three compliments they had received from clients who had recently finished their treatment. Clients were very complimentary about the support they received from staff. This was shared with the staff team.

Inadequate

Community-based substance misuse services

Are Community-based substance misuse services well-led?

Inadequate

Our rating of well-led stayed the same. We rated it as inadequate.

Leadership

Leaders did not always demonstrate the skills, knowledge and experience to perform their roles. We spoke to the service manager. They were new in post and had applied to be registered manager. They demonstrated a good knowledge and understanding of the service. Staff and clients told us they were approachable and visible. This was an improvement from the most recent inspection.

However, we found evidence leaders had allowed the registered nurse to work during the day at the therapy centre and waking night shifts at the service's accommodation. We found evidence that this happened over a three-week period, and in one week the nurse worked four consecutive days and a night shift meaning they worked 69 hours in a week. This is in breach of the Working Times Directive (1998) which states that staff should not work more than 48 hours in a week. The manager told us they had sought guidance from the senior leaders in the organisation regarding this decision who agreed to this happening. This put the staff at risk of harm of excessive tiredness and the potential for error. This would also put clients at risk due to enhanced observations not being carried out.

We found evidence of an incident relating to a client using the service that staff had not reported as an incident or referred as a safeguarding concern. The manager had also failed to submit a statutory notification to the Care Quality Commission. The manager sought advice from senior leaders whether it should be reported or not. Senior leaders told them not to report it as an incident but investigate it anyway. This meant a potentially vulnerable client could have been left at risk of avoidable harm. The manager submitted a retrospective safeguarding referral following the inspection at the request of CQC.

Vision and strategy

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

Culture

Staff felt respected, supported and valued. They reported that the service promoted equality and diversity in its day-to-day work. They felt able to raise concerns without fear of retribution. We spoke to four staff who told us they were respected and valued by the service. Staff morale was good, and staff felt that they could raise issues or concerns without fear of any negative retributions.

Governance

Our findings from the other key questions demonstrated that governance processes were not always effective, and that performance and risk were not always managed well.

Managers did not have adequate oversight of staff completing observations in line with provider policy. Managers did not have adequate oversight of staff completing health and safety checks or ligature risk assessments in line with provider policy.

Inadequate

Community-based substance misuse services

Managers did not cover shifts in line with the working time directive. We reviewed the duty rotas for the two months prior to inspection and saw that not all shifts were covered appropriately. Staff were expected to work consecutively from PCP Chelmsford to a waking night shift at the accommodation without sleep for between 24 and 96 hours.

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. The provider had an effective electronic recording system that enabled staff to have access to all relevant information to perform their roles appropriately. The service had an up to date risk register which staff had access to.

Leaders had not addressed all previous concerns raised by the Care Quality Commission at their previous inspection. We found issues directly relating to the conditions imposed on the providers registration which have been described throughout the report.

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 17 HSCA (RA) Regulations 2014 Good governance • The service had not ensured staff completed audits appropriately and accurately. • The service had not ensured action was taken as a result of the audit process to make necessary improvements to the service. • The service had not ensured all incidents and safeguarding concerns were recorded and reported appropriately. • The service had not ensured all relevant statutory notifications were submitted to the Care Quality Commission. • The service had not ensured leaders had the skills and knowledge to perform their roles.

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 service had not ensured that staff did not work excessive hours that would put themselves and clients at risk of avoidable harm. • The service had not ensured staff completed enhanced observations in line with the provider's policy.