

The Bonds Clinic Ltd

# The New Life Centre

## 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		Good	
Are services safe?	Requires Improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

# Summary of findings

## Overall summary

This was the first time that this location had been inspected. We rated it as good because:

- The service provided safe care. Staff screened clients before admission and only offered to admit them if it was safe to do so. The clinical premises where clients were seen were safe and clean. The service had enough suitably qualified staff.
- The service provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions about their treatment.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the service they managed, and were visible in the service and approachable for clients and staff.
- Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution.

However:

- Staff did not always store medicines safely. They had not taken action to ensure that that fridge temperatures remained within the correct range for the medicines they were storing.
- Care plans and risk management plans lacked detail.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Good 	

# Summary of findings

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# Summary of this inspection

## Background to The New Life Centre

The New Life Centre is a residential service which offers medically assisted detoxification for individual's dependent on alcohol, opiates, stimulants, sedatives and/or other prescribed or non-prescribed drugs to adults aged 18 and upwards. The service accepts statutory referrals and from privately funded clients. They can offer a service to 6 people at any one time. At the time of the inspection there were 2 clients admitted to the service.

The service was first registered with the CQC in November 2021 to provide 4 regulated activities: Accommodation for persons who require treatment for substance misuse, diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury. There was a registered manager in post at the time we inspected the service.

This was the services first inspection.

### What people who use the service say

We spoke to 4 people that have used the service and they all said that they felt safe and that all staff were kind, caring and compassionate. They said that staff were always available to talk to and offer support whenever it was needed. Everyone that we spoke to was complimentary about the facilities and resources that were available at the service and they all spoke positively about the treatment programme that they had completed.

People said that they were very grateful for what they had been able to achieve whilst staying at the service and also for the support which they had received as part of their aftercare package. Everyone that we spoke to described their treatment journey as successful and that they remained abstinent.

## How we carried out this inspection

The inspection team was made up of 1 inspector and 1 specialist adviser. Before the inspection visit, we reviewed information that we held about the location. During the inspection visit, the inspection team:

- Toured the building and looked at the quality of the environment
- observed how staff were caring for clients
- spoke with 4 clients who had used the service
- spoke with the registered manager and other members of the senior management team
- spoke with 9 other staff members including nurses, support workers and administrative staff
- looked at 6 care and treatment records of clients
- reviewed the management of medicines, and
- looked at a range of policies, procedures and other documents relating to the running of the service.

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>.

# Summary of this inspection

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **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:**

- The service must ensure that medicines are stored safely.

### **Action the service **SHOULD** take to improve:**

- The service should ensure that care plans and risk management plans are sufficiently detailed and easily available to clients and staff.
- The service should ensure that staff receive regular supervision and that it is effectively recorded.
- The service should ensure that all appropriate policies and procedures are made available to staff working in the service.

# 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	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

# Residential substance misuse services

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

## Are Residential substance misuse services safe?

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 risk assessments of all areas and removed or reduced any risks they identified. This was carried out at the beginning of each shift by the nurse in charge.

Staff could observe clients in all communal areas of the service but due to the nature of this service they did not admit patients that were a high risk of harm to themselves.

The service managed risk and client safety where there was mixed sex accommodation. All clients had their own private bedrooms which they could lock when they wanted to. There was a high ratio of staff to clients at the service and due to its size, it was simple to monitor clients whereabouts.

Staff knew about any potential ligature anchor points and mitigated the risks to keep clients safe. They assessed each client before admission to ensure that they were suitable to stay in the environment and carried out regular observations of clients throughout their stay.

Staff could easily alert each other in an emergency and clients had easy access to call systems in their private rooms.

### Maintenance, cleanliness and infection control

All areas were clean, well maintained, well-furnished and fit for purpose. The service had been recently renovated to a high standard and it was clear that staff spent time ensuring that high standards were maintained.



# Residential substance misuse services

Staff made sure cleaning records were up-to-date and the premises were clean. We saw cleaning records for the last month and they were completed in full, checks included all areas of the service including clients bedrooms.

Staff followed infection control policy, including handwashing.

## Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Staff checked, maintained, and cleaned equipment that was in use.

## 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 had enough nursing and support staff to keep clients safe. There was at least one nurse and one support worker on each shift, both during the day and night.

The service had low vacancy rates for nurses and support workers.

The service had low rates of bank and agency nurses. Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. We saw examples of inductions that agency staff had carried out and it was clear that they knew the service well.

The manager could adjust staffing levels according to the needs of the clients. We saw examples of additional staff being asked to work when clients wanted to take part in activities that would require additional staff.

Clients had regular one to one sessions with their named nurse. Because of the high ration of staff to clients, clients could request to meet with their key worker whenever they wanted to. We did not see any examples of activities being cancelled because of a lack of staff.

Staff shared key information to keep clients safe when handing over their care to others. We examined handover documents and they were very detailed and gave staff a very clear summary of the risks of each client.

### Medical staff

The service had enough daytime and nighttime medical cover and a doctor available to go to the service in an emergency. The lead clinician was based at the service at least 2 days per week and was available by telephone or video call whenever necessary.

### Mandatory training

# Residential substance misuse services

Staff had completed and kept up to date with their mandatory training. The service had an overall mandatory training compliance rate of 95%. The mandatory training programme was comprehensive and met the needs of clients and staff. The programme included fire safety, health and safety, safeguarding, moving and handling, information governance, conflict resolution and infection control. Managers monitored mandatory training and alerted staff when they needed to update their training. They had recently started to use a new system to log and alert staff when training was required.

## 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 risks to clients and themselves well but risk management plans lacked detail. They responded promptly to sudden deterioration in clients' physical and mental health.**

### Assessment of client risk

Staff completed risk assessments for each client prior to admission and on arrival, and reviewed this regularly, including after any incident. Prior to admission, a GP summary was sought for each client before admission could be agreed. This provided the service with a comprehensive record of each clients' medical history and enabled them to safely admit and prescribe.

Staff used recognised risk assessment tool to assess the severity of withdrawal from alcohol and another tool to assess and respond to clinical deterioration. There was detailed evidence that these tools were used on a regular basis.

### Management of client risk

Staff knew about any risks to each client and acted to prevent or reduce risks, this was managed through regular well documented handover meetings which happened between each shift. However, client's records do not always contain a clearly identifiable risk management plan.

Staff identified and responded to any changes in risks to, or posed by, clients. From records that we looked at and speaking to staff and clients, it was clear that staff knew clients risks well and knew how to deal with them.

Staff followed procedures to minimise risks where they could not easily observe clients. There were enough staff to respond appropriately if clients increased observations for any reason.

Staff could follow the services policies and procedures when they needed to search clients or their bedrooms to keep them safe from harm but this was not something that had been necessary so far.

### Use of restrictive interventions

The service did not require staff to use physical restrictive interventions. Due to the nature of the service there were a small number of restrictions that were placed on clients when they were admitted but these were explained well and agreed prior to admission.

### 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. All staff were kept up to date with their safeguarding training.

Staff could give clear examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

## Staff access to essential information

**Staff had easy access to clinical information and it was easy for them to maintain clinical records, which were mainly paper based.**

Client notes were comprehensive and all staff could access them easily. Detailed records of assessments, GP summaries, multi disciplinary team meetings and physical health monitoring were all kept together to ensure that staff were able to keep updated on a client's progress through treatment. All client care records were kept securely in paper files in a locked staff office.

## Medicines management

**The service used systems and processes to safely prescribe, administer and record medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health. However, medicines were not always stored safely.**

Staff followed systems and processes to prescribe and administer medicines safely. However, when we visited the service the fridge that was used to store the majority of medicines that were being prescribed to clients was not storing medicines at the required temperature. For the previous 2 weeks staff had been recording temperatures that were out of the required range but had not escalated the problem to anyone. When we alerted the manager to this, they immediately rectified the problem and checked that medicines that had been administered were safe to have used, which they were.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. Staff completed medicines records accurately and kept them up to date.

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance.

## Track record on safety

The service had a good track record on safety. Since opening there had not been any recorded serious incidents.

## Reporting incidents and learning from when things go wrong

# Residential substance misuse services

**The service had no client safety incidents. Staff recognised incidents and knew how to report them appropriately.**

Staff knew what incidents to report and how to report them. They were able to talk about the types of things that would be expected to be reported and there was a system in place for the reporting of incidents to be facilitated.

Staff understood the duty of candour.

Staff met to discuss the feedback and look at improvements to client care. There was evidence that changes had been made as a result of feedback. For example, the staffing structure had been enhanced as a result of feedback to ensure that there was ample nursing cover in the event of a staff member being unavailable. This was particularly important due to the size of the service and relative low staffing numbers leaving the service potentially vulnerable to staffing problems. The service had also enhanced its admission information so that potential clients were clearer about what to expect when they were admitted, to try to ensure that the service always met clients' expectations.

## Are Residential substance misuse services effective?

### 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 but these plans lacked detail.**

Staff completed a comprehensive mental health and physical health assessment of each client. Prior to agreeing admission each client was assessed, usually in person, by the lead clinician and was then always seen again in person as they were admitted.

All clients had their physical health assessed soon after admission and regularly reviewed during their time at the service. The service employed a specialist doctor to attend on site whenever a client was admitted, who carried out a comprehensive physical health assessment. Staff then completed regular physical health checks and these were clearly documented.

Staff did not develop a comprehensive care plan for each client that met their mental and physical health needs. Although it was clear from records that clients were moving through a recognised treatment programme, it was not always made clear to less familiar staff, most clients did not have a detailed care plan. There was a risk that not all staff would have a full understanding of each clients proposed treatment plan.

### 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 used recognised rating scales to assess and record severity and outcomes.**

# Residential substance misuse services

Staff provided a range of care and treatment suitable for the clients in the service. Clients were offered a range of medical options to aid their detoxification where it was necessary and this ran alongside a range of therapeutic interventions and activities to keep people occupied during their stay. Staff delivered care in line with best practice and national guidance

Staff made sure clients had access to physical health care, including specialists as required. The service was well supported by a range of clinicians who attended on a regular basis and could be called upon whenever needed.

Staff met clients' dietary needs, and assessed those needing specialist care for nutrition and hydration. We saw one example where a client was prescribed a specific diet to support them and how staff were supporting the client to meet these needs, making sure that special ingredients were available and meals prepared.

Staff used recognised rating scales to assess and record the severity of clients' conditions and care and treatment outcomes. We saw these tools being used on a regular basis with each client throughout their treatment journey.

## **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.**

The service had access to a full range of specialists to meet the needs of the clients using the service. These included a psychiatrist, physical health specialist doctor, therapist, activity co-ordinator, mental health nurses, general nurses and support staff.

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.

Managers gave each new member of staff a full induction to the service before they started work. We saw an example of this induction and it contained all the elements that would be necessary for a member of staff to be able to work effectively at the service.

Staff told us that they received supervision on a regular basis from their managers, however, we did not see evidence that these sessions were always recorded.

Managers supported staff through regular, constructive appraisals of their work. Although we only saw a small number of appraisals because the majority of staff were relatively new to the service.

Managers made sure staff attended regular team meetings or gave information from those that could not attend. We saw examples of information that was regularly distributed to staff that worked across the service to ensure they were kept updated on service developments.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

## **Multi-disciplinary and interagency teamwork**

# Residential substance misuse services

**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 relevant services outside the organisation.**

Staff held regular multidisciplinary meetings to discuss clients and improve their care. These were held at least weekly and were attended by all staff working in the service. They were clearly documented and records kept in each client's paper file.

Staff made sure they shared clear information about clients and any changes in their care, including during handover meetings. Each client that was admitted had a clear handover documented between each shift, this enabled staff to be clear about what the risks to each client were and what had been happening with their treatment over the last few days.

Staff had effective working relationships with external teams and organisations. They were building relationships with referring partners and local services to ensure smooth transition between services where it was required.

## **Adherence to the Mental Health Act and the Mental Health Act Code of Practice**

**Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.**

The service did not admit clients who were detained under the Mental Health Act. Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice if it was needed.

## **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 supported clients to make decisions on their care for themselves.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. There was a clear policy on Mental Capacity Act which staff could describe and knew how to access. Staff knew how to get advice about mental capacity if it was needed.

## Are Residential substance misuse services caring?

### **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.**

# Residential substance misuse services

Staff were discreet, respectful, and responsive when caring for clients. It was clear that staff understood the needs of each of the people they were supporting and they carried out this duty with compassion and kindness. Staff were always ready and able to listen to or support patients whenever they needed them.

Staff gave clients help, emotional support and advice when they needed it. The range of staff with differing skills enabled them to tailor their response to ensure that they were able to meet the different challenges that people were facing whilst undertaking their treatment journey. If clients needed more structured support then it was available but there were also staff available to keep people company if that was required.

Clients said staff treated them well and behaved kindly. We spoke to 4 people that were either using the service or who had used the service recently and they all spoke highly of the facilities, the staff and the support that they had received. They all said that they had a successful treatment journey whilst they were at the service.

Staff understood and respected the individual needs of each client.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients. Although there were no examples of this, staff said they would feel comfortable either challenging either other or raising their concern with a manager if they needed to.

Staff followed policy to keep client information confidential. All client identifiable information was kept in a locked cabinet behind a locked door that only staff had access to.

## Involvement in care

**Staff involved clients in planning their care 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 and as part of their admission. It was clear that people using the service felt comfortable, knew where things were and how to make use of the facilities that were available to them.

Staff involved clients in planning their care and it was clear from multi-disciplinary team meeting notes that the direction of treatment was a collaboration with each patient. However, clients did not always have a clearly documented care plan and therefore they did not always receive a copy of it.

Staff involved clients in decisions about the service, when appropriate. Whilst clients were staying at the service they could make specific dietary requests in line with their personal preferences and they were always provided. Clients were also able to make requests about activities that they would like to be offered whilst staying at the service and staff made efforts to meet these requests.

Clients could give feedback on the service and their treatment and staff supported them to do this. The service collected feedback in a number of different ways. They conducted aftercare with every patient that had used the service and this gave them the opportunity to gain feedback about the service and its effectiveness. They also used an online system to give people the opportunity to offer feedback more discreetly, anonymously if they preferred.

## Involvement of families and carers

# Residential substance misuse services

## Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers where it was appropriate. We saw a number of examples where staff made efforts to ensure that family members were kept updated on a clients treatment, where this was requested.

Staff made efforts to ensure that families and carers were made to feel welcome when they visited and in some cases supported them to ensure they had an understanding of the issues that people were facing. Advice was available to families and carers if they needed it.

Staff made sure families knew how to give feedback on the service.

## Are Residential substance misuse services responsive?

Good 

### Access and discharge

**The service was easy to access. Staff planned and managed admissions and discharge well.**

### Bed management

Managers made sure that there was a bed available for planned admissions to the service. Where referrals were assessed as not suitable, the service had developed a network of other services that they could signpost people to.

Managers regularly reviewed length of stay for clients to ensure they did not stay longer than they needed to. The length of stay was between 1 and 4 weeks. The service accepted referrals from across the country.

Managers and staff worked to make sure they did not discharge clients before they were ready. Length of stay was usually agreed before admission but the service was able to be flexible and extend a stay where it was necessary.

When clients went on leave their bed was always available when they returned. However, because of the short treatment programme clients going on leave was rare.

Staff did not move or discharge clients at night or very early in the morning. Discharge was always planned at a mutually agreed time that was convenient to the client.

### Discharge and transfers of care

There were no delayed discharges from the service. Discharges were all very well planned at a time that suited each client. Where people needed additional support beyond their date of discharge then an extended stay was agreed or a package of aftercare put in place.

Staff carefully planned clients' discharge and worked with clients, their families and carers to make sure the right support was in place in the community where it was required.



# Residential substance misuse services

As part of the treatment programme, all clients were offered a period of aftercare support which would take the form of one to one appointments with either a psychiatrist or therapist which could either be carried out in person or via video call for those that preferred.

## Facilities that promote comfort, dignity and privacy

**The design, layout, and furnishings of the service supported clients' treatment, 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, which they could personalise if they wished. If clients required changes to the furniture in their room for any reason we saw that this was able to be arranged.

Clients had a secure place to store personal possessions. Each bedroom was lockable and there was a secure place to store things separately if clients needed to.

The service had a full range of rooms and equipment to support treatment and care. Staff and clients could access the rooms. There was a lounge, dining room and kitchen that were all comfortably furnished and well equipped. The service was located in a rural location and set amongst large open countryside which clients were able to access. There was a garden that some clients had been helping to keep, this included the facility for the service to grow their own produce which clients could take part in if they wished.

The service had quiet areas and a room where clients could meet with visitors in private.

Clients could make phone calls in private in their own bedrooms, they could make use of the services phone if they wished.

Clients could make their own hot drinks and snacks and were not dependent on staff.

The service offered a variety of good quality food, which included a range of healthy options. Clients were encouraged to take part in cooking where they wanted to.

## 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 could support and make adjustments for disabled people and those with communication needs or other specific needs such as special dietary requirements. The service had one bedroom at ground floor level which was reserved for anyone that had impaired mobility.

Staff made sure clients could access information on treatment, local services, their rights as a client of the service and how to complain if they needed to. Although there had not been any complaints, clients that had used the service said they would have felt listened to if they had needed to make a complaint.

Managers made sure staff and clients could get help from interpreters or signers when needed.

# Residential substance misuse services

The service provided a variety of food to meet the dietary and cultural needs of individual clients. Because of the size of the service, it was easy for them to alter the menu to ensure that it met the needs of each individual client.

## 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.**

Clients, relatives and carers knew how to complain or raise concerns. There was information displayed in the service about how to give feedback if you needed to.

The service clearly displayed information about how to raise a concern in client areas.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to protect clients who raised concerns or complaints from discrimination and harassment. Staff knew how to acknowledge complaints.

The service used feedback and compliments to learn, celebrate success and improve the quality of care. We saw a number of positive comments that had been passed onto staff from people that had used the service.

## Are Residential substance misuse services well-led?

### 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.**

The senior leadership team was made up of a range of clinicians and experienced managers, some of which were permanently based at the service and some who visited on specific days throughout the week or when required. Staff said they felt supported by the management team and said that they were open and transparent and always there when they were needed.

### Vision and strategy

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

Staff spent a lot of time working together as a multi disciplinary team, this gave the senior clinician the opportunity to ensure that staff learned about and understand the model of care that they were working with. This way of working gave everybody the opportunity to share thoughts and knowledge about how they operated as a group to best support clients.

# Residential substance misuse services

## 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. Staff said they could raise any concerns without fear.**

## Governance

**Our findings from the other key questions demonstrated that governance processes operated effectively across the service.**

Despite being a very new and relatively small service the staff were beginning to build processes that were allowing them to assess and improve the quality of the work they were carrying out. The senior management team were open to taking criticism on board and demonstrated a desire to make changes as a result of the information that they gathered.

## 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.**

Information about patients was easy to find and files were easy to navigate, and they were stored securely. The service had developed a mechanism for reporting and storing incident data and this could be fed into team briefings.

The service had an up to date risk register with appropriate mitigation. Managers reviewed risks regularly and updated service improvement plans as a result.

## Engagement

**Managers engaged actively with other local and national health and social care providers to ensure that the work they were doing was well known and that it was meeting the needs of the communities that used them.**

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose
Diagnostic and screening procedures	Staff did not always store medicines safely. They had not taken action to ensure that that fridge temperatures remained within the correct range for the medicines they were storing.
Surgical procedures	
Treatment of disease, disorder or injury	