Addiction Recovery Centre

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

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.

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Staff and management were client focused and dedicated to ensuring clients' success on the programme. Staff treated clients with courtesy, empathy and respect, and encouraged clients to give staff open and honest feedback throughout their treatment. This approach gradually empowered clients to take control over their life through to designing their own exit plan for when they reintegrated into the community.
- Prescribing for detoxification clients was through one of two GPs at the same practice who took clients through a detoxification checklist, including a physical examination. The GPs then prescribed to a given regime, which are within the National Institute for Health and Care Excellence (NICE) guidelines.
- Staff turnover and sickness absence was 0% in the previous 12 months. Clients and staff confirmed that the service had not cancelled any activities, groups or meetings in this period. Management and staff monitored and reassessed caseloads regularly. The maximum caseload for a key worker was six clients.
- Clients were involved with a local recovery community in Portsmouth as part of the programme and this

Summary of findings

helped them to visualise how their recovery could continue once back in the community. The services provided by the local recovery community were user involvement, peer led advocacy, one-to-one peer support and mentoring and a range of recovery focused groups.

- The service carried out a full assessment of the client's history before accepting them onto the programme. This included gaining information from other related services. Clients said they were involved in their care plans, which they regularly discussed with staff in their one-to-one meetings and more formally at six weekly reviews. The centre also asked clients to complete a questionnaire about the service. It consulted them on the issues that arose from this and their preferred solutions.
- The service had a clear complaints policy, which staff and clients understood. However, as clients were encouraged to speak up for themselves throughout the programme, all five we spoke with said they would prefer to raise an issue or complaint with their keyworker first.

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

- There was no supervision of clients when they returned from their groups to the service accommodation at night and during the weekends. The service relied on the other clients within the house to raise an alarm with the service manager or director by phone if an issue occurred. This meant clients undergoing alcohol detoxification could be at risk of suffering physical harm without effective monitoring of the initial phase of alcohol detoxification.
- The clinic room did not have hand-washing facilities despite staff screening urine in there regularly. Staff used alcohol hand gel in line with Addiction Recovery Centre's Infection Prevention and Control Policy.
- Cleanliness in the upstairs toilet was poor on the day of inspection.
- The provider was not registered for the regulated activity of 'accommodation for persons who require treatment for substance misuse' and clients were required to stay in the accommodation provided as part of the treatment. The provider took immediate action to rectify this.
- There were no fitted alarms in the rooms used for one-to-one meetings and keyworkers did not have personal alarms. Clients told us staff held some one-to-one meetings with the door open, compromising privacy.
- The kitchen area was small and the location of the toilet within this room was not in line with infection control and clients' privacy and dignity.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse/ detoxification		Inspected but not rated

Summary of findings

Contents

Addiction Recovery Centre

Services we looked at

Substance misuse/detoxification;

Summary of this inspection

Background to Addiction Recovery Centre

Addiction Recovery Centre Portsmouth (ARC) is a quasi-residential drug and alcohol rehabilitation service, which also provides alcohol and drug detoxification treatment.

There is a treatment centre, which all clients attend Monday to Saturday for individual and group sessions. ARC as part of the programme also provides accommodation for clients in one of their four houses. One house is for female clients and the other three houses for males. The provider transports clients by minibus between the locations at set times.

Local authorities refer into the service. Clients can also refer themselves.

The service is registered with the Care Quality Commission to provide the regulated activity of Treatment of Disease, Disorder or Injury and has a Registered Manager in place.

Accommodation is an integral part of the treatment provided. The current registration does not cover this. We discussed this with our registration colleagues and the provider took immediate action. This has now been rectified and the provider has submitted the required registration application.

Treatment provided is abstinence based and the programme consists of an induction procedure, group treatment, key working, counselling and supported living. There is also community-based engagement in the form of self-help groups and meetings, weekend activities, aftercare packages and drug and alcohol testing.

We last inspected this provider at a previous location of 20 Landport Terrace in January 2013. The report detailed that the provider met the required standard in all five areas assessed.

Our inspection team

The team that inspected the service comprised CQC inspector Susan Brown (inspection lead), one other CQC inspector, and a specialist advisor who was a nurse with experience in substance misuse services.

Why we carried out this inspection

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

How we carried out this inspection

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well led?

Summary of this inspection

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

During the inspection visit, the inspection team:

- visited this location and looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with five clients or previous clients
- spoke with the registered manager and admissions manager
- spoke with the medical prescriber responsible for detoxification
- spoke with two staff members employed by the service provider as key workers and group facilitators
- received feedback about the service from two referrers
- looked at five care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

- We spoke with four clients using the service and one who had completed the programme. They were very positive about their experience and felt safe and well supported throughout. In particular, they highlighted their key workers as excellent and 'key to their recovery'.
- Clients enjoyed the organised activities such as gym sessions three times a week, and every other Sunday with different excursions such as rock climbing, archery and visiting places of interest. This helped to bring clients together as a team.
- Clients also stated living in the houses and attending external support groups helped their success. This helped them prepare for moving back to the community following treatment.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

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

- Staff did not supervise clients when they returned to the accommodation at night or at weekends. This meant clients undergoing alcohol detoxification could be at risk of suffering physical harm without effective monitoring of the initial phase of alcohol detoxification.
- Staff did not have access to handwashing facilities in the clinic room where urine screening takes place. Staff used gloves when handling any fluids and once removed used alcohol hand gel as described in the infection prevention and control policy.
- The kitchen area was small and the location of the toilet within this room was not in line with infection control and clients' privacy and dignity.
- On the day of inspection, the toilet on the first floor was not clean.
- Emergency Naloxone (used to treat an opioid overdose in an emergency) was in date, however was incorrectly stored in the fridge and not easily accessible as stored in the locked clinic room on the premises. Following our inspection, the provider assured us that they have taken appropriate action. Naloxone is now stored correctly and is readily accessible for use.
- There were no fitted alarms in the rooms used for one-to-one meetings and keyworkers did not have personal alarms. Clients told us staff held some one-to-one meetings with the door open, compromising privacy.

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

- Staff turnover and sickness absence rates were very good. Clients and staff confirmed that the provider had not cancelled any activities, groups or one-to-one meetings in the previous 12 months.
- Managers and staff regularly reassessed caseloads. The maximum caseload for a key worker was six clients.
- Staff discussed changes in client behaviour, health, risks and circumstances in daily morning meetings. Staff told us that they were confident to cover one-to-one meetings if the keyworker was not available.

Summary of this inspection

- Staff described the working environment as open and transparent. Clients received an apology if things went wrong and this was confirmed when we spoke to a client with an example.
- The service completed six monthly health and safety environmental risk assessments for the building on a room-by-room basis.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service appropriately assessed clients before accepting them on the programme. Staff obtained relevant information from all connected services to assist with this process.
- The service offered a wide range of psychosocial interventions.
- Management supervised on a monthly basis or more frequently if requested.
- Staff kept care plans up to date and reviewed them regularly.
- Clients were involved with a local recovery community group in Portsmouth as part of the programme and this helped them to visualise how their recovery could continue once the treatment was complete by attending this or similar groups.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients told us staff were respectful, supportive and encouraging throughout the programme. They felt involved in their care plans, which staff regularly discussed in the clients one-to-one meetings.
- Clients completed a service questionnaire during the year. They told us they were involved in the decisions of some changes made by the provider, which arose from the survey.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff and clients knew how to make a complaint and understood the complaints process. However, clients were encouraged to speak up for themselves and all five we spoke with would raise any issue or complaint with their keyworker in the first instance.

Summary of this inspection

- A 'quality feedback questionnaire' was used to monitor clients' views of all aspects of the service and the provider implemented changes in line with the results.
- Clients were encouraged to self-advocate throughout the programme. The provider encouraged clients to use a local recovery community group in Portsmouth, which provided alternative advocacy routes for clients.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff we spoke with shared the visions and values of the provider and spoke of a sense of pride as part of strong team producing good results with clients. They were open to feedback and looked to new methods to adapt and improve treatment where possible.
- Management had clear policies and procedures in place and completed regular auditing and assessment of risks.
- The service requested a large amount of information about clients prior to accepting them onto the programme to ensure their suitability and to keep risks at a minimum.
- There was a clear complaints procedure for staff and clients. However, both told us they had not used this, as they were comfortable to raise issues directly with staff or management.
- The provider records client outcomes with the national drug treatment monitoring service.

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

- The service was not registered to provide the regulated activity of 'accommodation for persons who require treatment for substance misuse.' Addiction Recovery Centre is required to re-register for the activity if they wish to continue to provide accommodation as part of their treatment programme. The provider took immediate action to rectify this when we discussed it with them.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Addiction Recovery Centre provided training on the Mental Capacity Act through computer on-line learning. Staff we spoke with knew the principles of the Mental Capacity Act and identified how substances could affect mental capacity and how this could trigger issues around consent.

At induction, staff recorded initial consent to treatment and sharing information with others. Staff assumed clients' consent to treatment continued. However, the provider trained staff to identify if the situation changed. Evidence we saw suggested clients generally had capacity. A staff member gave an example where capacity had changed during an alcohol detoxification programme and therefore the service transferred the client to an inpatient setting to complete their treatment.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- Interview rooms were not fitted with alarms for staff safety. However, as these meetings took place close to the group rooms or main office, key workers felt safe with this arrangement. There were no reported adverse incidents documented from one-to-one meetings although potentially client's confidentiality was at risk. Following our inspection, the provider installed an alarm in the one-to-one room and a notice for the door to indicate when a one to one meeting was in progress.
- Staff used the clinic room to administer medicine and complete daily health checks for clients accessing detoxification treatment. This included checking blood pressure, heart rate and oxygen levels. The room did not have a couch as full physical examinations took place at the GP's surgery.
- There was no sink available for handwashing in the clinic room therefore hand sanitisation was by the use of antibacterial gels. The nearest handwashing facility was in the toilet across the hallway. Following our inspection the provider informed us that they were making arrangements to fit a hand-wash basin in the clinic room.
- The provider kept prescribed drugs in a locked medicine cupboard or locked fridge as appropriate inside the clinic room. The registered manager and director ensured the clinic room remained locked when not in use and held the keys. The clinic room refrigerator was new and we saw that staff had introduced a system of daily temperature checking to ensure that the medication was stored as required.
- The emergency Naloxone (used to treat an opioid overdose in an emergency) was in date, however was stored in a fridge, which is not in accordance with manufacturer's recommendation. It was also stored in the locked clinic room and therefore not easily accessible. Addiction Recovery Centre ensured that three members of staff were trained in administering the Naloxone. The provider had needle stick injury procedures' detailed within their infection control policy. Following our inspection, the provider assured us that they have taken appropriate action. Naloxone is now stored correctly and is readily accessible for use.
- All areas were well maintained and functionally furnished.
- The clinic room, and consulting/group therapy rooms, were clean. However, there were issues of cleanliness in one of the toilets on the day of our visit. A cleaner cleaned the premises five nights a week but there was no formal system to verify the provider maintained standards throughout the day. Following our inspection, the provider has introduced a cleanliness checks for the toilets throughout the day.
- The kitchen and client eating area were small for a maximum of 19 clients. On the day of inspection, most clients stood outside at the front of the building during break and lunchtime. However, clients could use the large group room on the first floor if required.
- In the corner of the kitchen, there was a staff/client toilet. Access was through one door from the kitchen area causing potential hygiene and privacy issues for users. The management did not raise this issue as a risk in their environmental risk assessment.
- A further risk omitted by the provider in the health and safety environmental risk assessments was the lack of handwashing facilities within the clinic room where urine screening regularly took place.
- There were fire extinguishers in the premises and clear fire safety information on display. The provider held fire drills three monthly in line with a client's average length of stay.

Safe Staffing

Substance misuse/detoxification

- The service operated with a full time psychotherapist, trainee psychotherapist who was also the registered manager and a keyworker, two additional keyworkers, an admissions manager and a part time cleaner. There were no staff vacancies in the previous 12 months.
- The provider commissioned two GP services for clients. One was for clients accessing detoxification treatment and the other was for all other clients.
- A counsellor attended the service one day a week as required for individual counselling sessions.
- The maximum caseload was six cases to each keyworker and all records we saw had an allocated keyworker. Management and staff monitored and reassessed caseloads regularly depending on their complexity.
- There was no recorded sickness in the last year and the service had never used bank or agency staff to cover sickness if it occurred. Clients told us that the provider never cancelled activities due to staff shortages.
- All staff involved in the treatment programmes were up to date with appropriate mandatory training. Much of the training was completed online using the care certificate programme. This is a new national minimum set of standards of care developed by Health Education England, skills for health and skills for care. Staff were aware of the Mental Capacity Act, safeguarding adults at risk, equality and diversity, and control and administration of medicines.
- All staff had the required disclosure and barring service checks in place.
- We were told by clients that some clients who had previously completed the programme returned to the service as peers to accompany newer clients at lunch/ break time. However, volunteer peers were not subject to the providers recruitment procedures including disclosure barring service (DBS) checks. We have subsequently been reassured by the provider that appropriate steps have been taken to ensure that all volunteers will be subject to appropriate recruitment procedures.
- Addiction Recovery Centre provided clients with accommodation as part of the programme overnight and at weekends. At the time of inspection, there was no staff supervision at these times. The service relied on the other clients within the house to raise an alarm with the service manager or director by telephone if an issue occurred. Following the inspection, the provider took action to ensure that clients undertaking an alcohol detoxification programme would have staff supervision for a minimum of the first 48 hours of their treatment.

Assessing and managing risk to clients and staff

- Addiction Recovery Centre had a robust assessment process prior to accepting clients onto the programme to minimise risks for all clients and staff. This included obtaining a full medical and legal history and a recent full blood test result.
- Once accepted, staff undertook a risk assessment of every client at initial triage or assessment and updated this regularly throughout the programme.
- At assessment, staff asked clients for their previous Hepatitis B and Hepatitis C history and details of vaccinations. They were encouraged to make an appointment with the GP for advice and contact a local support group with which Addiction Recovery Centre had close links.
- A GP met with all clients accessing detoxification treatment on their first day to undertake a physical examination. If appropriate, the GP prescribed medication.
- Clients not accessing treatment for detoxification registered at an alternative GP practice and all underwent physical assessments upon registering.
- We reviewed five care records. All risk assessments, consent and prescription charts were in place for each client and there was evidence that staff regularly reviewed and updated client records. However, the records system was initially difficult to navigate around and did not provide a clear oversight of client progress at each stage of their treatment.
- All clients had an emergency contingency plan in place in case of sudden exit from treatment.
- Staff monitored client health at the clinic. However, at the time of inspection this did not continue once clients returned to their accommodation overnight and at weekends. The service relied upon other clients to raise concerns about clients in the house. Following the inspection, the provider took action to ensure that clients undertaking an alcohol detoxification programme would have staff supervision for a minimum of the first 48 hours of their treatment.

Substance misuse/detoxification

- Staff and management discussed client changes in behaviour and impact on others in daily team meetings. Staff told us they were aware of the changing risks of patients and were confident to cover clinics or one-to-one meetings if necessary.
- Clients told us that staff at times left the door open in one to one meetings for their safety, as Addiction Recovery Centre did not provide personal alarms.

Track record on safety

- The health and safety policy included guidance to staff in relation to serious incident reporting.
- There were no serious incidents or adverse events in the previous 12 months.
- Staff were able to describe how they reported incidents to the manager who logged them onto the system. Staff did not complete these individually. We saw incidents that staff described detailed on the incident log.

Reporting incidents and learning from when things go wrong

- Staff were open and transparent when dealing with clients. Staff explained to clients when something went wrong.
- Staff told us that they discussed feedback from the investigation of incidents at team meetings. Staff react quicker to potential incidents between clients because of feedback from an incident.
- Staff told us management de-briefed and supported them in the event of serious incidents. They also told us management supported them when they received bad news regarding former clients.

Duty of candour

- Duty of candour is a legal requirement that means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong.
- Staff we spoke with described the working environment as being open and transparent and this included apologising to clients when things go wrong.

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

Assessment of needs and planning of care

- Clients were either referred from local authorities or clients referred themselves to the service. The majority of all new clients from either source had already completed detoxification treatment.
- Following the client's initial assessment, staff requested further information from related services with the client's consent. This included a client's full medical history, client's care worker history and if applicable information from probation or mental health services. The service used this information to decide if clients were suitable for the programme
- Staff completed a client's full risk assessment with every client on their first day. This was compiled using information collated from connected services and from a discussion with the client.
- All clients accessing detoxification treatment had a pre-arranged appointment with a GP who assessed their medical records, physical health and wellbeing prior to prescribing any medication. Clients returned to the GP two or three days before the detoxification period was due to end. The GP retained responsibility for all medication throughout the treatment period.
- Prescribing for detoxification clients was through one of two GP's at the same practice who took clients through a detoxification checklist, including a physical examination and the GP's then prescribed to a given regime, which was within National Institute of Clinical Excellence guidelines.
- Clients not accessing detoxification treatment were required to register at an alternative general practice. They attended the surgery within the first week of the programme. The GP assessed the client's physical health. This assessment also satisfied the client's gym club membership requirement, which was part of the programme.
- We reviewed five care records. These were personalised, recovery-oriented and completed to a good standard. Staff updated them regularly.
- All information needed to deliver care was stored securely and available to staff. Most records were computer based and Addiction Recovery Centre was in the process of converting to a fully paperless system.
- Clients participated in their care planning throughout their treatment but most notably at admission and six weekly reviews with their keyworker.
- Treatment used by the service comprised of a variety of holistic methods. Most methods used were available from alternative providers, which the clients could

access when they completed their treatment with Addiction Recovery Centre. Before completion of the treatment, clients formulated their own 'post graduate strategy', of treatments to follow when they left the service.

Skilled staff to deliver care

- The team consisted of a psychotherapist, trainee psychotherapist (who was also the registered manager), two key workers, an admissions manager and a part time cleaner. There were no clinical staff on the team.
- All prescribing was offsite at one of the two general practices used.
- Managers supervised staff monthly but this was more frequent if requested.
- All mandatory training and necessary specialist training for staff was up to date for example safeguarding and equality and diversity. The provider offered additional training to staff by organising external specialists to speak at staff meetings. They also supported staff in relevant individual studies and qualifications such as NVQ levels in health and social care, counselling skills and bereavement skills.

Multidisciplinary and inter-agency team work

- All full time staff attended a daily morning update meeting and a management meeting one afternoon per week.
- The registered manager liaised with the GPs directly and reported any changes in the client's medicines to staff and this was recorded in the client's notes.
- Clients were encouraged to be involved with the recovery community group in Portsmouth. This was a large part of the Addiction Recovery Centre's programme, as clients were required to attend a minimum of four groups each week in the local community.
- Many clients relocated to Portsmouth when their programme was completed. Addiction Recovery Centre liaised with local support housing groups to facilitate this.
- Staff and clients told us that local groups visited Addiction Recovery Centre once a week to talk about their provision of services for example a community-learning group and speakers from Alcohol Anonymous and Narcotics Anonymous.

Good practice in applying the Mental Capacity Act

- Staff were aware of and knew how to refer to the mental capacity policy.
- All clients are asked to sign a consent to share information form upon admission and we saw this was noted in client records and the original paper copies were retained.
- The training records showed all staff, were either trained or due to be trained in the Mental Capacity Act 2005 by 30 November 2016.

Equality and human rights

- The service had policies in place to protect human rights and avoid discrimination. Staff gave us examples of clients they had supported under these policies.
- At induction, the service provided clients with information about a wide range of groups available in the locality such as Bangladeshi advice centre, Portsmouth mosque, learning links for literacy issues, lesbian, gay, bisexual and transgender meetings, the deaf centre, cultural vibes group, men's groups and women's groups. Clients confirmed that staff encouraged them to attend outside groups.

Management of transition arrangements, referral and discharge

- In the last few weeks of a client's programme, they worked on their 'post graduate strategy', which was their discharge plan. Clients recorded details in a book as to how they saw themselves living in a community by documenting details of health, hobbies, groups to attend, further counselling and different programmes they planned to follow which they found useful whilst at Addiction Recovery Centre and wished to follow in the future.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- Staff interacted with clients in a responsive, helpful and friendly manner.
- All five clients that we spoke with commented positively about the Addiction Recovery Centre staff, and said they were kind, compassionate, respectful, encouraging and supportive.

Substance misuse/detoxification

- Clients praised the work of staff understanding of their individual needs. One client said that they felt part of a family.
- The service ensured the clients' records were confidential. However, staff sometimes conducted client one-to-one meetings with the door open in the interests of safety.

The involvement of clients in the care they receive

- All five clients we spoke with said they were involved in their initial care plan and that their keyworker was reviewed it every six weeks with the client. They felt very much a part of this process.
- Clients did not speak of advocacy services they were aware of; however, they confirmed that they were comfortable to raise any issues with their keyworkers at any time. Clients gave examples of issues raised and being resolved with workable solutions from the provider.
- Clients we spoke with said staff listened to them. For example, clients had completed a questionnaire about the service and the provider made changes to the service as a result for example by providing more new and more comfortable chairs to the group rooms.
- Clients told us the provider structured the programme to encourage independent living to help them integrate into community living. For example, clients bought and cooked for themselves in their houses, if necessary at first with assistance from staff. They also attended community groups with colleagues from the programme in the evening and at weekends. They said the structure encouraged a routine which clients would find easier to follow once they completed treatment.

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

Access and discharge

- Referrals either were via the local authority or funded by the individual themselves. Staff assessed potential clients either in person or by telephone. Further information was sought by way of reports from keyworkers, funders, and referrers together with medical and criminal history records (if appropriate). Staff also requested psychiatric and community care assessments if applicable.
- The admissions policy excluded pregnant women and most people with convictions for specified offences of arson, sexual offences and aggression/violence.
- A GP assessed detoxification clients on the day of admission. This was to ensure their suitability and included a physical examination and full blood test.
- Accommodation was part of the treatment programme for all clients. There were four houses used for clients with 19 beds in total. The maximum number of clients on the programme at any time was therefore restricted to 19.
- Staff planned client's discharge in the last few weeks of a client's programme. Clients and their keyworker completed a booklet called 'post graduate strategy'. This contained details of clients' health and a proposed plan focussing on activities or pathways after they left the service. Many relocated at the end of treatment to the Portsmouth area. If so, the provider ensured the client had confirmed housing relocation details prior to discharge.
- At induction, staff agreed a plan with clients in case they discharged themselves early or left the programme unexpectedly. These included contact details of clients' preferred contact such as a care manager or family member.

The facilities promote recovery, comfort, dignity and confidentiality

- The treatment centre was adequately furnished and decorated throughout.
- The one-to-one rooms were private but there was no natural light in the main room on the ground floor. This room was soundproofed. However, clients told us that during some one-to-one meetings staff kept the door open for their security.
- Clients provided their own food. Generally, clients ate food in the dining area of the kitchen. This was crowded on the day of inspection despite only half of the potential number of clients using the facility at that time. When not eating, clients congregated outside of the front door, although the group room on the first floor was available to use.
- Information on display in the hall and kitchen included a certificate of employer's liability, the complaints

procedure, electric safety, no smoking signs, a list of local dentists, details of a local mental health support group and, details of sexual health and hepatitis C concerns group.

Meeting the needs of all clients

- The building had structural limitations therefore was not wheelchair accessible. Addiction Recovery Centre have arranged an alternative more suitable treatment centre for disabled patients, however to date it had not been utilised.
- Clients were encouraged to speak up for themselves throughout the programme however if they wished to have an independent advocate service they used the recovery community group in Portsmouth.
- Complaints could be anonymous by completing a complaints form and posting it into the complaints box. However, clients said that they had not used that system as they raised issues or complaints directly with their keyworker.

Listening to and learning from concerns and complaints

- There was one complaint in the previous 12 months, which the provider did not uphold. The investigation was completed in line with the provider's complaints policy.
- Clients said they knew how to complain, although they would speak with their keyworker if they had any complaints or issues in the first instance.
- The provider clearly displayed information regarding the complaints procedure should clients wish to refer the complaint outside of the organisation.
- Staff told us they received feedback on the outcome of complaints and acted on the findings through the weekly staff meetings.

Are substance misuse/detoxification services well-led?

Vision and values

- Staff we spoke with described the visions and values of the provider. They spoke with a sense of pride of being a valuable part of the team with good successes working with clients.
- The staff and management were keen to adapt and improve treatment based on feedback or try new scientific based treatment to drive for greater success with clients.

Good governance

- Management had clear policies and procedures in place and completed regular auditing and assessment of risks.
- The provider requested a large amount of information prior to accepting clients on the programme. This was to ensure their suitability and to keep risks to a minimum for the success of the client and existing clients.
- Staff and clients knew how to make a complaint. However, both groups preferred to raise issues directly and were confident that they would be resolved.
- An incident reporting policy was in place. Staff reported incidents to the registered manager, as they did not have direct access to the record on the computer system. Reported incident figures were low, but staff said that management discussed any learning or improvements made because of incidents with them.

Leadership, morale and staff engagement

- The management team acted positively and quickly to implement changes where we identified concerns from our inspection. For example, they changed their registration to include the accommodation element of the treatment and changing the supervision procedure to a minimum of 48 hours for the start of all alcohol detoxification clients.
- Staff morale and job satisfaction was good. Staff told us they felt very well supported and listened to by the provider.
- Staff reported that the working environment was open and honest. Staff said they discussed issues or alternative methods of treatment together to ensure agreement amongst the team. Learning and developing was a shared priority to both adapt and improve existing methods and seek new scientifically based methods of treatment, which would further assist clients.
- Staff were aware of the whistleblowing and complaints procedures. Staff felt able to raise concerns directly with the management or team without fear of victimisation.
- Staff described a similarly open and transparent relationship with clients especially when they were the

assigned key worker. They were happy to explain to clients when something went wrong and gave an example of this. Staff encouraged regular feedback from clients.

- Staff were appraised annually, received a minimum of monthly supervision and overall the mandatory training was up to date.

Commitment to quality improvement and innovation

- Management and staff were motivated in improving methodologies and treatment for clients. They spoke of a genuine shared commitment to continue to provide high quality care. Staff were open to criticism and feedback from others in a drive to continue improving their services.
- The provider recorded client outcomes with the National Drug Treatment Monitoring Service, which provided access to national statistics about drug and alcohol misuse treatment.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that the volunteers have the appropriate pre-employment checks including a disclosure and barring service report.
- The provider must ensure the safety of staff during one-to-one meetings by adopting an appropriate staff alarm system.
- The provider must ensure that all premises and equipment used by the service are clean and suitable for purpose for which they are being used. This includes the following: that handwashing facilities are available in the clinic room; that infection prevention and control policies are followed regarding the location of the toilet in the kitchen area and that the cleanliness of the toilets are maintained and a system to ensure regular checks are made is introduced.

Action the provider SHOULD take to improve

- The provider should re-register as soon as possible to include the registered activity 'Accommodation for persons who require treatment for substance misuse'.
- The provider should ensure that they immediately ensure people treated for detoxification from alcohol have safe and appropriate staff monitoring and supervision throughout their withdrawal period.
- The provider should ensure that emergency medicine, used in the event of an opiate overdose is stored correctly and readily accessible by all trained staff.

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
Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider must ensure that the volunteers have the appropriate pre-employment checks including a disclosure and barring service report. Regulation 19(1)(2) (a)(b)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The provider must ensure the safety of staff during one to one meetings by adopting an appropriate staff alarm system. Regulation 15(1)(b)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The provider must ensure that all premises and equipment used by the service are clean and suitable for purpose for which they are being used. This includes the provision of handwashing facilities in the clinic room; that infection prevention and control policies are followed regarding the location of the toilet in the kitchen area and that the cleanliness of the toilets are maintained and a system introduced to ensure regular checks are made.

This section is primarily information for the provider

Requirement notices

Regulation 15(1) (a) and 15(1) (c)