U Turn Recovery Project

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Inadequate

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

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

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

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

Summary of findings

Overall summary

We rated U Turn Recovery Project as requires improvement because:

- The service had weak governance systems in place which meant that monitoring arrangements did not identify risks faced by the service. The service was not well maintained. We found that recommendations from the 2017 fire safety risk assessment had not been implemented and that electrical installation checks had not been carried out within the last five years. There were health and safety hazards around the service, which had not been identified on the providers environmental risk assessment and posed a risk to clients as well as staff.
- The service did not have adequate monitoring arrangements to ensure the environment and medication arrangements were managed safely. Medicine audits were not documented and staff had failed to identify an unsafe environment through the audit process.
- Procedures and policies were not up to date and failed to take into account relevant legislation. The service had not considered risks for the service as a whole and there was no documented contingency plan in place.
- The service had not adequately supported staff to receive basic statutory training as well as some mandatory training. There was no formal supervision arrangement in place and not all staff had received an appraisal.
- The service offered little information to staff about how to support clients with protected characteristics, for example sexual orientation, and there was little information available to these clients to make them feel included and welcomed into the service.

However:

- Overall the service was visibly clean and had adequate furnishings and equipment.
- There were sufficient staff, who knew the clients well and there was out of hours cover arranged. Staff assessed and managed risks to clients and understood the importance of taking the time to listen to clients and support them through the rehabilitation programme. Staff applied blanket restrictions only when necessary and to ensure clients had appropriate boundaries in place to support them in their recovery.
- The service had a good track record on safety and there had not been any serious incidents. When incidents occurred, they were discussed at staff meetings.
- Staff assessed the health and well-being of all clients on admission and ensured that they had access to good physical healthcare. The service provided an abstinence-based rehabilitation programme based on self-help and mutual aid. Staff supported clients to make decisions about their care for themselves. Staff made sure clients understood the house rules and complied with these.
- Staff supported clients to be empowered, for example by encouraging and supporting them to take on responsibility and ownership for their lives through the programme. As clients progressed through the programme they were given additional privileges and responsibilities.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Requires improvement 	

Summary of findings

Contents

Requires improvement

U Turn Recovery Project

Services we looked at:
Substance misuse services

Summary of this inspection

Background to U Turn Recovery Project

U Turn Recovery Project provides residential rehabilitation including a seven-step recovery programme for men who misuse alcohol and drugs. The service does not provide detox. The service accepts clients who have either received detox prior to admission or have commenced 'at home' detox with a different provider.

The service has 15 beds. At the time of our inspection there were 10 clients in the service. U Turn Recovery Project is operated by a Christian charity and does not receive funding from any of the organisations or agencies that refer people to the service.

U Turn Recovery Project is registered to provide: Accommodation for persons who require treatment for substance misuse. The previous registered manager had left the service over three years ago. The current manager had submitted an application to become the registered manager and this application was in progress at the time of inspection.

We have previously inspected this service on four occasions. When we last inspected the service in August 2018, we told the provider they must ensure that there are adequate governance systems in place. We also told the provider that arrangements for monitoring staff performance were not suitable because there was no system in place for supervision or appraisal. Staff had not all received the required level of training for their role.

We found some improvements had been made but there was more work to be done.

Our inspection team

The team that inspected the service comprised of three CQC inspectors and a specialist advisor with a professional background in nursing within substance misuse services on 9 July 2019 and two CQC inspectors on 10 July 2019.

Why we carried out this inspection

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

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients;
- spoke with four clients who were using the service;
- attended a group therapy session;
- spoke with the project manager;
- spoke with four other staff members; including support workers and a key worker;
- looked at six care and treatment records of clients;
- carried out a specific check of the medication management;

Summary of this inspection

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

Information about U Turn Recovery Project

Start here...

What people who use the service say

The clients we spoke with were happy with the service they received and positive about their treatment. Clients all felt supported by staff and fortunate to be given the opportunity to engage in therapy at this service. Clients spoke positively about staff and appreciated the fact that most staff had been through the project themselves, which gave them insight and understanding as to what the clients were going through. Clients were satisfied with the standard of accommodation and food provided, they felt involved in the setting of their own goals and part of the group as everyone shared responsibility for daily living tasks.

Clients felt reassured that there were 'move-on' services run by the same organisation to provide continuity of care. They particularly complemented the understanding, open-mindedness, and support of all staff at the service. Clients had the opportunity to provide feedback about their stay.

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?

Requires improvement 

We rated safe as requires improvement because:'

- The environment was not adequately monitored or physically well maintained. We found that recommendations from the 2017 fire safety risk assessment had not been implemented and that electrical installation checks had not been carried out within the last five years. There were health and safety hazards around the service, which had not been identified on the providers environmental risk assessment and posed a risk to clients as well as staff.
- The service did not have adequate monitoring arrangements to ensure medication
- The service had failed to ensure staff had access to up to date policies and procedures. For example, the incident reporting policy and safeguarding policy did not have all relevant information to ensure staff understood and followed legislation and local policy in order to keep clients safe. The service did not have a documented policy on management of clients' finances which meant that client monies may not be managed appropriately. The providers policy on searching clients did not make reference to clients being present during room searches.
- The service had not fitted emergency alarms in the building and staff did not carry personal alarms.
- The service had not provided staff with all necessary statutory and mandatory training to keep patients safe from avoidable harm, for example, the service had not trained staff in safeguarding children, basic health and safety, manual handling or fire safety or administering medicines.

However;

- The service had enough staff, who knew the clients well and there was out of hours cover arranged. Staff assessed and managed risks to clients and understood the importance of taking the time to listen to clients and support them through the rehabilitation programme. Staff applied blanket restrictions only when necessary and to ensure clients had appropriate boundaries in place to support them in their recovery.
- Staff had easy access to information about clients and maintained good quality paper-based client records.

Summary of this inspection

- The service had a good track record on safety. The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. The project manager investigated incidents and discussed them with the whole team at the weekly meetings.
- When things went wrong, staff apologised and gave clients honest information and suitable support.

Are services effective?

Requires improvement

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

- Whilst the service had made progress with supporting staff with appraisals, the manager had not received an appraisal. Although staff supervision took place, it was informal and not documented.
- The service did not have adequate monitoring arrangements. Medicine, infection control and environmental audits did not contain sufficient detail and failed to identity all areas of non-compliance.

However;

- Staff assessed the mental health of all clients on admission and ensured that clients joined the local GP practice and received an initial assessment promptly. Staff developed individual care plans, which they reviewed regularly and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and focussed on recovery.
- The service provided an abstinence-based rehabilitation programme based on self-help and mutual aid. These programmes are recognised in national guidance as being highly effective for some people in supporting their recovery. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff supported clients to make decisions about their care for themselves. Staff made sure clients understood the house rules and complied with these.
- Staff had received some basic training on the Mental Capacity Act 2005 from the local clinical commissioning group. Staff understood that clients' mental capacity may fluctuate if they were under the influence of drugs and/or alcohol.

Are services caring?

Good

We rated caring as **good** because:

Summary of this inspection

- 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 progress on the programme.
- Members of the team had their office in close proximity to the client areas. Clients were welcome to approach staff at any time.
- Staff communicated with clients sensitively, and in a kind and respectful manner. Staff spoke about clients as individuals. Clients described staff in very positive terms.
- Staff supported clients to be empowered, for example by encouraging and supporting them to take on responsibility and ownership for their lives through the programme. As clients progressed through the programme they were given additional privileges and responsibilities.
- Clients were involved in developing their care plans. Clients' views were incorporated in care plans, even when they differed from those of the staff team. No decisions were made about any aspect of care or treatment without the involvement of the client. All clients could access a copy of their care plan.
- Staff enabled clients to progress and become independent as they progressed towards discharge. Staff encouraged clients to undertake college courses or find work as a volunteer before discharge. All clients who successfully completed the programme were supported to find a place in a 'move-on' service if they wanted to.
- Staff empowered clients to have a voice and realise their potential. Clients were involved in decisions about the service and could do this through the weekly house meetings. This included making decisions as to whether they were ready for new clients to move into the service.

Are services responsive?

Good

We rated responsive as **good** because:

- The design, layout, and furnishings supported patients' treatment, privacy and dignity. Each patient had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.
- Staff planned admissions to minimise disruption to the existing clients. The service only admitted new clients when the existing group was ready to welcome them.
- If clients left the service before completing the programme, staff gave advice on other sources of support available and referred clients to other services if appropriate.

Summary of this inspection

- Clients were satisfied with the quality of food or the choices available to them.

However:

- Whilst there were good discharge arrangements in place once clients were ready to move on, discharge planning arrangements were not well defined within client care plans.
- There service offered little information to staff about how to support clients who had protected characteristics. For example, sexual orientation, and there was little information available to these patients to make them feel included and welcomed into the service.

Are services well-led?

Inadequate

We rated well-led as inadequate because:

- The service had insufficient systems in place to monitor quality and safety effectively, and to ensure compliance with regulations.
- Some audits were undertaken but were not of a suitable standard.
- The service had not addressed all of the actions we had identified during the 2018 inspection.
- The service had not identified risks or suitably mitigated them including having a business continuity plan in place or ensured that staff had received basic levels of training to ensure the service was run safely.
- The service had not ensured that as a minimum they had met statutory training requirements.

However,

- Regular staff meetings took place within the service to discuss overall performance and learning from recent incidents.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt able to raise concerns without fear of retribution and there was a positive staff culture.
- The team had access to the information they needed to provide safe and effective care and used that information to good effect.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Participation in the treatment programme, and agreement with the restrictions the programme placed on clients' liberty, required the full consent of the clients. When new clients arrived at the service, the co-ordinator or the project manager explained the nature of the programme and the house rules. The project manager met with clients on a regular basis to ensure they understood.

Overview of ratings

Our ratings for this location are:

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

Notes

Requires improvement

Substance misuse services

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

Are substance misuse services safe?

Requires improvement

Safe and clean environment

Safety of the facility layout

The service was provided in a converted house and was a male only unit. Most of the group activities took place in a large meeting room in the basement. Offices, kitchens, bedrooms and bathrooms were laid out on the upper floors. The building had a number of narrow corridors and staircases.

Staff carried out regular risk assessments of the environment. A member of staff checked the building each day for potential hazards and risks. When staff found any potential hazards, they completed a form with the details of the hazard, initial steps they had taken to make this safe and details of how the matter would resolved. These forms were signed off when repairs had been completed to address the hazard. Whilst there were some good examples of potential hazards identified and rectified by staff, we also found that some hazards had been overlooked. For example, there was a broken mirror in one of the bathrooms as well as a cracked window in one of the toilets, which had been covered by masking tape. At the bottom of two flights of stairs there was no bannister. This meant if a person tripped, it increased the risk of them falling and injuring themselves. The provider agreed to remedy this urgently. The boiler room was unlocked, it had some floorboards temporarily removed and plug sockets were overloaded in this room. We asked the provider to rectify this. The provider removed unnecessary electrical items and a padlock was placed on the door before we left the building.

A recent fire inspection had highlighted some areas requiring attention. The doors in the basement leading to the group room did not have door closers. These were fire doors and should have had them. They also did not have strips around the door to expand in the event of fire. These strips prevent smoke entering a room. In addition, a fire extinguisher in the basement had a warning notice on it. The extinguisher was 20 years old and was not to be used. It had not been replaced. The provider agreed to deal with this as a matter of urgency. Clients' bedroom doors and other doors had door closers and strips. There was appropriate signage for fire escape routes and the smoke alarm system had been recently tested. We shared our concerns with the London Fire Brigade.

The service had not fitted emergency alarms in the building. Staff did not carry personal alarms. In the event of an emergency, staff would shout for assistance.

Maintenance, cleanliness and infection control

Most areas of the premises were visibly clean, had good furnishings and maintained, although we noted some damaged items as well as some limescale in one of the toilets and one of the baths. Some of the bedrooms had recently been refurbished and others formed part of a planned maintenance programme. Areas that had not been refurbished showed signs of wear.

Staff and clients were responsible for cleaning the service in keeping with the 'community' model. A cleaning schedule was in place and cleaning checks were undertaken daily throughout the building. In the kitchen,

refrigerator and freezer temperatures were taken daily although we noted that they were not consistently in range and action taken to adjust the temperature was not recorded. The service had recently been awarded a grading of five for food hygiene, which is the highest rating. This was the second time the service had achieved this.

There were infection control protocols in place. However, we noted that guidance did not make reference to the management of bodily fluid spillages and the need for staff to use personal protective equipment in some situations. The service did not have a bodily fluid spillage kit, although the project manager agreed to purchase one and provided us with evidence that an order had been placed. This meant that at the time of inspection, in the event of spillage of body fluids, the service did not have a safe method to clean the spillage, which could place staff and clients at risk of blood borne viruses. We found that staff followed handwashing guidance and clinical waste was disposed of appropriately. The service conducted audits on hygiene and cleanliness.

The service did not have a clinic room. The service kept a first aid kit on the wall of an office near the main entrance to the building. All items in the first aid kit were in date and regular checks were performed.

Safe staffing

The service employed sufficient staff to provide the service, although this depended on staff working additional hours on a voluntary unpaid basis. Most staff were employed for 16 hours per week and did not receive additional payment for the extra hours. Staff all said they worked the extra hours willingly. This arrangement relied on the goodwill of staff and had not posed any problems in the past. The project manager was always on hand to step-in and cover shifts if necessary.

The service employed seven members of staff. There was one vacancy at the time of inspection. Staff were present on the premises between 8.00am and 10.00pm from Monday to Friday and from 9.00am to 10.00pm at the weekend. Between 8.00am and 5.00pm during the week there were between two and four members of staff on duty. In the evenings and at weekends there was usually one member of staff on duty.

Outside these hours, clients could call a member of staff who lived in an adjacent property. All clients knew the contact details for the member of staff on-call, and there was a rota in place for this.

The manager could adjust staffing levels daily to take account of the clients' needs. For example, at the time of inspection there were nine clients living at the service. The manager did not plan to accept additional clients to the service until an additional member of staff had been recruited.

At time when a client was going through detoxification the manager always ensured there were two members of staff on duty in the evening and at weekends to support clients and ensure that they had someone to talk with if they were experiencing withdrawal symptoms (a home detoxification service was available from a separate provider).

Staffing levels allowed clients to have informal, one-to-one time with their support worker each day. All clients had formal one-to-one sessions with their key worker each week as part of the therapeutic programme. The key worker made a record of these meetings in order to monitor the clients' progress. Clients told us that they regularly spent time with their keyworker and were happy that staff were always available to talk to.

Policies and procedures were in place for recruiting staff. These included interviewing prospective staff, obtaining two appropriate references and conducting police checks. These criteria applied to potential staff and volunteers. However, the policy referred to a Criminal Records Bureau check, was not in date. Review of staff files confirmed that the relevant necessary checks had been performed.

Mandatory training

The provider had not ensured that staff were up to date with all mandatory and statutory training requirements. All organisations are required by law to provide staff with statutory training, which must include awareness of local health and safety policies and procedures, awareness of the Control of Substances Hazardous to Health regulations, understand the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, fire safety awarenesstraining, manual handling training, basic risk assessment training. The service had not provided staff with training in any of these requirements. We found that all staff had completed training in safeguarding adults, mental capacity as well as food hygiene. Some staff had

completed training in first aid (60%) and some had completed training in infection control (67%). If staff were not suitably trained, this placed clients at increased risk of potential harm.

Assessing and managing risk to clients and staff

We reviewed risk assessments for each of the six clients. Staff completed a risk assessment for every client prior to admission to assess the client's suitability to engage in the programme. This assessment was based on information provided by the agency referring the client. This assessment was updated when the person was admitted to the service and more information became available.

Assessment of client/service user risk

Staff used a standard risk assessment tool. Staff were aware of, and dealt with, any specific risk issues. Typically, risks clients presented with included mental illness, drug or alcohol relapse, self-neglect, social isolation and poor physical health. On the basis of the assessment, staff rated risks as low, medium or high. Clients' records also included a risk management plan. Clients were encouraged to speak to a member of staff if they felt their level of risk was increasing. Staff identified and responded to changing risks and updated records accordingly. If a client's risk increased they would be subject to more frequent checks.

The client admission policy and procedure described the process for staff to undertake a risk assessment before clients were accepted for treatment. Potential clients with a history of repeated acts of violence were not accepted. Although staff told us that other groups of potential clients were not accepted this was not documented in the admission policy or procedure. For example, potential clients with a history of sexual offending with child victims or of arson were not accepted in the service. Referrals and assessments of potential clients were undertaken by only two staff members. This minimised the risk of the criteria being applied differently by different people.

Management of client/service user risk

Staff made clients aware of the risks of continued substance misuse and harm minimisation during the daily meetings, which formed part of their therapeutic programme.

Each client had a behavioural management plan. Staff used the plan to record changes in their behaviour, based on their interactions with them, and any incidents which occurred. Staff recorded changes in a client's behaviour and adapted their care plan to ensure that their wellbeing was appropriately managed.

Staff responded promptly to sudden deterioration in the health of clients. Where necessary a member of staff supported clients to attend the GP practice and in the event of an emergency they supported the client to attend the local accident and emergency service or dialled 999 as appropriate.

The service did not have a smoke free policy. Clients were not permitted to smoke inside and were allocated a designated area to the rear of the building.

Staff had not developed risk management plans for clients who exited early from treatment. However, staff we spoke with all knew and understood the importance of regularly reminding clients, who had an addiction to alcohol and other drugs, the correct protocols to follow if they left the service before completing treatment. The service did not conduct detoxification.

Clients underwent random urine drug testing as part of their treatment at the service. A procedure described how this was to take place and ensured clients' privacy and dignity. However, the procedure did not describe action that should be taken if clients refused to agree to a urine drug test.

Use of restrictive interventions

The service applied blanket restrictions on clients' freedom only when justified. At the last inspection in August 2018 we found that blanket restrictions were placed on clients. Clients consented to the blanket restrictions, although the manager and staff did not repeatedly remind them of these restrictions to ensure they were satisfied that this formed part of their therapeutic programme. We also found that searches of client bedrooms took place without the client being present. During this inspection, we found that improvements had been made, house rules were explained to clients on admission, clients were given a copy and staff took the time to remind them of the rules each week. These rules were an integral part of the therapeutic programme. The house rules stated that clients were required to participate in the therapeutic programme, that clients should co-operate with routines involved in communal living such as cooking and cleaning and that clients must not bring drugs or alcohol onto the premises. Clients were

not permitted to leave the premises unaccompanied in the first three months of admission, although more freedom was given as they progressed through the programme and this was reflected in their care plans.

At the last inspection in August 2018, we found that the service did not have policies and procedures for searching clients or their bedrooms. The house rules stated that staff would carry out random room searches and testing for drugs or alcohol. However, when staff carried out these searches, they did not attempt to minimise the impact this had on client's privacy. Staff said they searched bedrooms when clients were attending their groupwork sessions. During this inspection we found that whilst the rules had not been updated, clients told us that they were always present when any random searches took place.

Safeguarding

Staff knew how to identify adults at risk of, or suffering, significant harm. This included working in partnership with other agencies. In the last 12 months prior to inspection the service had a concern about one client who resided at the service and discussed their concerns with the local safeguarding team. We were shown email correspondence to show that the safeguarding authority advised the service that this particular situation did not meet their threshold and therefore a report was not submitted. The service provided appropriate support for this individual.

At the last inspection we found that staff had completed training in safeguarding adults but not safeguarding children. During this inspection we found that the project manager had not made any provision for staff to complete safeguarding children training. This meant that if a client disclosed a concern about a child, staff may not know how or whether to report this. The service had also arranged for specific training on modern day slavery to be provided to staff, however, the manager had cancelled the training and not made other provisions to ensure staff had received the necessary training.

A safeguarding policy and procedure were in place. However, these did not describe the risks of neglect and institutional abuse, although staff understood what this meant and that it should be reported. The policy and procedure quoted out of date guidance and had not been reviewed since 2017. A flowchart containing contact information for the local safeguarding team was displayed in the staff office. However, the policy and procedure did not refer to this.

Clients in the service handed money, credit cards and bank cards to staff for safekeeping. This was part of the 'house rules' clients agreed to as a condition of treatment. These items were kept in a safe. However, there was no policy or procedure for staff handling of clients' money and cards. This meant there was no clear system for ensuring clients' money and valuables were always kept safe or that any discrepancies were quickly noticed.

The service did not permit children to visit the premises.

Staff access to essential information

All information needed to deliver care was available to all relevant staff when needed and was in an accessible form. Risk assessments, care plans and daily activity records were all held on paper files stored in the staff office.

Medicines management

Medicines were not managed safely. One staff member was responsible for the management of medicines in the service. At the last inspection in August 2018 we found that although staff undertook medicines audits they had failed to identify missing stock. During this inspection we were told that weekly medicines audit were undertaken by staff, which included checking expiry dates and reconciling medicines with stock records. However, staff had failed to record evidence that audits had been undertaken. This meant there was a lack of records that such audits took place and that all areas of auditing had been completed. There was no record that any issues arising from the audit had led to further action. The member of staff responsible for administering medication had not received any training.

The medicines room and medicines refrigerator temperatures were recorded daily. This meant medicines were stored at the correct temperature and remained effective. Controlled drugs, for example, methadone were stored in accordance with legislation. They were also recorded in the controlled drugs book and followed legislative requirements.

The side effects of medication on the clients' physical health were monitored, when necessary, by the client's GP. Staff supported the client to contact their GP if they had any concerns about their medication.

Requires improvement

Substance misuse services

Track record on safety

The service had not reported any serious incidents in the 12 months prior to inspection.

Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them. The incident policy did not include any reference to reportable incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. This meant it was unclear if staff were aware that certain incidents required a report to be sent to the Health and Safety Executive.

Staff had recorded four incidents between September 2018 and June 2019. The incidents reported by staff involved clients leaving mid-treatment, the police attending the service for one client as well as a client refusing to provide a saliva specimen.

The manager understood the duty of candour, and all staff were open and transparent with clients. This openness and honesty with clients was integral to the ethos of the programme.

Staff were debriefed following incidents and supported by the project manager.

Staff met to discuss feedback at weekly meetings. The service employed a small team of staff who worked closely together and discussed any concerns about clients or the service on a daily basis. Learning from incidents was discussed at the weekly staff meetings.

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

Requires improvement

Assessment of needs and planning of care

We reviewed six care records during the inspection. All records demonstrated good practice in terms of assessment, treatment and risk management.

Staff completed a comprehensive assessment of each new client in a timely manner at, or soon after, admission. This assessment included information about the client's medical history, history of substance misuse, history of offending and details of the circumstances that led to the client's referral to the service. The assessments also included information about the client's previous admissions to rehabilitation services, the reasons why this had been unsuccessful and the client's view on why they were more likely to complete the programme on this admission. Some clients were admitted to the service whilst undertaking a community alcohol detoxification programme. In these circumstances, the service would only accept the client if the community drug and alcohol service providing the treatment for detoxification considered it to be appropriate.

Staff developed care plans that met the needs identified during the assessment. Care plans were personalised, holistic and recovery-oriented. Care plans included plans for clients' engagement in the therapeutic programme, attending medical appointments and activities such as applying for a passport or driving licence. The key worker recorded details of each client's engagement and progress in relation to the therapeutic programme each week at key working sessions.

Staff updated care plans when necessary. Staff updated most care plans every two or three months or sooner if there was a change to the level of risk presented by the client.

Staff assessed patients' physical health needs in a timely manner after admission. Staff ensured that clients were registered with the local GP. Staff helped clients make appointments with the GP when necessary. Staff accompanied clients to these appointments and only sat in on the appointment if this was the preference of the client.

Best practice in treatment and care

The service provided a seven-step abstinence-based rehabilitation programme for people recovering from drug and alcohol abuse. National guidance states that self-help and mutual aid approaches have been found to be highly effective for some people in supporting recovery. The programme involved three therapeutic groups each week, private study and reflection, and weekly individual key working sessions with a counsellor. Clients were required to abide by the ethos and ethics of the service as part of the therapeutic programme. This involved showing mutual support and respect for everyone at the service and engaging in activities of communal living such as cooking meals for all the clients and sharing the cleaning tasks.

Substance misuse services

When clients reached step 4 of the programme they were supported to find work or training opportunities. The service had good links with other local shops and employers where clients could gain work experience.

Staff supported clients with their physical health. Staff accompanied clients to attend GP appointments. The GP made referrals for further tests and treatment at the local hospital as appropriate. For example, many clients presented with increased risk of liver damage and hepatitis C. Clients received specialist treatment for these illnesses at the hospital.

Staff supported clients to live healthier lives. The service encouraged clients to eat healthy food and to attend a gym twice per week. The GP provided nicotine replacement therapy for clients who wished to stop smoking.

Monitoring and comparing treatment outcomes

Staff regularly reviewed care and recovery plans with the clients to ensure any changes were included and that the client understood their plan and how they were progressing through the programme.

The service had shared details of their work with other services and the project manager had recently attended the Houses of Parliament to talk about the success of their service and the impact they had on individual clients and how this also helped local people and businesses. The project manager had been invited to attend the House of Lords to provide a similar presentation.

The service measured outcomes for clients through the success of those who completed the programme. The primary measure of success within the service was the number of clients who successfully completed the programme. This data showed that 42 clients had been admitted to the service between the period 1 September 2018 and 30 June 2019. Of these, 13 clients had successfully completed the programme. Eight clients had left the service before completing the programme and 10 had been requested to move-on by the manager. Two clients had left the programme due to work commitments. Nine clients were still at the service and continuing their treatment.

Skilled staff to deliver care

The service employed a range of staff to meet the clients' needs. The service employed a project manager, a co-ordinator, three support workers, a key worker and an office administrator. The service could refer clients to a psychotherapist who provided up to six therapy sessions on a voluntary basis.

Staff had not all received suitable training. The project manager had a level 3 national vocational qualification in health and social care. The key worker had completed levels two and three in a therapeutic counselling course accredited by the British Association of Counselling and Psychotherapy. However, other staff had not received basic training on substance misuse services and how to support clients. It was noted that almost all members of staff had successfully completed the recovery programme at the service themselves and therefore had direct experience, which enabled them to empathise with clients who were seeking or in treatment. Clients valued this experience.

At the last inspection in August 2018 we found that managers of the service did not provide supervision or appraisal. During this inspection we found that improvements had been made by more work was needed. One member of staff was new and had therefore not been appraised, 67% of all other staff had received an appraisal. Regular formal supervision did not take place, but staff explained that the service was small, and they received informal supervision and spoke with the manager on a daily basis. Staff said that when they had any concerns about work or clients they would speak with the manager. The staff team met once a week to plan the work for the week ahead and review the progress of each client.

Managers encouraged staff to complete further training relevant to their role. For example, the project manager had completed training as part of a landlord accreditation scheme and training in the control and administration of medicines. Staff had not had specific training in substance misuse. Most staff had knowledge, experience and understanding of the programme, and substance misuse, more broadly through their own personal experience.

Managers dealt with poor staff performance promptly and effectively. There had been no particular issues for the manager to address during since the previous inspection.

Staff attended monthly team meetings. These meetings covered a range of areas including client-focused

discussions, maintaining standards and confidentiality and were formally documented. A recent team meeting recorded that a mental health crisis café would be opening in the area and that this may be a resource for some clients.

Multidisciplinary and inter-agency team work

Staff held regular and effective meetings each week. At these meetings, staff discussed the progress of each client.

Staff shared information about clients within the team on a daily basis. Staff made entries in a communication book. Entries included details of any minor incidents, details of any clients who were feeling unsettled or any specific activities that staff needed to carry out during the following shift.

Staff had effective working relationships with teams outside the organisation. For example, the service had a good working relationship with a local community drug and alcohol service and regularly liaised with them when they were providing clients with a community drug or alcohol detoxification programme. The service had a good relationship with a local GP practice. The service also had a close working relationship with another similar drug and alcohol rehabilitation service in the local area. The service had relationships with other tertiary services, for example alcoholics anonymous, where clients could opt to attend once they had reached an appropriate point on their seven-step programme.

Recovery plans included clear care pathways to other supporting services including details of client attendance at other services. The service operated a separate supported living service where clients could move to on successful completion of the programme. Clients could live at one of these houses for up to two years, this enabled them to live in comfortable surroundings whilst abstinent, continue to progress, find work or attend college.

Good practice in applying the Mental Capacity Act

100% staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Participation in the programme, and agreement with the restrictions the programme placed on clients' liberty, required the full consent of the clients. When new clients arrived at the service, the co-ordinator or the project manager explained the nature of the programme and the house rules. The project manager repeated this monthly to ensure that the client had understood and agreed to abide by the house rules.

Are substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

Staff demonstrated compassion, dignity and respect when they interacted with clients. Staff provided responsive, practical and emotional support. Staff were discreet and respectful and when a client wished to discuss something in private, staff took the time to do this in a private room away from other clients. Having been through the service themselves, staff understood the clients' needs, which enabled them to better provide support and encouragement. Clients respected this and found it provided them with hope and determination that they could achieve their goals.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes to clients without fear of the consequences. Staff told us that clients were discussed on a weekly basis and it was unusual for disrespectful behaviour to occur. If it did, they felt supported by the project manager.

Staff supported patients to understand and manage their care, treatment or condition. Clients told us that the seven-step programme helped them to understand their addiction and the alterations they needed to make to achieve abstinence.

Staff directed patients to other services when appropriate and, if required, supported them to access those services. For example, staff helped clients to apply for documents such as passports and birth certificates, make appointments and apply for funding grants.

Clients said staff treated them well and behaved appropriately towards them. Clients told us that staff were always calm and supportive and if any disagreements between clients occurred that these were always resolved promptly with staff intervention. Clients told us that staff always took the time to listen to them and that this was

helpful. Clients told us that they found the groups helpful and that both staff and other more experienced clients were understanding and were interested in their individual stories.

Clients said they had confidence in staff to be able to meet their needs and that within reason any requests were met as long as it was in line with the service protocols. Staff said they felt confident in raising concerns of abusive behaviour and attitudes towards clients. Staff said the service did not tolerate bullying and they would raise any concerns with the project manager.

Minutes of staff team meetings reflected the ethos of caring throughout the service. There was a clear focus on clients' needs being paramount.

Involvement in care

Staff used the admission process to inform and orient clients to the service. Clients received an induction folder on admission that included information about the service, including information about activities at the service and house rules. The service assigned existing clients to support new clients during the first three months of the programme. On admission, the project manager or co-ordinator explained the house rules to the new client.

Staff involved clients in care planning and risk assessment. Clients wrote their views directly onto the care plan and staff provided them with a copy. Feedback in the previous client survey supported the view that clients were involved in their care planning, although a small proportion of clients reported in the survey that they had not felt as involved as they would like to have been. The service had worked hard to improve this.

Records showed that weekly discussions were held between the client and their keyworker and clients told us that they valued this time.

The team held regular meetings with the clients where they could suggest activities additional to their weekly routine. Clients told us that on occasions trips out were arranged, including visits to the beach as well as local cinemas or other venues of the clients choosing.

Staff involved clients, when appropriate, in decisions about the service. For example, when there was a new admission to the service, staff involved clients in the discussions around this and whether the timing was right to bring a new client into the service. Clients had recently asked for a 'curry night' which staff were in the process of arranging.

Staff supported patients to maintain contact with their families and carers once they had made sufficient progress with the programme. The manager informed us that family contacts were discouraged during the first three months of treatment. This formed part of the therapeutic program, to discourage clients from keeping contact with people from outside the service that may be connected to their alcohol or drug abuse. Clients could call their families or carers with the office phone, under staff supervision.

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

Good

Access and discharge

The provider had clearly documented admission criteria. The service cared for adult men who had been dependant on alcohol or drugs. The clients often had additional vulnerabilities, such as a history of offending or homelessness. The manager informed us that they did not accept clients with a history of arson or sexual offences, although this had not been documented.

The provider managed bed occupancy levels responsibly. During the12 months prior to inspection one member of staff had left the service. This meant that the waiting list was slightly longer than usual as the service had not been able to accept some new referrals. The service did not maintain data on bed occupancy.

The service accepted clients who had previously left before completion of the therapeutic programme if there had been a change in their commitment and motivation to change.

Staff managed admissions to the service to minimise disruption to existing clients. The provider paced the arrival of new clients so that the service only admitted new clients when the group felt ready to welcome them. This also enabled clients who had left the service to return after a few days if they did not feel well in the place they moved on

to. Bed allocation within the house was part of the therapeutic programme. Incoming clients were placed in the bedrooms upstairs, which allowed for a higher level of supervision. Clients could move to rooms on the ground floor as part of the privileges acquired through their recovery process.

Discharges and transfers of care

The service planned for each client's discharge, including good liaison with other organisations that could provide support in the community. The provider had their own move-on housing and worked closely with two other providers of move-on housing. These collaborations provided a stepped pathway for the clients. Some former clients continued to visit the provider for informal conversations, for outpatient key work or to run therapeutic groups. Four staff members were former clients who had completed the program.

The service had alternative care pathways and referral systems in place for people whose needs could not be met by the service. The provider referred clients to other rehabilitation services when these clients left the service early or were no longer allowed on the premises after breaking the provider's policy on alcohol or drug use.

The provider monitored discharges. The provider's records showed that between the period April 2017 to March 2018 81% of clients left the programme abstinent from drugs and/or alcohol. The manager informed us that more recent data was being collated. The average length of stay for clients was between seven and nine months.

The facilities promote recovery, comfort, dignity and confidentiality

The service had a full range of rooms and equipment to support care and treatment. There was a room with a television and pool table. On the outside landing on the first floor, weight lifting equipment was available.

There was a room where clients could meet visitors. Upon approval of the provider, clients could also meet visitors in the meeting room. Children were not permitted on the premises.

The service provided access to an outside space that was clean and well maintained. Clients had access to fresh air in the outdoor space by the service's entrance, adjacent to the car park with a sheltered area where they could smoke. There was also a dartboard for clients in this space.

The service had a comfortable dining area with hot drinks and snacks available at all times. The kitchen had a dining table, which was situated on the first floor. This kitchen was accessible throughout the day and night for food and drinks.

Clients had their own bedrooms. We looked at all the clients' bedrooms. Although the rooms varied in size they all provided a comfortable environment for the clients. Bedrooms were appropriately furnished. The clients kept bedrooms tidy and clean. Some of the bedrooms and the bathrooms had been redecorated to a high standard. Further redecoration of other bedrooms was planned. There were four shared bathrooms, which were nicely decorated.

Bedrooms allowed clients privacy. We found that soundproofing was adequate, and windows were fitted with curtains. Some clients had a safe place to store their possessions. Clients were allocated a bedroom with a lockable door once they had progressed through the initial stages of the programme. Clients who did not hold their room key, were able to store valuables in the staff office. The house had a code lock. The service changed the code whenever a client left the program.

Clients could personalise their bedrooms if they wanted to. Most clients chose to display pictures and family photographs.

Patients' engagement with the wider community

Staff supported clients to maintain links with their families once they were ready to. The provider gave each client a small budget at Christmas and staff accompanied clients on shopping trips to buy Christmas presents for their family members.

The provider encouraged clients in later stages of the programme to access to the local community. Clients were engaged with the local church. Clients were also given a local gym membership and frequented the local library. The service had links with local shops and charity shops where clients could undertake volunteer work. A pastor and music group frequently visited the program. One of the clients enjoyed rapping and the project manager arranged for a well-known rapper to visit the service and for them to perform a rap together.

Requires improvement

Substance misuse services

Staff ensured that clients had access to education. Although none of the clients who were presently at the service were accessing education, the manager informed us that some had expressed an interest and were almost ready.

Meeting the needs of all people who use the service

The service was unable to make adjustments for people with significant physical disabilities. The service referred people with physical disabilities to other services.

Staff ensured that clients could obtain information on treatments, local services and how to complain. All of this information was included in the client induction pack. There were details about the treatment, house rules, how to complain, what to do in the event of a fire. Staff also discussed additional risk factors with clients such as blood borne virus' and further discussions could be held with their GP. The information provided was in a form accessible to the client group.

Staff made information leaflets available in languages spoken by patients. Information was typically provided in English, but staff could provide this information in other languages on request.

Clients had a choice of food to meet the dietary requirements of religious and ethnic groups. Clients decided on the menu themselves and prepared the group meals. People with dietary requirements associated with their ethnicity or religion had their needs accommodated. All food was cooked by clients in the communal kitchen.

Staff ensured clients had access to appropriate spiritual support. Clients and staff attended church together on Sundays. The service had cared for clients who did not share the Christian faith of the provider and supported them with their preferred form of worship.

Staff were supportive of patients who were LGBT+, although struggled to describe how the service demonstrated it was inclusive in its approach to clients, regardless of their sexual orientation or other protected characteristics. There was no documented guidance for staff and the client induction pack did not contain information on how it welcomed clients from all groups.

Listening to and learning from concerns and complaints

Clients knew how to complain. The project manager reported that clients were encouraged to provide the service with written concerns and complaints. Complaints were recorded and kept on file. The service had not received any complaints in the 12 months prior to inspection.

The service had a clear complaints policy that showed how complaints were managed and lessons were learned and acted upon to improve the quality of the service. The complaints procedure was displayed in the kitchen as well as being in the clients' induction pack. Clients raised concerns directly with the manager and at in-house meetings.

Are substance misuse services well-led?

Inadequate

Leadership

The project manager was responsible for the day to day management and leadership of the organisation. The project manager had the skills, knowledge and experience to perform many aspects of their role, but some basic aspects of governance had been neglected.

The manager focused their work on supporting clients' recovery and sustaining the values and practices that the organisation had developed. This was reflected in the attitudes of other staff and the culture of the organisation. This meant that whilst care was provided to clients, some aspects of leadership had been overlooked. For example, the project manager had not ensured compliance with legal requirements to ensure that fire safety arrangements were adequate, that policies and procedures were up to date and medication audits conducted to a reasonable standard.

The project manager was visible in the service and approachable for clients and staff. All staff said they would speak to the project manager if they had any concerns. The project manager knew all the clients by name and had a good understanding of their individual needs.

There were development opportunities available, including opportunities for staff below team manager level. For example, one member of staff was being supported to complete an NVQ in Health and Social Care.

Requires improvement

Substance misuse services

The organisation has a clear definition of recovery and this was shared and understood by all staff. The service followed a seven-step programme, which through each of its steps aims to highlight matters relevant to overcoming addiction. The programme focusses on dealing with issues of inner emptiness and denial, before moving on to dealing with recovery and freedom from addiction. When clients reach the sixth step they are ready to move on and take a step away from the programme in preparation for becoming accountable for themselves.

Vision and strategy

The service had a clear vision to support clients to become abstinent from alcohol or drugs. The service promoted values of truthfulness and Christianity. The vision was underpinned by a clear strategy to support clients through the seven-step programme.

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The vision and values of the service were integral to the programme of treatment. These values involved mutual support, understanding and respect to help people overcome their addictions. Staff who had been through the programme had a good understanding of this.

The senior leadership, provided by the trustees of the organisation, visited the premises regularly. Two of the trustees attended church with the staff and clients each week.

Culture

Staff felt respected, supported and valued in their role. Staff were committed to the values and ethos of the service, and strongly committed to supporting clients in their recovery. Staff were motivated by seeing people supported through the programme and overcome their addictions.

Staff felt positive and proud about working for the provider. Staff all told us that they were very committed to their work and that it was an important part of their life. All staff worked additional hours to their contracted number of hours on a voluntary basis and told us that it was incredibly rewarding to see others progress and develop as a person.

Staff felt able to raise concerns without fear of retribution. All staff said they felt able to approach the project manager if they had any concerns and that management was supportive towards them. However, there were no other people that staff could talk to about their concerns. This meant that if staff had concerns about the project manager, they may find it difficult to raise the matter. Staff informed us that they were aware that they could contact the Care Quality Commission should they had any concerns.

The team worked well together and where there were difficulties managers dealt with them appropriately. Staff generally felt positive about working with their colleagues. Staff explained that when there had been differences of opinion, they discussed these openly at team meetings and felt comfortable doing so.

Governance

The governance systems in place were not effective. We observed some improvements since the last inspection, such clearer explanation of objectives and restrictions in the service, but we also identified some new concerns. Systems of environmental checks had not identified a number of significant risks in respect of fire safety, electrical safety and environmental hazards. There were no formal business continuity plans to support staff and clients in the event of emergency affecting ability to deliver the service.

Policies and procedures had not been updated since 2017, which meant that some of them contained out of date information. Some policies and procedures, such as safeguarding, did not include basic, important categories of potential abuse. There was no safeguarding children policy to guide staff in case they received concerning information. There was no documented guidance on how staff should deal with a body fluid spillage and the policy on client searches did not specify that searches should take place with clients present.

Staff undertook some audits, but these were insufficient to provide assurance of the quality of the service. For example, we were told by staff that weekly medicines audits were undertaken, however, staff had not formally documented their findings and the environmental audit had failed to identify some significant issues. We also found that the member of staff responsible for administering medication had not been trained to do so.

The systems in place had not ensured that staff received the necessary training, including statutory training and medicines administration training to support the delivery of safe and appropriate care and treatment to clients. Most staff had received an appraisal and there were informal supervision arrangements in place, although no records

were kept of this. The project manager had not received any formal supervision from the trustees of the organisation to review their work and the performance of the organisation.

In general client care plans and risk assessments were well documented and reviewed on a regular basis. Staff had not documented client discharge plans or early exit plans, although both staff and clients understood the discharge arrangements including what to do if they left the service before completing the programme.

The service collected data on why clients left the service, although this had not been collated and formally reported on for the previous year to ensure that improvements could be made to increase the rate of completion.

Regular team meetings were held where relevant information was shared and discussed.

Management of risk, issues and performance

At the last inspection in August 2018 we found that the service did not have a risk register in place. During this inspection we found that the manager was in the process of developing a risk register and had documented some environmental risks although this was not comprehensive. More work was needed to record all environmental risks as well as identify other risks which clients or staff may experience. The project manager and trustees had not looked at potential risks to the service holistically or considered mitigating actions to minimise risk. For example, not having an early exit strategy in place for clients failing to complete the programme or having insufficient clients to keep the service running effectively.

Information management

Staff had access to the equipment and information technology needed to do their work. The project manager had access to some information to support them with their management role. For example, the service kept personnel records for staff, a communication book and an incident record.

Information governance systems included confidentiality of patient records. Patient records were handwritten and stored in a locked cupboard within the staff office.

The project manager had access to information to support them with their management role. This included information on the performance of the service including outcomes for patients. The manager had produced a report for 2017/18 on the successes of the service including patient outcomes and patient views of the service. The manager was in the process of collating all relevant data to publish a report for achievements in 2018/19.

Information was in an accessible format, some information identified areas for improvement, for example some of the environmental risk assessments and these were used to make improvements.

Staff made notifications to external bodies as needed, although there had been a delay of several months in submitting one notification to the Care Quality Commission (CQC). We reminded the project manager such submissions must be made without delay.

The project manager and staff took the time to discuss with clients the importance of sharing information with other services when necessary.

Engagement

Managers and staff had access to feedback from clients. Staff and clients recorded the notes of house meetings. Staff discussed house meeting notes and were open to and supportive of clients wishes, for example the service was planning a 'curry night' based on feedback and discussions with clients.

The service requested that all clients complete a questionnaire when they leave the service. Findings for 2018/19 were in the process of being collated by the manager. Results from the 2017/18 survey were largely positive and reported on how supportive clients found staff, their views on the environment, how motivated they felt, whether it had helped them to stop committing crimes and whether they felt comfortable expressing their views. Data was compared to previous quarters to observe improvements. Most clients were 100% satisfied in all areas, two areas were below full satisfaction at 80%, if clients found the rules easy to follow and whether they had felt involved in their care plans. Current data had not been collated, although questionnaires completed so far were indicative of an overall positive performance of the service.

Clients and staff could meet with members of the provider's senior leadership team and trustees to give feedback. Staff and clients both described the service as being a close

community. The project manager was present at the service for four days a week and knew the clients and staff well. Staff, clients and some trustees attended church together every Sunday.

The service had some engagement with external stakeholders. For example, the service worked closely with the local community alcohol detoxification service and other drug and alcohol rehabilitation services in the local community. The service did not receive funding for the provision of the services and was, therefore, not accountable to local commissioners but the CCG had provided staff with training.

Learning, continuous improvement and innovation

The service did participate in any specific quality improvement initiatives. Over the previous year, there had been no innovations or changes at the service. However, the project manager had recently purchased and renovated four, six-bedroom houses as part of a separate 'move-on' project so that there was continuity in care in a comfortable and supportive environment.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that there are suitable fire safety, electrical and environmental arrangements in place to keep both clients and staff safe. The provider must ensure that the fire extinguisher in the basement is replaced and that all doors have door closers as well as the necessary fire strips around the door. **Regulation 12 (2)(d)**
- The provider must ensure there are effective systems in place to monitor the performance and quality of the service, and to identify and address any risks. This includes conducting and recording regular medicines audits. **Regulation 17 (1) (2)(a)**
- The provider ensure that policies are up-to date and reflect relevant legislation and national guidance. The service must develop a safeguarding children's policy, all policies must make reference to the most upto date guidance and legislation. There must be documented guidance for staff to follow in the event of a spillage of bodily fluids. **Regulation 17 (1) (2)(b)**
- The provider must ensure that staff are provided with all necessary statutory and mandatory training to perform their role safely and effectively. **Regulation 18 (1) (2)(a)**
- The provider must ensure there are formal systems in place to monitor the performance and competency of all staff including supervision and appraisal. **Regulation 18 (1) (2)(a)**

Action the provider SHOULD take to improve

- The provider should ensure that patient care plans address the potential risks to patients of early exit from the programme. **Regulation 12(1)(2)(a)**
- The provider should ensure that there are suitably documented business continuity plans in place. **Regulation 12(2)(b)**
- The provider should ensure accurate and consistent documentation of kitchen and fridge temperatures and any action taken relating to this. **Regulation 12(2)(b)**
- The provider should ensure all incidents reported to or investigated by the police are notified to the Care Quality Commission without delay. **Health and Social Care (Registration) Regulations 2009 18(2)(f)**

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HSCA 2008 (Regulated Activities)** **Regulations 2014 Good governance. Regulation 17 (1) (2)(a)(b) (3)**

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18 HSCA 2008 (Regulated Activities)** **Regulations 2014 Staffing.**

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment.**

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.