

Step by Step Recovery Limited

The Lighthouse

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

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

- The service did not follow systems and processes to prescribe and administer medicines safely. The service did not provide evidence to show their prescribing practice was safe. Staff did not request a GP summary prior to admission. The supply of Pabrinex had previously frozen in the fridge and not been disposed of, and the supply was frozen on the day of inspection.
- The service did not have sufficient oversight of medicines management.
- Staff did not use recognised tools to assess clients' severity of dependence.
- Staff completed physical health examinations and administered medicines in the corridor due to lack of space in the clinic room.

However,

- The service was clean and comfortably furnished. The service had enough staff, who had all completed mandatory training. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients.
- Staff treated clients with compassion and kindness, and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service provided support to the families and carers of clients.
- The service was easy to access and staff planned and managed discharge well. The service offered aftercare sessions to clients for as long as required following discharge.
- Staff felt supported and valued by managers.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Requires Improvement 	

Summary of findings

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Summary of this inspection

Background to The Lighthouse

The Lighthouse is a residential detoxification and rehabilitation service that can support up to 11 men and women, aged 18 to 65 years requiring support for drug and alcohol misuse. At the time of the inspection there were 7 clients in treatment.

The service has been registered with the Care Quality Commission since May 2017 to provide accommodation for persons who require treatment for substance misuse.

The service has a registered manager in post since February 2019.

This was our third inspection of this service. At the previous inspection requirement notices were issued under Regulations 12, 17, 18 and 19 of the Health and Social Care Act, and Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. We found that the service had met the requirements under Regulations 17, 18 and 19 but not Regulation 12.

What people who use the service say

We spoke with 2 clients at the service and reviewed written feedback from clients.

Clients told us that the therapy they received was good and gave them an insight into their substance misuse. Clients said that staff were helpful, that there was a lot of support available and that they were benefitting from their treatment.

How we carried out this inspection

The team that inspected the service comprised of two CQC inspectors and one specialist advisor with experience of working in substance misuse.

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the environment;
- spoke with 2 clients who were using the service;
- spoke with 6 staff members; including the manager, psychiatrist, counsellors and recovery workers;
- reviewed 4 care and treatment records of patients;
- reviewed 5 prescription records, and;
- carried out a specific check of the medication management.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action the service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **MUST** take to improve:

Summary of this inspection

- The service must ensure that medicines are prescribed, administered and stored safely in line with national guidance. Regulation 12 Safe Care and Treatment (12. 2.g)
- The service must review clients' GP summaries before starting detoxification. Regulation 12 Safe care and treatment. (12.2.a)
- The service must ensure that they have clear admission and exclusion criteria. Regulation 12 Safe care and treatment. (12.1)
- The service must ensure that they ensure the privacy and dignity of clients when receiving physical examinations and medicine dispensation. Regulation 10 Dignity and Respect. (10.2.a)

Action the service SHOULD take to improve:

- The service should ensure that they use recognised tools for assessing dependence.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement

Residential substance misuse services

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

Is the service safe?

Requires Improvement 

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

Safe and clean care environments

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

Safety of the facility layout

Staff completed and regularly updated thorough risk assessments of all areas, including fire risk assessment and ligature risk assessment and removed or reduced any risks they identified.

Staff could not observe clients in all areas of the service but only admitted clients who did not pose a risk of harming themselves.

The service managed risk and client safety where there was mixed sex accommodation. The service had 3 multi-occupancy bedrooms that were single gender and had en-suite bathrooms. Some of the single bedrooms had single gender bathrooms opposite them and clients were provided with robes to protect their dignity as they crossed the corridor.

Staff knew about any potential ligature anchor points and mitigated the risks to keep clients safe. The service did not admit any clients with a history or risk of self-harm by ligature. One bedroom was allocated as a ligature light room for any client whose risk of self-harm increased after admission. This was close to the staff office for enhanced observation levels.

Clients had easy access to call systems. Client bedrooms contained an alarm to call for assistance if required.

Maintenance, cleanliness and infection control

Residential substance misuse services

All areas were clean, well maintained, well furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean. The service employed 2 housekeepers and all areas were visibly clean.

Staff followed infection control policy, including handwashing and anti-bacterial hand gel was available throughout the service. Staff wore face masks during new admissions to prevent transmission of Covid-19 throughout the service until clients could complete a negative lateral flow test.

Clinic room and equipment

The service did not have a full clinic room with space to examine clients. Client examinations and medicines administration took place in the corridor outside the medicine storage room. Staff could also use client bedrooms to complete client examinations.

The service had an EpiPen and naloxone in the medicine room and the staff office. In the event of a medical emergency staff would call for an ambulance.

The medicine storage room and equipment were cleaned daily and we saw records that these were checked regularly.

The sharps disposal box was not dated to say when it was opened but was not overfilled. The service had a contract with a local agency for disposal of sharps and clinical waste.

Safe staffing

The service had enough nursing and medical staff, who knew the clients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service did not employ any nursing staff other than one contracted nurse who administered pabrinex injections as required and one contracted mental health nurse who advised on any client mental health concerns.

The service employed 4 counsellors and 8 recovery workers to provide 24-hour cover.

The service did not have any vacant posts.

The service had one bank counsellor to cover any absences and did not use agency staff.

The service had low turnover rates with most staff having been in post for several years.

Staff shared key information to keep clients safe when handing over their care to others. Staff held handover meetings at each shift change to discuss each client and any changes in their risk.

Medical staff

Residential substance misuse services

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. The service contracted a consultant psychiatrist who was the prescriber for the service. The consultant visited to assess clients on the day of their admission and was available by telephone to advise staff or could visit the service if required.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training with 100% of staff being compliant with mandatory training.

The mandatory training programme was comprehensive and met the needs of clients and staff. The service training programme comprised of 19 courses including risk assessment, treatment planning, safeguarding adults, medicines administration and first aid training.

Managers monitored mandatory training and alerted staff when they needed to update their training. The manager had a spreadsheet to record compliance with mandatory training.

Assessing and managing risk to clients and staff

Staff screened clients before admission and only admitted them if it was safe to do so. They assessed and managed risks to clients and themselves well.

Assessment of client risk

Staff completed risk assessments for each client on arrival, and reviewed this regularly, including after any incident. We reviewed 4 care records and saw that staff had completed an initial risk assessment on the day of arrival and updated these weekly or more often if required.

Management of client risk

Staff knew about any risks to each client and acted to prevent or reduce risks. We reviewed 4 care records and saw that staff assessed risks including the risk of early exit from treatment and had a risk management plan in place for all clients.

Staff identified and responded to any changes in risks to, or posed by, clients. Staff discussed any changes in client risk at handover meetings between each shift.

Staff followed procedures to minimise risks where they could not easily observe clients. The service did not admit any clients with a high risk of self-harm.

Staff followed policies and procedures when they needed to search clients or their bedrooms to keep them safe from harm. Staff completed searches and drug screening analysis where any risk was identified.

Safeguarding

Residential substance misuse services

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff were kept up-to-date with their safeguarding training. All staff completed safeguarding adults training and this was repeated every two years.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a safeguarding lead identified and liaised with the local authority safeguarding board with any concerns or queries.

The service had not had to make any safeguarding referrals in the past year.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Client notes were comprehensive and all staff could access them easily. The service used paper-based records that were stored in the staff office.

Records were stored securely in a locked cabinet.

Medicines management

The service used systems and processes to safely administer and record medicines but did not always safely prescribe and store medicines.

Staff did not follow systems and processes to prescribe and administer medicines safely.

The service did not provide evidence to support their prescribing practice. Therefore, we were not assured of their safety or effectiveness.

The consultant prescribed PRN diazepam for clients to take when needed to reduce the effects of detoxification. Whilst recovery workers used clinical withdrawal scales to measure whether additional diazepam was required, we were not assured that the service had sufficient oversight of the amounts of medicine administered. We saw 2 examples in client records where clients had appeared over-medicated and drowsy. Staff did review the medicines levels at the time.

The service did not request GP summaries from clients prior to admission and commencing detoxification.

Staff completed medicines records accurately and kept them up-to-date. We reviewed 7 client medicine records and saw that staff recorded them accurately and kept them up-to-date. The service did not have pharmacy visits to audit medicines and completed their own medicine audits.

Residential substance misuse services

Staff did not store all medicines safely. We reviewed fridge temperature monitoring and saw that the fridge had been recorded at -2 degrees in November 2022 and that the pabrinex stored in there had not been disposed of and new stock ordered. Whilst the temperature had been recorded at 3 degrees since that date, on the day of inspection the fridge was at -2 degrees and the pabrinex was visibly frozen. This was raised with the provider to dispose of the medicines and a new fridge and stock to be ordered.

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance. Staff reviewed client medicines after 3 days and throughout treatment however there was no face-to-face clinical input into medicine reviews unless requested from the consultant.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. Staff we spoke with knew how to report incidents by using the provider incident form and informing the manager.

Staff raised concerns and reported incidents and near misses in line with provider policy. The service had recorded 15 incidents in the last 6 months relating to injury, self-harm and use of drugs or alcohol. In the event of a relapse to drug and alcohol use staff issued a behavioural contract for clients to adhere to.

The service had not reported any serious incidents in the 6 months prior to inspection.

Managers investigated incidents thoroughly and fed back to staff in team meetings and handover meetings.

Is the service effective?

Good 

Our rating of effective went up. We rated it as Good.

Assessment of needs and planning of care

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

Staff completed a comprehensive assessment of each client either on admission or soon after. We reviewed 4 care records and saw that staff completed a full assessment on the day of arrival.

Residential substance misuse services

All clients had their physical health assessed soon after admission and regularly reviewed during their time in the service. Staff completed an assessment of physical health for each client on admission and throughout their stay.

Staff developed a comprehensive care plan for each client that met their health needs. We reviewed 4 care records and staff had developed a personalised, holistic and recovery orientated care plan for all clients.

Staff regularly reviewed and updated care plans when clients' needs changed. Staff reviewed care plan goals with clients during their weekly one-to-one sessions.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives. Staff did not use recognised rating scales to assess and record severity and outcomes.

Staff provided a range of care and treatment suitable for the clients in the service. The service provided a treatment programme based on the 12-step model that included group therapy, written assignments and one-to-one sessions. The service also offered weekly meditation and yoga sessions.

Staff did not deliver care in line with best practice and national guidance (from relevant bodies eg NICE). The service did not follow the national guidance when prescribing medicines but all other care and treatment was delivered in line with guidance.

Staff identified clients' physical health needs and recorded them in their care plans. We reviewed 4 care records and saw that staff recorded any physical health needs.

Staff made sure clients had access to physical health care, including specialists as required. The service contracted a private GP who could visit clients with physical health needs, and staff used the local GP surgery if blood tests were required.

Staff did not use all recognised rating scales to assess and record the severity of clients' conditions and care and treatment outcomes. Staff used the clinical institute withdrawal assessment for alcohol and the clinical opiate withdrawal scale to assess client withdrawal but did not use severity of dependence tools.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Managers had completed a full service audit and a health and safety audit. .

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

Residential substance misuse services

The service had access to a full range of specialists to meet the needs of the clients. The service employed counsellors and recovery workers and had contracted in a psychiatrist, mental health nurse, private GP and a nurse to administer injections.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank and agency staff. The counsellors were registered with appropriate professional bodies and were trained in cognitive behavioural therapy and dialectical behavioural therapy.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through regular, constructive appraisals of their work.

Managers supported staff through regular, constructive clinical supervision of their work. Staff received management supervision every other month and clinical supervision or reflective practice sessions every month.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Managers had implemented smaller team meetings for specific staff groups so that counsellors, recovery workers and housekeeping staff met as individual staff teams. This enabled all staff to attend team meetings.

Managers made sure staff received any specialist training for their role. Staff had received training in personality disorders and any staff without previous training in drug and alcohol awareness received training.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss clients and improve their care.

Staff made sure they shared clear information about clients and any changes in their care, including during handover meetings. Staff met before each shift to discuss clients and any changes in their care or risk.

Staff had effective working relationships with external teams and organisations including the local GP surgery and safeguarding team.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for clients who might have impaired mental capacity.

Staff received, and were consistently up-to-date, with training in the Mental Capacity Act and had a good understanding of at least the five principles. Mental Capacity Act training was part of the mandatory training programme and all staff had completed the session.

Residential substance misuse services

Staff monitored clients being admitted to the service to ensure they did not lack capacity due to drug or alcohol intoxication.

Is the service caring?

Good 

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

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients and supported them to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for clients. We observed staff interactions with clients that were kind and respectful.

Staff gave clients help, emotional support and advice when they needed it. Staff supported clients to understand and manage their own care treatment or condition. We spoke with 2 clients who told us that staff were supportive and had helped them understand their substance misuse.

Staff directed clients to other services and supported them to access those services if they needed help. Staff provided details of local drug services and 12-step fellowship meetings to all clients.

Clients said staff treated them well and behaved kindly. We spoke to 2 clients and read feedback from clients who all spoke positively about staff and their kindness and compassion.

Staff understood and respected the individual needs of each client.

Staff followed policy to keep client information confidential. Clients files were kept in a locked cabinet.

Involvement in care

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

Involvement of clients

Staff introduced clients to the service as part of their admission. Staff provided a welcome pack to all clients on admission that explained the service and treatment available.

Staff involved clients and gave them access to their care planning and risk assessments. We reviewed 4 client records and saw that clients were given a copy of their care plan, and clients we spoke with confirmed that they had received a copy.

Residential substance misuse services

Clients could give feedback on the service and their treatment and staff supported them to do this. The service held a weekly community meeting where clients could give feedback and make suggestions about the service. Staff also provided clients with a feedback form on discharge and reviewed the feedback results.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. The service offered a weekly family support group via video conferencing and family support counselling for both the clients and their families to work through any issues and for the family members to understand addiction and dependency.

Is the service responsive?

Requires Improvement 

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

Access and discharge

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

The service had admission criteria that was generally clear but did not include levels of substances used that could safely be managed by the service. The consultant and managers agreed each admission between them.

Referrals were made directly to the service and a pre-admission assessment completed via video conferencing. The service was self-funded and clients chose how long to stay with the minimum stay being 14 days without detoxification and 28 days including detoxification. The service had an extended programme for clients who wished to stay for 3 months.

Discharge and transfers of care

Staff carefully planned clients' discharge and discharge planning started at the point of admission. We reviewed 4 client records and saw that they all had discharge plans in place. Staff provided harm reduction advice to clients leaving the service including reduced tolerance and the risk of overdose.

The service had a good working relationship with local councils who could assist with housing and staff could refer clients to supported sober housing.

The service offered weekly aftercare sessions for all clients following discharge, and clients could attend these for as long as they wanted.

Facilities that promote comfort, dignity and privacy

Residential substance misuse services

The design, layout, and furnishings of the service supported clients' treatment, but did not always support their privacy and dignity. Each client had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.

Each client had their own bedroom, or a bedroom shared with one other person of the same gender depending on which room they had booked.

Clients had a secure place to store personal possessions. Clients had a key to their bedroom so could keep it locked when not there.

The service had a full range of rooms and equipment to support treatment and care. Staff and clients could access the rooms. The service had group and one-to-one rooms as well as a communal lounge and dining area.

However the service did not have a clinic room where staff could complete physical observations and administer medicines. Client examinations and medicines administration sometimes took place in the corridor outside the medicine storage room.

Clients could make phone calls in private. Clients did not have access to their mobile phones for the first three days of treatment as part of their agreed contract. During this time staff provided the office phone for clients to contact their families, and also gave clients an e-reader device that they could use to access books and music. After the first three days clients could use their mobile phones to make calls.

The service had an outside space that clients could access easily. The garden was accessible all day for clients to use.

Clients could make their own hot drinks and snacks and were not dependent on staff. Clients could make hot or cold drinks and had snacks available.

The service offered a variety of good quality food. The service employed 2 chefs who cooked lunch and dinner for clients, and clients made their own breakfast from a selection provided. The clients we spoke with said that the food and portion sizes were very good.

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic or with communication needs.

The service was not accessible to any clients using a wheelchair due to the layout but this was clear in the admission criteria.

Staff made sure clients could access information on treatment, local service, their rights and how to complain and this was included in the welcome booklet.

The service had information leaflets available in languages spoken by the clients and local community. We saw an example of where staff had translated information for a client with Polish as his first language.

Residential substance misuse services

The service provided a variety of food to meet the dietary and cultural needs of individual clients. The chefs joined the weekly community meeting to discuss food preferences and could provide options including halal, kosher and vegan food on request.

Clients had access to spiritual, religious and cultural support. The service offered access to 12-step fellowship meetings and could escort clients to religious services on request.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

The service clearly displayed information about how to raise a concern in client areas and this was included in the welcome booklet and displayed within the service.

Staff understood the policy on complaints and knew how to handle them. The service contracted an HR advisor who dealt with any complaints.

Managers investigated complaints and identified themes. The service had received 2 complaints in the 6 months prior to inspection, both of which were from clients who had been discharged from the service for breach of treatment contract and were requesting a refund. The service could offer treatment credits for clients to return to the service.

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

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint. We saw an example of duty of candour where a patient had been given the wrong inhaler and staff had apologised to the client. This was reported as an incident and lessons learned shared with staff.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff discussed complaints in team meetings.

The service used compliments to learn, celebrate success and improve the quality of care. We saw examples of positive feedback from clients and how this was shared with staff in team meetings.

Is the service well-led?

Requires Improvement 

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

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.

Residential substance misuse services

Managers were based at the service or visited regularly and were visible and approachable for staff and clients.

Managers had a good knowledge of substance misuse, the service and clients.

Vision and strategy

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

The service values were 'positive, person centred, responsive and safe' and staff understood how these applied to their day to day work.

Culture

Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff we spoke with all said they were a happy team who worked well together. Staff said they felt supported by managers and they could ask for help or raise any concerns if needed.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were not always managed well.

The service had governance processes in place to manage most risks, but we were not assured that there was sufficient oversight of medicines management including prescribing, storage and administration of medicines. The service did not have prescribing rationales for the medicines they prescribed for detoxification.

The oversight processes for supervision and appraisals were effective. Managers ensured that staff received regular supervision and appraisals.

The service held monthly clinical governance meetings with the consultant and monthly manager meetings to look at risk management, learning from incidents and continuous improvement.

The service had implemented an action plan to address the requirements from the previous inspection and all requirements from the last inspection had been met.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Client files were paper based and stored in the staff office so that all staff had access to the.

Residential substance misuse services

The service had a business continuity plan in place in case of adverse events that would affect the running of the service.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The service monitored outcomes by contact clients post discharge to check if they were remaining abstinent from drugs and alcohol, attending fellowship meetings and had a sponsor.

Engagement

Managers engaged actively with other local health and social care organisations.

The service had good working relationships with local councils and housing providers.

Learning, continuous improvement and innovation

The service had completed a full audit of the service and a mock CQC inspection in the year prior to inspection. The service had an action plan completed following the last inspection report.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Staff did not protect clients privacy and dignity when completing physical examinations and medicines administration.

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The service did not ensure that medicines were prescribed, administered and stored safely in line with national guidance.

The service did not routinely request GP summaries for clients before prescribing.

The service did not have clear admission and exclusion criteria.