

The Recovery Hub Ipswich

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 that the service provider needs to improve:

- Managers had not fully addressed the previous requirement and warning notices issued by the Care Quality Commission. This meant that the service remained in breach of regulations and was not delivering safe care and treatment in regards to medication.
- The service's pre-admission process did not include a full assessment of the client's physical health. Staff told us that they asked clients to bring a health

summary from their GP on admission but that not all clients arrived with the documentation. The service did not contact GPs to request healthcare summaries and staff did not record summaries in client notes.

- The non-medical prescribers did not monitor clients' physical health during detox as recommended by the 'Drug Misuse and Dependence: UK Guidelines on Clinical Management (2017)'. The service did not offer staff any training in how to undertake observations for clients who were on detoxification programmes.

Summary of findings

- Serious health concerns had arisen during client's detoxification and the service had not monitored the clients fully or followed up on these concerns.
- Senior staff were not aware of the latest guidance issued as 'Drug Misuse and Dependence: UK Guidelines on Clinical Management (2017). A copy was not available in the service.
- Care and treatment records did not contain individualised risk assessments or harm reduction plans. Care plans were not holistic and did not include actions to address physical health needs, relationship and social needs or financial concerns including debt management.
- Managers did not seek references from previous employers prior to staff starting work at the service or conduct risk assessments on staff with previous criminal convictions.

- Staff had not received management supervision on a monthly basis in line with service policy.

However we found the following areas of good practice:

- The service provided a variety of treatment, including structured group sessions and one to one sessions.
- The service offered access to mutual aid support groups.
- The service had a peer buddy system. This enabled clients to support each other through treatment.
- Senior managers worked at the service and delivered group sessions, attended meetings and worked some of the sleep in shifts. All staff knew who the management were and said that they were approachable.

Summary of findings

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The Recovery Hub Ipswich

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to The Recovery Hub Ipswich

The Recovery Hub Ipswich aims to provide high quality, cost effective treatment to those recovering from addiction issues. The treatment options available include detoxification and therapeutic interventions to support abstinence from drugs and alcohol.

There is a range of psychosocial therapies, such as cognitive behavioural therapies, general health awareness and interventions such as mindfulness meditation and art therapy to support clients as part of their recovery programme.

Client accommodation is at 166 Felixstowe Road Ipswich IP3 8EE, opposite the treatment centre

The service provides 16 beds.

At the time of our inspection, there were fifteen clients resident at the service. Thirteen clients were privately funded and two were funded by their local authority.

The average length of stay was five and a half weeks however, senior managers told us that the treatment programme could last up to 24 weeks.

The service was last inspected in March 2017 and warning notices were issued in relation to:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
- Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider submitted an action plan detailing how the service would become compliant following the warning notices.

We found that the provider had not fully addressed all of these previous concerns.

Our inspection team

The team that inspected the service comprised of CQC inspection manager Peter Johnson (inspection lead), one

inspector and a specialist professional advisor; who was a consultant psychiatrist with extensive experience of supporting and treating people with substance misuse issues.

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.

This inspection was announced.

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?

Summary of this inspection

- Is it well led?

Before the inspection visit, we reviewed information that we held about the location and reviewed their action plan in detail.

During the inspection visit the inspection team:

- visited the treatment centre and all of the accommodation houses, looked at the quality of the environment, and observed how staff were supporting individual clients
- met with four clients
- interviewed the nominated individual, registered manager and the project manager
- spoke with three other staff members including two recovery workers and a referral co-ordinator
- reviewed seven care and treatment records
- examined fifteen medicine administration records and the medication ordering, storage, administration and disposal systems
- Reviewed policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients were mostly positive about the support and treatment received. They told us that staff were approachable, friendly and ensured that time was spent with everyone.

Clients said that there was a peer buddy system in place and that everyone was encouraged to support each other when things got difficult. Most clients felt safe and secure in the service and knew who to go to for specific support and assistance if required.

Clients enjoyed the treatment programme structure and felt that there was a variety of support sources available to them.

Some clients felt that the service could be chaotic at times and considered that some clients were allowed to relapse without consequence. They did not feel staff had listened to their concerns around this.

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 areas that the provider needed to improve:

- The service's client detoxification policy, which was reviewed in July 2017 did not match practise. This protocol was for one drug to be prescribed, whilst in practise the non-medical prescribers used another drug. The policy referred to the use of the severity of alcohol dependency questionnaire (SADQ) whilst the service actually used the clinical institute withdrawal assessment for alcohol (CIWA).
- Non-medical prescribers did not monitor clients' physical health during detoxification as recommended by the 'Drug Misuse and Dependence: UK Guidelines on Clinical Management (2017). The service did not offer staff any training in how to undertake observations for clients who were on detoxification programmes.
- The service had not safely managed the prescribing of medication and staff had not fully monitored or followed up physical health needs.
- The service's pre-admission process did not include a full assessment of the client's physical health. Staff told us that they asked clients to bring a health summary from their GP on admission but that not all clients arrived with the documentation. The service did not contact GPs to request healthcare summaries and staff did not record summaries in client notes.
- The service did not have access to emergency medication to reverse the effects of an overdose.
- Staff did not always obtain advice from the prescriber when clients refused medication, or did not follow the agreed treatment plan. Staff did not follow recommendations within the Drug Misuse and Dependence: UK guidelines on clinical management (2017).
- Staff did not obtain consent from the clients to store and administer medication prescribed by their local GP.
- There was no overdose prevention or awareness training for staff.
- There was no record on site of the calibration of equipment used. For example, there were three Alco-meters on site. However, two of these were not working and had not been disposed of.

However, we found the following areas of good practice:

Summary of this inspection

- The service employed enough staff to meet the needs of the clients in treatment and there was enough staff to have one to one sessions with clients. Staff said they had time to carry out all their duties and see clients when needed.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- Senior staff were not aware of the latest guidance issued as 'Drug Misuse and Dependence: UK Guidelines on Clinical Management (2017). A copy was not available in the service. Staff referred to previous guidance published in 2007.
- Six out of seven care and treatment records did not contain individualised risk assessments or harm reduction plans.
- Care plans were not holistic, as they did not include physical health needs, relationship and social needs or financial issues such as debt management.
- Staff did not fully assess client's physical health prior to admission. The service could not be assured that any medications prescribed would not affect existing health conditions, or if medication prescribed by the service would interact with current medication prescribed by their local GP.
- Staff had not received management supervision on a monthly basis in line with service policy.

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

- Alcoholics Anonymous and Cocaine Anonymous meetings took place on site weekly.
- The service employed staff with a range of skills and experience, including mindfulness and nutritional therapists. There were three peer support mentors and one volunteer to provide individual support.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients' said staff treated them with respect and kindness. Clients said staff were passionate about recovery.
- The service had a peer buddy system. This enabled clients to support each other through treatment.
- Staff encouraged clients to raise issues in meetings and collected daily comments and feedback.

Summary of this inspection

- Clients had the opportunity to discuss community issues and raise any concerns in weekly community meetings.

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

- Care plans did not evidence client involvement in deciding their treatment goals.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had a complaints policy and all clients were aware of how to make a complaint.
- The service provided a variety of treatments, including structured group sessions and one to one sessions.
- Clients cooked meals for the group and could make drinks and snacks when they wished. The service had employed a nutritional therapist to support individual clients with food preparation as required.
- Clients told us staff supported their individual and religious needs. For example, staff accessed spiritual support for clients.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- Managers had not addressed the previous requirement notices and warning notices issued by the Care Quality Commission.
- Managers did not audit the quality of the service regularly to ensure they had addressed issues identified previously by the Care Quality Commission.
- The service had not sought pre-employment references prior to staff starting work in the service.
- Managers did not risk assess pre-employment checks for people with previous criminal convictions.
- Managers had not audited the quality of client risk assessments and treatments.

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

- Senior managers worked at the service and delivered group sessions, attended meetings and worked some of the sleep in shifts. All staff knew who the managers were and said that they were approachable.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- 82% of staff were trained in the Mental Capacity Act (2005).
- The service did not have an MCA policy that staff were aware of or could refer to, however the MCA code of practice was displayed
- The service displayed Information about the five principles of the Act.
- Staff assessed capacity on admission but did not review or re-assess client capacity during treatment.
- Staff explained what they would do if they had any concerns about changes in individual capacity. This included seeking advice from managers.
- Staff explained they would re visit admission information with clients if they attended on admission day and were intoxicated, as this could affect their ability to understand the terms of treatment.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- The service did not have a drug storage refrigerator. Staff would not be able to store medication safely if required. There were no medicines kept that required storage in a refrigerator at the time of inspection.
- Two alcometers were not working and staff did not routinely record the testing of equipment. There was no stethoscope or pulse oximeter. Non-medical prescribers provided this equipment when they came to the service.
- There was no emergency medical equipment on site. Staff informed us that if any concerns were identified an emergency ambulance would be called.
- The clinic room was clean and tidy, and was kept locked when not in use to ensure safe storage of medication.
- The treatment centre service and the accommodation houses were clean. Clients shared the responsibility for cleaning and were allocated to a rota. Managers checked weekly to ensure clients completed the tasks.
- Damp damage to one wall at 166 Felixstowe Road was brought to the attention of staff.
- Managers had plans to fix an additional handrail at the request of a client in the upstairs accommodation.
- There were no alarm systems in place. Staff did not use or carry personal alarms. Staff told us that clients were risk assessed as low risk of violence before admission; however, risk assessments did not reflect whether clients had a history of violence. The service did not have a plan for how to raise help if staff required it. The service had not reported any incidents that had required staff to seek assistance.

- The service displayed infection control information in relevant areas and provided hand gel in the clinic room for staff to use. Staff washed their hands and used hand gel prior to administering medication. There was a reminder to sanitise their hands on the front of the medication folder.

Safe staffing

- Senior staff allocated staff to a rota, ensuring there was 24-hour cover. The current duty rota matched the staff present on the day.
- Two non-medical prescribers worked for the service on a part-time basis and attended the service for client admissions.
- There were no staff vacancies. There was a project manager, one senior recovery worker, seven support workers, four therapists, three peer mentors and one volunteer.
- There was enough staff to have one to one sessions with clients and staff said they had time to carry out all their duties and see clients when needed.
- The service did not use bank or agency staff. Managers provided cover for unexpected absences when required.
- The service had an on call rota of non-medical staff should night staff need assistance.
- Clients received medical care at the local GP surgery. Staff accompanied clients to the local acute hospital if they needed emergency assistance or would call 111 or 999.
- Staff received training in the Health and Social Care certificate level two and 77% of staff had completed mandatory training in basic drug awareness, medicine administration, first aid at work, risk assessment and health and safety.

Substance misuse/detoxification

Assessing and managing risk to clients and staff

- The service's client detoxification policy reviewed July 2017 did not match practise. This protocol was for one drug to be prescribed, whilst in practise the non-medical prescribers used another drug. The policy referred to the use of the severity of alcohol dependency questionnaire (SADQ) whilst the service actually used the clinical institute withdrawal assessment for alcohol (CIWA). This meant that the service did not follow their own policy.
- Non-medical prescribers did not monitor clients' physical health during detoxification as recommended by the 'Drug Misuse and Dependence: UK Guidelines on Clinical Management (2017). Clients confirmed that they had not seen the non-medical prescribers following their first assessment.
- The service's pre-admission process did not include a full assessment of the client's physical health. Staff told us that they asked clients to bring a health summary from their GP on admission but that not all clients arrived with the documentation. The service did not contact GPs to request healthcare summaries and staff did not record summaries within clients records. The service did not have assurance from the clients local GP that there would be any negative effect on the client once prescribing began. For example, clients in receipt of a buprenorphine prescription should have blood tests completed to ensure that their liver function is good, as this medication is metabolised in the liver.
- The service did not conduct a full physical assessment of the client on admission that included a physical examination of the client's respiratory, cardio vascular or central nervous system as recommended by Department of Health guidelines. There was no record of the use or not of tobacco.
- The service carried out urine drug screening on admission but these were recorded electronically and staff recorded medical assessments on paper. This meant that there was a risk of errors. The service did not complete follow up urine testing to ensure clients were safe to carry on with substitute prescribing. There was no evidence of ongoing urine drug screening taking place.
- We found examples where the service had not safely managed treatment risks to individual clients. For example, client A had high blood pressure 165/107 on 19 August and their clinical institute withdrawal assessment for alcohol (CIWA) score was high. Staff did not monitor this or follow up. Client B had a high CIWA score. Staff did not seek advice from the prescriber. Client C had a high pulse rate (tachycardia) of 107 bpm on their CIWA. Staff did not monitor this or seek advice from a medical professional. Client D was admitted on 40 millilitres of methadone per day. There were no records to evidence that staff had contacted the community prescriber to confirm that the client was receiving this medication regularly or that they were dependant on opiate medication.
- Staff did not always confirm drug dependency before starting an opiate replacement prescription, there was evidence of clients receiving a prescription without prior drug testing, which increased the risk of overdose.
- The service did not offer access to naloxone to clients on discharge. Naloxone is an opioid antagonist that provides short-term reversal of an opiate overdose. The Drug Misuse and Dependence: UK guidelines on clinical management (2017) recommend naloxone is offered to all clients leaving residential drug treatment as tolerance levels are reduced and the risk of overdose is increased.
- Staff did not always obtain advice from the prescriber when clients refused medication, or did not follow the agreed treatment plan. Staff did not follow recommendations within the Drug Misuse and Dependence: UK guidelines on clinical management (2017) relating to this.
- Staff did not complete the provider's own form regarding obtaining the client's consent for the secure storage and administration of their own medication whilst receiving treatment and support.
- Staff did not complete blood borne virus assessments in full on admission, and staff did not routinely offer full assessments, unless requested by clients. The Drug Misuse and Dependence: UK guidelines on clinical management (2017) recommends that clients should be offered access to blood borne virus testing and vaccination for hepatitis B.
- There was no overdose prevention or awareness training for staff.

Substance misuse/detoxification

- The controlled drugs register record matched the stock found on inspection.
- There was no policy in place for children to visit clients at the accommodation or treatment centre.
- Seventy three % of staff received safeguarding training. There was information available in the service to support staff in escalating any concerns appropriately.

Track record on safety

- The provider reported that there had been 30 incidents since the service opened in April 2016, 16 of which were medication errors. Staff reported 15 accidents in the same time frame. The provider had reviewed these incidents and accidents as part of their governance meetings.
- The service had not reported any serious untoward incidents requiring investigation in the last twelve months.

Reporting incidents and learning from when things go wrong

- Staff reported incidents using a paper based system. Staff recorded details of incidents that occurred and any immediate learning identified. Managers reviewed incidents to further identify learning and themes. The service discussed incidents during weekly team meetings.

Duty of candour

- The service had a policy for duty of candour.
- The complaints policy referred to “issuing an apology where we have got things wrong, an explanation of the position, or information on any actions taken” when dealing with complaints about the service.
- Managers and staff said they were aware of the importance of being open and honest with clients.
- Staff were open with clients and would inform them if a mistake was made. Staff gave clients the opportunity to ask about any issues if needed. Clients said staff were honest and open about all aspects of treatment.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- We reviewed seven care and treatment records. Six out of seven care and treatment records did not contain individualised risk assessments or harm reduction plans. For example, one risk assessment for a client with a history of opiate use had detailed ‘addiction to alcohol’ as the only risk.
- Care plans were not holistic, as they did not include physical health needs, relationship and social needs or financial issues such as debt management. Staff told us that they helped clients with debt management and facilitated family engagement sessions but staff did not record this in care plans.
- Staff kept paper records that held information relating to clients treatment. Staff kept files in a locked cupboard in the staff office.
- The service did not complete a full physical healthcare assessment of clients prior to admission. One admission assessment had the client describe their physical health as ‘poor’ but staff recorded no further detail and if the client required support.

Best practice in treatment and care

- Senior staff were not aware of the latest guidance issued as ‘Drug Misuse and Dependence: UK Guidelines on Clinical Management (2017)’. A copy was not available in the service.
- The National Institute for Health and Care Excellence (NICE) guidance on alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (NICE ref.CG115) recommends that clients have access to mutual aid support groups such as Alcoholics Anonymous. Alcoholics Anonymous and Cocaine Anonymous held meetings on site weekly.
- Clients attended appropriate internal and external mutual aid meetings as part of their treatment and we saw signposting to this in the activity program. On

Substance misuse/detoxification

discharge, clients were encouraged to continue attending meetings. If clients were leaving the local area, staff would assist in identifying and introducing clients to local meetings where they lived.

- The provider held an aftercare group each Sunday for clients who had left the service.
- Clients attended groups and individual sessions as part of a weekly programme. The qualified counsellors delivered cognitive behavioural therapies (CBT) and person centred therapy to embed the 12-step approach for the treatment of the person's addiction.
- A relapse prevention group provided help to clients to manage their addiction and be alert to their own risks of relapse.
- The service offered support with resettlement planning, supporting individuals to consider housing options, reviews of benefits and other practical support such as CV planning and financial management.
- Clients had access to local general practitioners, dental and optician services.
- Drug reconciliation checks took place daily.
- Managers did not audit the quality of the service effectively. Managers reported that they audited care and treatment records randomly on a weekly basis. Managers said they would address any concerns individually, or within team meetings, but this was not recorded in supervision notes or meeting minutes.

Skilled staff to deliver care

- The service employed staff with a range of skills and experience, including mindfulness and nutritional therapists. There were three peer support mentors and one volunteer to provide individual support.
- The service promoted visible recovery and employed staff who were in recovery themselves.
- All staff had received an annual appraisal
- Staff did not receive management supervision on a monthly basis in line with service policy. Two of the four staff files reviewed had not received supervision for over four months. Staff told us that they attended staff support groups with an external facilitator.

- No staff had been suspended from work in the last 12 months.
- Staff had received basic drug awareness training but did not have further in depth training on individual substances such as novel psychoactive substances.

Multidisciplinary and inter-agency team work

- The service scheduled three handover meetings per day. Staff met before the start of each shift to discuss clients and to share information about the previous 24 hours. Staff read the previous 24 hours progress notes for each client to ensure they had the most recent information.
- Staff recorded communication with other services, such as GP's and dentists in client notes. Clients registered with local GP surgeries whilst accessing treatment to get support with physical healthcare needs if needed. Staff supported clients to access GP appointments as and when required and recorded the outcome of appointments in records.
- Staff liaised with community drug and alcohol teams if these services had referred clients for treatment. Records showed staff from community teams attended the service to review clients' progress and to discuss any potential discharge plans.

Good practice in applying the MCA (if people currently using the service have capacity, do staff know what to do if the situation changes?)

- 82% of staff were trained in the Mental Capacity Act (2005).
- The service did not have an MCA policy that staff were aware of or could refer to, however the MCA code of practice was displayed.
- The service displayed Information about the five principles of the Act.
- Staff assessed capacity on admission but did not review or re-assess client capacity during treatment
- Staff explained what they would do if they had any concerns about changes in individual capacity. This included seeking advice from managers.

Substance misuse/detoxification

- Staff explained they would re visit admission information with clients if they attended on admission day and were intoxicated, as this could affect their ability to understand the terms of treatment.

Equality and human rights

- Staff had received equality diversity and human rights training. The service had an equal opportunities policy that staff had access to for support.
- Staff supported clients with access to appropriate spiritual, cultural and faith needs.

Management of transition arrangements, referral and discharge

- The service had admission criteria, where they would accept anyone who was drinking 15 units and below a day for men and 10 units and below a day for women. People drinking over 15 units a day would need to reduce to below 15 units before coming into treatment. Staff gave advice and encouraged clients to seek medical attention when necessary, if they were drinking above these limits
- Staff had contact with other community agencies such as, housing, recruitment, finance and education. Staff would refer clients back into the community within their local area.
- Staff reported that they discussed harm minimisation and the risk of overdose with clients when they left treatment. The document referred to the risks of heroin overdose but not other substances.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed appropriate and respectful interactions between staff and clients and clients spoke of feeling understood by staff.
- Staff felt passionate about their role in promoting recovery and offered positive advice and support to clients.
- The service had a peer buddy system, which enabled clients to support each other through treatment.

- Staff discussed confidentiality agreements with clients at the start of treatment, in peer led group meetings and regularly reviewed group rules before clients shared personal histories and experiences.
- Staff encouraged clients to raise issues in meetings and collected daily feedback.

The involvement of clients in the care they receive

- Care plans did not evidence client involvement in setting treatment goals.
- Clients attended community meetings weekly where they had the opportunity to discuss community issues and raise any concerns. There were other opportunities to feedback suggestions such as during individual therapy sessions. Clients also were able to comment on their care during their individual treatment reviews.
- Clients all confirmed they would feel comfortable in raising a concern or complaint but said there were times they didn't feel listened to when raising concerns.
- The service provided each client with a welcome pack on admission.
- Staff updated families and carers about individual progress with their permission.
- The service provided families and other carers with website details of where they could access external support if needed.

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

Access and discharge

- The service had 15 clients in treatment at the time of our inspection. Managers planned all admissions.
- The average length of stay was five and a half weeks.
- Peer-supporters who had completed treatment escorted new clients following admission.
- Managers arranged admission in the afternoons so clients could meet staff before the non-medical prescriber assessed them.

Substance misuse/detoxification

- The service discharged one hundred and four clients in the twelve months prior to June 2017. The service reported that of the 87 discharges in the previous seven months, six were unplanned exits.
- The service had a policy for unplanned exits and staff told us they would provide information on overdose risks and contact the referring agency or next of kin. Clients did not have individual risk management plans for unplanned treatment exits.

The facilities promote recovery, comfort, dignity and confidentiality

- The service was situated in a converted pub building. The accommodation upstairs and in an adjacent building had a shared bathroom, separate shower, kitchen and lounge. The accommodation across the road had a shared bathroom, separate kitchen dining room, lounge and garden.
- The service had three rooms used for sessions. Two were big enough to accommodate group sessions as well as one to one work.
- There was a large garden where clients could do gardening or therapeutic activities. This area was clean and well maintained.
- Staff provided a range of activities for the evenings and weekends. Clients could attend the gym, garden, create artwork, learn mindfulness meditation, watch a film and attend recovery meetings.
- Accommodation contracts were in place to promote amicable communal living. This included expected standards of behaviour and respect towards others.
- Clients cooked meals for the group and could make drinks and snacks when they wished. The service had employed a nutritional therapist to support individual clients with food preparation as required.

Meeting the needs of all clients

- The service had limited disabled access and the service did not accept admissions from clients with mobility restrictions that would require disabled access.

- The service had a range of information leaflets available but none of these were in alternative languages to English. Staff said that due to the nature of the therapies provided, they would not admit clients who could not speak or understand English.
- The food available supported individual dietary, cultural and lifestyle choices.
- Clients told us staff supported their individual and religious needs. For example, staff accessed spiritual support for clients.

Listening to and learning from concerns and complaints

- Staff gave clients information on how to make a complaint at the start of their treatment and staff displayed information so clients knew how to complain. The service had a complaints handling policy, reviewed in July 2017.
- The service had received one formal complaint since opening in April 2016. Clients could discuss any issues informally with staff during morning or weekly meetings.

Are substance misuse/detoxification services well-led?

Vision and values

- The service aimed to offer affordable treatment to anyone requiring help and support with alcohol or substance misuse.
- The service values were 'we believe that everyone has the capacity to recover' and 'surrender, overcome and succeed'.
- Managers confirmed that they discussed these values and aims during recruitment.
- Senior managers worked at the service and delivered group sessions, attended meetings and worked some of the sleep in shifts. All staff knew who the management were and said that they were approachable.
- The records seen showed us that senior managers met with staff and clients daily.

Good governance

Substance misuse/detoxification

- Managers had not fully addressed the previous requirement and warning notices issued by the Care Quality Commission. This meant that the service remained in breach of regulations and was not providing safe care and treatment to clients
- Management had reviewed policies and procedures in July 2017 and updated these on the provider's intranet.
- Managers did not supervise staff in line with the service policy.
- Managers ensured that learning from incidents and complaints was discussed in appropriate ways, this included team meetings and handovers.
- The service had not sought pre-employment references prior to staff starting work. Twelve out of fourteen staff had disclosure and barring checks recorded two staff checks were in progress.
- Risk assessments of individual disclosure and barring certificates were not in place. This meant people with previous convictions were not risk assessed as safe to work with a vulnerable client group.
- Staff were subject to a six month probation period on starting their roles. Managers signed this off when staff were assessed as competent
- Managers said they had sufficient authority to do their job.
- Managers reported they had carried out audits of seven client files and of the medication administration records. They discussed these findings at the weekly governance committee meeting. Managers had identified some actions regarding medication errors as a result. They had not identified any actions required around client risk assessments or care plans.
- Managers did not have a risk register for the service. Managers told us that the Board discussed risk on an individual basis. Managers did not provide copies of Directors meeting minutes, as requested, in the lead up to the inspection.

Leadership, morale and staff engagement

- Staff said they felt supported by managers and they felt they could raise any of their concerns.
- Five staff had left the service in the last twelve months which equated to a turnover of 24%.
- Staff sickness rates were low. There was no member of staff on long-term sickness.
- A manager had completed a national vocational qualification at level five in management training.
- Frontline staff said they had good job satisfaction levels and they enjoyed their work.
- The service had a whistle-blowing policy. The service had not reported any cases of bullying or harassment and staff reported feeling part of a supportive team.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that medications are prescribed and kept in a safe way and in line with best practice guidance.
- The provider must ensure that a client's physical health is assessed and monitored appropriately.
- The provider must ensure that risk assessments are completed appropriately and updated when risk changes.
- The provider must ensure that staff supervision is delivered in line with service policy.
- The provider must ensure there are effective systems in place to monitor and improve the quality of the service.

- The provider must ensure that staff references are requested and received prior to staff starting work at the service.
- The provider must have an effective Mental Capacity Act policy in place.

Action the provider **SHOULD** take to improve

- The provider should ensure that client involvement in care planning is clearly documented.
- The provider should ensure that they are aware of updates in government guidance.
- The provider should ensure personal alarms are available for staff to use in case of incident.
- The provider should have a refrigerator in the service for medication storage.

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

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

- The provider did not have a Mental Capacity Act policy.

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- The provider did not ensure that all staff accessed managerial supervision.

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

- The provider did not ensure staff had references prior to starting work at the service.