# AdAstra

## 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

## Overall summary

This was an unannounced, focussed inspection. We looked at whether areas of the service were safe, effective and well led. We undertook this inspection due to information of concern we had received.

Following this inspection we took enforcement action to cancel the registration of the provider. This means the provider will no longer be able to operate the service.

We found:

- The premises were unsuitable for providing care and treatment. The service was not clean. Basic infection control practices and procedures were not followed.
- Patients did not always have a physical examination before treatment. The doctor did not always assess patients before prescribing medicines. The initial doses of medicines prescribed to patients were not safe. Patients were not monitored appropriately at the start of their treatment.
- Patients risk assessments highlighted potential risks. These risks were not explored sufficiently. Patients did not have risk management plans. There was a lack of effective safeguarding procedures and practices. The risks to patients and their children were not assessed effectively.
- Some medicines were past their expiry date. There was no system of regular medicine checks or audits. There were no regular checks of medical equipment. Medical equipment had not been calibrated. Disposable medical equipment was past it's expiry date.
- A staff member carried out medical investigations and provided treatment. They did not have the skills and experience, or qualifications to do so. Staff did not receive supervision or an annual appraisal. There was no list of mandatory training stating which training staff needed to undertake.
- There was a lack of pre-employment checks for staff members. One staff member had a Disclosure and Barring Service (criminal records) check. Staff did not have employment references.
- There was no effective system to underpin safe, effective and high quality care.

# Summary of findings

## Contents

# Adastra

**Services we looked at**
Substance misuse services

# Summary of this inspection

## Background to AdAstra

Adastra is registered to provide care and treatment for people with a drug addiction. The service operates during the day and evening and does not provide accommodation for clients. The service provides substitute medicines and counselling to patients.

Adastra is registered to provide:

Diagnostic and screening procedures and treatment of disease, disorder or injury.

A registered manager was in post at the service.

The service provides care and treatment to 185 private clients from inside and outside of London.

We have inspected Adastra four times since 2010. At the last inspection in August 2014 we found Adastra met essential standards, now known as fundamental standards.

## Our inspection team

The team that inspected the service comprised four CQC inspectors, a CQC regional medicines manager and a specialist advisor, who was a consultant psychiatrist in addictions.

## Why we carried out this inspection

This was an unannounced, focussed inspection. We undertook this inspection due to information of concern we had received.

## How we carried out this inspection

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

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

As this was a focussed inspection, we only looked at some areas of the service being safe, effective and well-led.

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

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the physical environment
- spoke with the registered manager
- spoke with five other staff members employed by the service provider, including a nurse, the doctor, the office manager and counsellors
- looked at 28 care and treatment records, including medicines records, for people who used the service
- looked at policies, procedures and other documents relating to the running of the service.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We found the following issues at the service:

- The premises were unsuitable for providing care and treatment. The premises were not clean. Basic infection control practices were not followed.
- Medical equipment had not been calibrated. This meant it could produce incorrect results. Disposable medical equipment was beyond it's expiry date.
- The doctor was not present in the service for significant amounts of time. There was no system for medical cover. On occasions, prescriptions were taken to the doctor's home for them to sign.
- There was no list of mandatory training which staff needed to undertake. Staff did not undertake training that ensured they could fulfil their duties.
- Clients risk assessments highlighted potential risks. These risks were not explored in depth. Clients did not have risk management plans.
- The service did not have effective safeguarding procedures and practices.Risks to clients and their children were not assessed effectively.
- Some medicines were past their expiry date. There was no system of regular medicine checks or audits. This meant that some medicines may not be fully effective when they were required.
- There was a lack of pre-employment checks for staff members. One staff member had a Disclosure and Barring service (criminal records) check. None of the other staff had a criminal records check. Staff did not have employment references.

### Are services effective?

We found the following issues at the service:

- Clients did not always have a physical examination before treatment. The doctor did not always assess clients before prescribing medicines. This meant patients' possible physical health problems may not be known. This could have affected the patients' treatment.
- Client's clinical records were not stored appropriately. Different parts of clients' records were stored in different places. Some records were stored at the doctor's home.

# Summary of this inspection

- When clients started treatment, initial medicine doses were not safe. Clients were not monitored at the start of their treatment. National guidance and best practice were not followed.
- Clients were prescribed very high doses of medicines. Clients were also prescribed a medicine which has not been found to be effective. Clients did not receive regular medical and treatment reviews. Clients were placed at risk of inappropriate or ineffective medical treatment.
- Staff were not always qualified to undertake parts of their work. One staff member interpreted electrocardiograms and delivered treatment for post-traumatic stress without adequate training and qualifications.
- Staff did not receive supervision. Staff did not have an annual appraisal.
- The service did not communicate with clients general practitioners (GPs) on a regular basis. There was a risk that clients would not receive appropriate treatment for their physical health needs. There was also a risk that patients could be prescribed the same medicines by the service and GPs.

## Are services well-led?

We found the following issues :

- Service policies and protocols did not have a date, an author or a review date. There was no assurance that policies and protocols reflected best practice.
- The system for returning empty injectable medicine containers was not effective. This meant prescribed medicines could be diverted to the illegal drugs market.
- There was no system for ensuring the service communicated regularly with GPs. This meant GPs may also be prescribing medicines for drug treatment.

There was no effective governance system to underpin safe, effective and high quality care.

# Detailed findings from this inspection

# Substance misuse services

| | |
|---|---|
| Safe | |
| Effective | |
| Well-led | |

## Are substance misuse services safe?

### Safe and clean environment

- The service was not clean. The curtain rail above the examination couch in the doctors' room had cobwebs and strands of dust. The curtain rail in one of the consultation rooms had cobwebs and the curtain was stained. The three consultation rooms contained large amounts of boxes, office equipment and other items. These rooms could not be properly cleaned.
- There was no cleaning schedule in the service. This meant that there was no system for ensuring that all parts of the service were cleaned regularly. This was a potential infection control risk. The service was not able to demonstrate that areas were cleaned regularly.
- The doctor's room was used to conduct physical examinations and blood tests. The floor of the doctor's room had a carpet. This was an infection control risk as it is not possible to disinfect carpets. A hand held electrocardiogram (ECG) machine was used to assess clients' heart rhythm. Disposable electrodes remained attached to the ECG machine and had body hair stuck to them. This was an infection control risk. When we returned to inspect the service eleven days later, we again found body hair stuck to used electrodes. We were told that some clients using the service were particularly susceptible to infections. National guidance states 'Prevention of exposure to infection is of prime importance' (Drug misuse and dependence: UK guidelines on clinical management [orange book], Department of Health [DH], 2007). The service did not undertake infection control audits in accordance with national guidance (Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance, 2015). The infection control policies in the service did not have a date, author or review date. This meant the policies may not contain latest guidance.
- Medical equipment in the service was not calibrated. We were told that new equipment was purchased every year. However, the production dates for two ECG machines were 2011 and 2013. The production date for the peak flow meter, used to assess a persons' breathing, was 2013. There was no record that these machines had been calibrated. This meant that the machines could produce incorrect results regarding clients' breathing and heart rhythm. This was a risk to clients' health. The maintenance of equipment did not follow the service policy or national guidance (Managing medical devices: guidance for healthcare and social services organisations, Medicine and Healthcare products Regulatory Agency, 2015). During the inspection, the provider purchased a new ECG machine and marked the date it was first used. There were a number of blood testing strips for different types of blood test. These strips would be inserted into a machine to get blood results. The blood testing strips had expiry dates in 2014, May 2015 and October 2015. The expired blood testing strips could give inaccurate results. There were five large packets of disposable ECG electrodes. These had an expiry date of December 2015. An open box of disposable gloves was covered in a layer of dust. The expiry date for the gloves was May 2012.

### Safe staffing

- The service had a registered manager who also undertook counselling with clients. There was also another counsellor, a doctor and an office manager. A nurse worked in the service three days a week and a drugs counsellor one day a week. The doctor was not in the service on the three days of our inspection. There had been occasions when client prescriptions had been taken to the doctor's home for them to sign. There were no other doctors providing input into the service. This meant there were no arrangements in place if the doctor was sick or took holiday leave.
- The service did not have a list of training staff were required to undertake. The service had not undertaken a training needs analysis. This meant staff may not be

able to fulfil their duties. Staff were not trained in cardiopulmonary resuscitation (CPR). CPR is used when a persons' heart has stopped beating. The doctor told us they did not undertake training.

**Assessing and managing risk to people who use the service and staff**

- We reviewed 22 care and treatment records. Clients had a risk assessment when they were assessed for treatment in the service. Clients presented with a range of potential or actual risks. These included accidental overdose of illegal drugs, dangerous injecting of illegal drugs, and suicide attempts. However, these risks had not been explored further, and there were no risk management plans for four clients. When the risks changed, risk assessments were not updated. This meant client risks, and ways to reduce these risks, were not properly assessed. Some clients in the service worked in public services, such as nursing, social work and drugs services. These clients' risk assessments did not include an assessment of their risks regarding their employment. Clients' access to controlled drugs, prescriptions and any potential risks to the public had not been assessed. Seventeen clients travelled from overseas for their treatment. We reviewed the care and treatment records of four of these clients. The clients initial risk assessments had been undertaken by a counsellor in their home country. The service did not undertake their own risk assessment for these clients. These clients did not have risk management plans. When updated risk information was sent to the service, clients risk assessments were not updated.
- We reviewed eight care and treatment record and found that clients were not always asked about their alcohol use. One client described a high level of alcohol use on assessment. This was not explored further. The AUDIT assessment tool should be used to identify clients with problematic levels of alcohol use (Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence, National Institute of Health and Clinical Excellence [NICE], 2011). At the start of treatment with methadone and buprenorphine, clients who use alcohol are at increased risk of overdose (DH, 2007). These medicines were prescribed to clients in the service. There was an increased risk of harm to clients as their alcohol use had not always been appropriately assessed.
- Clients were reminded of their responsibilities to inform the Driver and Vehicle Licencing Agency (DVLA) of their treatment. Professional guidance describes the circumstances when it is appropriate for a doctor to refer a client to the DVLA (Confidentiality: reporting concerns about patients to the DVLA or the DVA, General Medical Council [GMC], 2009). The doctor said they did not make notifications to the DVLA regarding clients. The doctor had not considered if this was necessary.
- One member of staff in the service had undertaken safeguarding adults and safeguarding children training. The five other staff had not undertaken such training for over two years. When clients had children, staff had different views regarding contacting social services. Clients' risk assessments included a number of questions relating to safeguarding children. These were not comprehensively explored or documented. For three clients, some questions were not answered. The service recorded only basic details concerning clients children. There was no indication that potential signs of abuse had been explored for any of these client's children. Clients' risks assessments contained two items regarding safeguarding adults. Both items related to a client being a victim of violence. There were no items regarding financial abuse, sexual abuse, neglect or exploitation. This meant possible areas of risk were not explored. Safeguarding policies and procedures were not signed, had no author, and had no review date. This meant the policies may not contain the most recent guidance. The safeguarding children protocol was brief, and of little practical use. Overall, staff did not have a thorough understanding of safeguarding adults or safeguarding children. A staff member was unable to describe well recognised signs that a child may have been sexually abused. The service safeguarding policies and protocols were being updated at the time of the inspection.
- Clients were not administered medicines at the service except for their first day of treatment. There was a locked cupboard for emergency medicines. Medicines to treat benzodiazepine and opiate overdose were in stock. Benzodiazepine and opiate medicines were prescribed in the service. Tablets for allergic reactions were also available. Glucagon, an emergency medicine for low blood sugar had an expiry date of August 2015. A Bactigras dressing pack had expired in May 2009. Ampoules of water for injection had expired in April 2015. There were no routine medicine audits or checks.

On occasions, clients prescriptions were taken to the doctors' home for them to sign. There was no procedure in place to ensure that the risks of carrying controlled drug prescriptions were minimised.

- We reviewed the employment records of all six members of staff in the service. The provider had not carried out the appropriate checks before they started working in the service. There were no employment references for any of the staff in the service. The provider had not obtained evidence of satisfactory conduct in previous employment. There was no record of the employment history of three members of staff. Only one member of staff had a Disclosure and Barring Service (criminal records) check. There was no record of staff members' qualifications, and the registration status of the nurse had not been checked.

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

### Assessment of needs and planning of care

- When clients first contacted the service, a screening assessment was conducted over the telephone. This was undertaken to decide if clients might be suitable for treatment. Following this, a client would attend an initial assessment. This assessment was undertaken by one of the staff in the service. The assessment included details of the clients' views of treatment, their family and employment. The section of the assessment 'justification for treatment' was not completed for several clients. The client also had a urine drug test as part of the assessment. A number of clients' assessments were not signed or dated. This meant it was not possible to know who had undertaken the assessment or when. The service policy described the full medical assessment of clients to be undertaken. Following clients' initial assessment at the service, the doctor did not always assess the client before treatment. Best practice is 'Before prescribing substitute drugs the clinician should conduct a full or comprehensive assessment' (DH, 2007). Eight clients clinical records did not record that the client had a physical examination. One clients record recorded their height and weight had been recorded. Clients' physical health was not assessed before starting treatment. There was a risk that clients' treatment could be unsafe.
- Client information was not always stored securely in one place. A metal, lockable, filing cabinet was in the doctor's office, which held client records. Also in the doctor's office were some documents regarding clients. These were on the doctors desk. Clients were seen in this room and could have seen the documents with visible names. Information concerning clients care and treatment was also held at the reception desk. The reception door was left unlocked. The doctor in the service kept their assessment records of clients at their home. During the inspection, one client's' clinical record could not be found. Two other clients records did not contain their latest review of their care and treatment. After more than 30 minutes these documents were found in another part of the building. The service did not follow its own policy regarding secure storage of client records. All of the information required to deliver care to clients was not always available in a timely manner.

### Best practice in treatment and care

- Clients were not prescribed medicines in accordance with best practice. On the first day of treatment, clients would have a urine drug test to ensure they took opiate drugs. Following this, some clients would be prescribed and administered up to twice the recommended dose of methadone. This meant there was a risk that clients could overdose on methadone, potentially resulting in death (DH, 2007). On the first day, clients were assessed for opiate withdrawal symptoms. The doctor undertook this assessment. However, the assessment was not comprehensive. A validated withdrawal tool was not used. Once treatment had started, clients were reviewed by the doctor after four or five days. Drug misuse and dependence: UK guidelines on clinical management [orange book], DH (2007) states that during initial treatment, clients should attend frequently. This is so clients can have gradual increases in their medicine dose. There is guidance on increasing the clients' daily dose in the first week. Clients were at risk of overdose, or of experiencing withdrawal symptoms. This was due to the lack of monitoring of the client in the first week. After client's first day of treatment, they attended the service to collect their prescription. Clients were not supervised taking their medicine at the service or the chemist (known as supervised consumption). Supervised consumption involves a health professional observing the client for signs of withdrawal or overdose. Since the

introduction of supervised consumption, the number of drug-related deaths involving methadone has reduced (DH, 2007). Best practice, in most cases, is for supervised consumption to continue for approximately three months. Supervised consumption should be available for all clients (DH, 2007). Undertaking drug testing of clients whilst they are in treatment is accepted practice. Drug testing ensures clients' are taking prescribed medicines. It is also used to monitor if clients are also using illegal drugs (DH, 2007). The service policy, and a staff member, stated drug testing of clients was undertaken every six months. The manager said most clients were drug tested every three months. Five clients' clinical records had no record that they had drug tests. Other clients clinical records showed their last drug tests were in 2011, 2012, 2013 and 2014. All clients were due to be reviewed by the doctor every three months. We reviewd five clients' clinical records. Four clients had their last medical reviews in 2012, 2013, 2014 and July 2015. Clients were also due to have a full review of their treatment every three months. A member of staff would undertake the review. This is recommended best practice (DH, 2007). The clinical records of some clients recorded their last review being undertaken in 2012 and 2013. Some clients who lived overseas had their most recent treatment review recorded as 2013. Some clients were prescribed methadone at almost double the recommended dose. Clients were prescribed up to 220mg of methadone. National guidance states up to 120mg of methadone produces most benefit. It also states 'higher doses may be required, but this is exceptional' (DH, 2007). Some clients were also prescribed morphine and dihydrocodeine, which should only be prescribed by specialist doctors. The medicine dexamphetamine was also prescribed. This medicine has not been shown to be effective and should not usually be prescribed (DH, 2007). Injectable methadone was also prescribed for some clients. The doctor in the service did not have the knowledge or expertise to prescribe medicines in such a manner. Clients from overseas were prescribed medicine that is not licenced for medical use in the UK.

- Clients were offered support with their substance misuse and with other areas of their life. This included support with housing and relationship difficulties. Each client chose which member of staff would be their keyworker. Some clients had been assessed by staff to have signs of trauma and post-traumatic stress disorder. One of the staff supported clients with relaxation and sleep advice. They also undertook eye movement, desensitisation and reprocessing (EMDR) treatment. National guidance states that clients should be treated for their drug problem before treatment for their trauma. It also states that 'relaxation or non-directive therapy… should not routinely be offered' (Post-traumatic stress disorder: The management of PTSD in adults and children in primary and secondary care, NICE, 2005).
- Treatment was not provided in accordance with national guidance or best practice. Clients did not have routine physical health checks in the service. For clients prescribed over 100mg of methadone, the service policy outlined checks to be undertaken. This stated clients should have an ECG every year. This was to check for a potentially dangerous heart abnormality. The staff member who undertook ECGs told us these clients had an ECG every two to three years. Clients prescribed over 100mgs of methadone did not receive regular ECGs. One client had no record of an ECG being undertaken. Two other clients had their ECGs undertaken more than eighteen months previously. Clients prescribed over 100mg of methadone should be 'closely monitored' (DH, 2007).
- The service had undertaken a clinical audit of client records. This audit had identified that some clients had not had their medicines appropriately authorised by the doctor. These clients records had not been updated for 12 to 18 months. The clinical audit was not carried out frequently enough to enable early identification of any issues. There were no other clinical audits undertaken in the service.

**Skilled staff to deliver care**

- Almost all of the staff had previous experience of working in substance misuse services. One of the counsellors undertook ECGs on some clients. They had undertaken a short ECG course some years previously. However, the counsellor also reviewed the ECG results to decide if further investigation was required. . They were not qualified to interpret ECG results. The counsellor had also undertaken brief training in EMDR some years previously. They provided this, and other treatment, to clients who had traumatic experiences. This treatment was not provided in accordance with national guidance (NICE, 2005). National guidance

specifically states that some elements of the treatment provided should not have been offered. The counsellor was not sufficiently experienced or qualified to undertake this treatment with clients. Some clients did not want their general practitioner (GP) informed of their treatment. These clients took responsibility to inform the service if their GP had prescribed them medicines. When this happened the counsellor or the doctor checked interactions between the new medicines and the clients' treatment. The counsellor did not have the knowledge, experience or qualifications to check potential drug interactions for clients. There was a risk that possible drug interactions would not be identified or assessed appropriately.

- The doctor at the service had worked in substance misuse services previously. However, they had not received specialist training. The doctor told us they did not undertake any training. Professional guidance for doctors states 'you must keep your professional knowledge and skills up to date' (Good medical practice, GMC, 2013). The doctor did not meet with a group of other substance misuse doctors, and did not have supervision. National guidance states that the doctor should have been supervised by a substance misuse specialist doctor (The role of addiction specialist doctors in recovery orientated treatment systems: A resource for commissioners, providers and clinicians, Public Health England, 2014; Delivering quality care for drug and alcohol users: the roles and competencies of doctors, Royal College of Psychiatrists, 2012). The same guidance indicates that the doctor was not competent to prescribe injectable medicines to substance misuse clients. The doctor was not competent to undertake complex prescribing for substance misuse clients. Complex prescribing took place at the service and injectable medicines were prescribed.
- There was no record that any staff received supervision or an annual appraisal. This meant staff did not have a formal meeting to discuss their work. It also meant that any gaps in staff members' skills or knowledge were not identified. There was a risk that staff would not develop their skills and knowledge. There was also a risk that staff would not be aware of recent changes in best practice. A counsellor in the service was treating clients with a history of trauma without regular supervision. This was not in accordance with national guidance (NICE, 2005). The provider was in the process of arranging supervision for non-medical staff.
- No training needs analysis had been undertaken by the service. This meant that the service had not clearly identified clients needs and ensured staff were trained to meet those needs. One staff member had undertaken various specialist training. This was mainly web-based training. Some of this training was from the Royal College of Psychiatrists website and was aimed at doctors. The suitability and appropriateness of this training for the counsellor or the service had not been assessed.

**Multidisciplinary and inter-agency team work**

- The manager and the doctor told us that general practitioners (GPs) were informed when clients started their treatment in the service. One clients' clinical record did not contain the details of their GP. Three other clients' clinical records did not record that the service had written to their GP. The service had written to one client's GP in 2012. Staff had informed GPs of the treatment of other clients in June and November 2014. There was no record of more recent correspondence. Clients who worked in the public sector, such as nursing, social work, or drugs services, could sign a 'GP waiver'. This meant that the service would not contact their GP about their treatment at the service. The service did not contact the GPs of overseas clients. The lack of contact with GPs involved potential risks to the client and to the community. Clients' GPs could prescribe them medicine, and the service would be unaware. There was a risk that medicines prescribed by the GP and those prescribed by the service would interact. Some medicine interactions can cause serious health problems. There was also a risk that clients may have developed physical health problems, which affected their treatment. Without regular contact with GPs, the service may be unaware. There was also a risk that clients could receive the same medicines from the service and their GP. This meant the clients' treatment at the service would not be effective. It also meant that controlled drugs could be diverted to the illegal drugs market. Professional guidance states that where a client objects to disclosing their information, treatment should not be arranged, if it is not safe (Confidentiality, GMC, 2013).

# Substance misuse services

## Are substance misuse services well-led?

**Good governance**

- The service was unsuitable for providing care and treatment. There was no system to ensure all parts of the service were clean. There was no cleaning schedule. Boxes and items in the consultation rooms meant these rooms could not be properly cleaned. Basic, standard infection control practices were not followed.
- Medical equipment had not been calibrated. This meant it could produce incorrect results. Disposable medical equipment was beyond its' expiry date. This included ECG electrodes and blood testing strips. National guidance was not followed.
- The doctor was not present in the service for significant amounts of time. There was no system for medical cover if the doctor was ill or took leave. On occasions, prescriptions were taken to the doctor's private home for them to sign.
- There was no list of mandatory training which staff needed to undertake. A training needs analysis had not been undertaken. This meant staff may not be trained to meet clients needs.
- There was no system for ensuring clients potential risks were sufficiently explored and reduced. There were no detailed risk management plans, or a system for updating clients risk assessments following risk events.
- The provider had not ensured that appropriate safeguarding procedures and practices were in place. Staff did not have a good understanding of safeguarding children and safeguarding adults.
- There was no system of regular medicine checks or audits.
- The provider did not ensure that all of the necessary pre-employment checks for staff were undertaken.
- The provider did not ensure that clients received a comprehensive assessment before commencing treatment.
- The provider did not ensure that the service policy regarding clients clinical records was followed.
- The provider did not ensure that clients clinical care was provided in accordance with best practice and national guidance.
- The provider did not ensure that staff were sufficiently experienced and skilled to undertake all of their duties. One staff member did not have the qualifications to undertake some of their duties.
- There was a lack of clinical audit to underpin safety and quality.
- The provider did not ensure that the doctor undertook appropriate training or received professional supervision or support.
- Staff did not receive supervision. Staff did not have an annual appraisal.
- The provider did not have a system to ensure regular communication with GPs took place.
- Service policies and protocols did not have a date, an author or a review date. There was no assurance that policies and protocols reflected best practice. There was no service risk assessment.
- Staff did not have job descriptions. This meant staff could not be sure of their duties. The provider was not clear about the skills and knowledge necessary to carry out specific tasks.
- Where clients were prescribed injectable medicines, they were required to return the empty medicine ampoules. This was to prevent diversion of prescribed medicines to the illegal drug market. The service policy stated that failure to comply would mean the client would, temporarily, not receive further medicine ampoules. The manager said that clients were given two 'chances' when they did not return ampoules. Client records showed that some clients did not return medicine ampoules when they attended the clinic. Some clients had not returned ampoules for up to four months. These clients continued to be prescribed injectable medicines. The service policy was not followed. There was an increased risk of injectable medicines being diverted to the illegal drug market. There was no system for ensuring the service communicated regularly with GPs. This meant GPs may be prescribing medicines for drug treatment. They could be unaware that clients were also receiving medicines from the service. There was an increased risk of controlled drugs being diverted to the illegal drugs market.
- Some clients using the service lived overseas. The drugs counsellor who referred clients to the service had been struck off the medical register in their home country. They completed the service initial assessment. They

also provided updates of the support they provided to clients. The drugs counsellor was not employed by the service. The service did not provide care and treatment to clients from overseas in accordance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no effective governance system to underpin safe, effective and high quality care.

# Outstanding practice and areas for improvement

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.

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.

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>The provider was not ensuring that care and treatment was being provided in a safe way for service users.<br>The care and treatment of clients did not follow best practice, which posed a risk to the health, safety and welfare of clients. Clients did not have appropriate risk assessments and did not have risk management plans. There was a lack of monitoring of clients physical health. Staff were not qualified to undertake parts of their work. There was a lack of infection control procedures, calibration of medical equipment and effective medicine checks. There was a lack of some equipment. The doctor lacked the skills and experience to provide treatment. There was no system ensuring appropriate communication with clients' general practitioners. The premises were unsuitable for their purpose.<br>This was a breach of Regulation 12 (1)(2)(a)(b)(c)(d)(e)(f)(g)(h)(I) |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>The provider did not ensure systems and processes were established and operated effectively.<br>Policies were not authored or dated. The system for ampoule returns was not effective. There was no system ensuring appropriate communication with clients' general practitioners. There was no system to ensure |

This section is primarily information for the provider

# Enforcement actions

regular medical cover. Client records were not always stored securely. There were no records indicating the training each staff member had undertaken. There were no supervision records for staff.

This was a breach of Regulation 17(1)(2)(a)(b)(c)(d)(i)(ii)

| Regulated activity | Regulation |
| --- | --- |
| Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed<br>The provider did not ensure that staff employed in the service had received the required pre employment checks.<br>The provider did not ensure that required information was provided in employment records.<br>Five staff did not have Disclosure and Barring Service (criminal records) checks. There were no employment references for any of the staff. Gaps in staff members' employment had not been explored. The registration status of the nurse had not been checked.<br>This was a breach of Regulation 19(1)(a)(b)(c)(2)(a)(b)(3)(a)(b) |