

London Regional Office

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Change, grow, live (CGL) provided safe and effective recovery-focused care and treatment. Clients were positive about the way staff involved them in planning their recovery and the support staff gave them.
- Staff thoroughly assessed risks to clients and identified their needs. Staff developed sound risk management plans and kept these under review to ensure that they met client needs effectively.
- Clients were able to access support and treatment quickly. Staff followed best practice and national guidance when prescribing medicines. Clients were able to access psychological support.
- At each site there was a multidisciplinary team comprising experienced and skilled staff. Most staff said their caseloads were manageable. At most sites the premises were suitable.
- Staff understood and implemented safeguarding procedures for adults and children. Staff liaised with commissioners and other local agencies to ensure they met clients' individual needs and develop local services.

- CGL involved clients in reviewing and developing services at the local and national services. The service used feedback from clients to make improvements. Clients who had recovered from substance misuse were able to become volunteers at the service.
- Staff and clients understood the vision and values of CGL.
- Registered managers carried out audits of the quality of the service and ensured that teams took action promptly to improve services when required.

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

- CGL had not always sent CQC the required statutory notifications in relation to deaths and other incidents
- At Peterborough, staff were managing their caseloads but we were concerned that they were doing so through consistently working over their contracted hours.
- At Barking and Dagenham, interview rooms were not adequately soundproofed and private conversations could be overheard.

Summary of findings

- At Barking and Dagenham, the room used by clients for urine tests was not appropriately designed to provide for clients' privacy and dignity. The provider was aware of this and there were plans in place to make a more suitable room available.
- At the Bromley site, the cleaning of the toilets used by clients and by staff was inadequate.
- The system to identify when the Disclosure and Barring Service (DBS) criminal records check had

been received by CGL was not robust at the time of the inspection. Consequently, it was not clear that rigorous measures were in place to ensure staff worked safely with clients whilst CGL was waiting to receive the DBS check. Senior managers advised us that by January 2017 a new human resource management system would be in place that will have an automatic alert system to flag up when a DBS check has not been received.

Summary of findings

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Summary of this inspection

Background to London Regional Office

Change, grow, live (CGL) changed its name from CRI-Crime Reduction Initiatives (CRI) in April 2016. London Regional Office is registered with CQC to provide the following registered activities: diagnostic and screening procedures and treatment of disease, disorder or injury.

The provider does not carry out any registered activities at the location address. The registered activities managed by CGL from London Regional Office are carried out at 33 separate community sites in London, Essex, Peterborough, Hertfordshire and Northamptonshire. All of the sites have a multidisciplinary staff team who provide advice, support and treatment to adults with substance misuse issues in a community setting. Staff teams have a clinical lead and a manager who takes day to day responsibility for the operation of the service. CGL has a

separate commissioning contract with each local authority. Consequently, there are some variations in the range and type of service CGL provides at each site. Services provided include psychosocial interventions, substitute prescribing for opiates and community alcohol detoxification.

There are three CQC registered managers at London Regional Office who each take responsibility for a number of sites. The registered managers are responsible for the quality of the service provided and ensuring health and social care standards are met.

We have not previously inspected London Regional Office. At this inspection, we visited sites at Barking and Dagenham, Newham, Bromley, Corby, Peterborough, Southend and St Albans.

Our inspection team

The team that inspected CGL sites at Barking and Dagenham, Newham and Bromley comprised two inspectors, a pharmacist specialist advisor and a nurse specialist advisor.

The team that inspected CGL sites at Corby, Peterborough, Southend and St Albans comprised two CQC inspectors, a pharmacist specialist advisor, a nurse specialist advisor and a psychiatrist specialist advisor.

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

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

Before the inspection visits, we reviewed information that we held about the location and asked commissioners for information.

During the inspection visits, the inspection team:

Summary of this inspection

- visited London Regional Office to speak with the registered managers and other senior managers and read recruitment records
- visited seven CGL sites at Barking and Dagenham, Newham, Bromley, Corby, Peterborough, Southend and St Albans
- at each site we checked the quality of the physical environment, the management of medicines and observed how staff were supporting clients
- spoke with 54 clients across the seven sites
- spoke with the manager or acting manager at each site
- spoke with 36 other staff, including nurses, doctors, recovery workers and volunteers.
- attended and observed, six multidisciplinary meetings and four meetings between staff and clients client meetings
- reviewed 167 comment cards completed by clients across all London Regional Office sites
- read 39 care and treatment records
- read policies, procedures and other documents relating to the operation of the service

Information about London Regional Office

CGL has a separate commissioning contract with each local authority. Consequently, there are some variations in the range and type of service CGL provides at each of the 33 individual sites. Services provided include psychosocial interventions, substitute prescribing for opiates and community alcohol detoxification.

There are three CQC registered managers at London Regional Office who each take responsibility for a number of sites. The registered managers are responsible for the quality of the service provided and ensuring health and social care standards are met.

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What people who use the service say

- Clients told us staff supported them to recover from substance misuse. They said they found staff kind and friendly. Many clients said that staff had listened to them when they were in very difficult circumstances and encouraged them to make positive changes. Clients told us staff gave them good advice about managing their health problems. They said staff gave them information and offered choices in terms of their care and treatment. Clients said they enjoyed working with their recovery workers and attending groups.
- Before the inspection, we placed comment boxes across the London Regional Office sites to collect feedback from clients. We received 167 completed comment cards from clients using the service. These all included positive comments about the support staff gave clients. Fourteen clients made negative comments that were mainly about frequent changes in the staff team.

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 of good practice:

- Staff undertook comprehensive risk assessments. Staff fully involved clients in drawing up plans to reduce harm from substance misuse. There were measures in place to promote the safety of clients. For example, staff distributed Naloxone kits that clients could use to help prevent deaths from opiate overdose. Staff regularly reviewed risks to clients and amended risk management plans as necessary.
- Staff understood how to identify children's and adult safeguarding concerns. Staff had taken appropriate action in partnership with local agencies to safeguard adults and children.
- Staff obtained information about clients' medical history before prescribing medicines. CGL had effective policies and protocols on the safe management of medicines which staff followed in their day-to-day practice.
- Staff understood and implemented CGL incident reporting procedures and learnt from adverse incidents.
- The composition and size of staff teams varied at each site in accordance with local commissioning arrangements. At all the sites, managers had arranged adequate cover arrangements for sickness and vacant posts. The average caseloads varied at the different sites. At most sites staff told us their caseloads were manageable.

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

- At the Bromley site, the cleaning of the toilets used by clients and by staff was inadequate.
- The system to identify when the Disclosure and Barring Service (DBS) criminal records check had been received by CGL was not robust at the time of the inspection. Consequently, it was not clear that rigorous measures were in place to ensure staff worked safely with clients whilst CGL was waiting to receive the DBS check. Senior managers advised us that by January 2017 a new human resource management system would be in place that will have an automatic alert system to flag up when a DBS check has not been received.

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Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff made a comprehensive assessment of each client's needs and then developed a recovery plan to meet the client's individual needs. Staff worked with other agencies as necessary to access support for clients in relation to their physical and mental health needs and their social needs.
- Staff arranged support for clients with their psychological needs. Clients received one-to-one support from a recovery worker. Clients were able to access peer support groups to assist them with their recovery.
- Staff prescribed and managed medicines in line with national guidance on best practice. All sites offered clients health screening and vaccinations for blood borne viruses (BBV).
- CGL measured outcomes for clients in relation to treatment completions.
- At each site we visited, a consultant psychiatrist led the multi-disciplinary team. Staff were experienced and qualified in relation to meeting the needs of clients with substance misuse needs. Staff received regular supervision.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients consistently reported that staff showed them respect and kindness. Staff maintained the confidentiality of clients.
- Clients were fully involved in planning their support and recovery. Clients were asked to give feedback on the quality of the service. CGL ensured clients were involved in making decisions about service developments at the local and national level. Clients were involved in staff recruitment.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- At all the sites we visited clients were able advice and support quickly and access treatment promptly.

Summary of this inspection

- Staff ensured they followed up clients who did not attend appointments in accordance with CGL protocols.
- At most of the sites we visited, the premises were suitable.
- CGL and commissioners had developed local services to meet the needs of the community. At some sites, commissioners had funded CGL to carry out outreach work with hard to reach communities to promote access to the service.
- At all sites, there were a range of leaflets available for clients. CGL carried out an audit to drive improvement in meeting the diverse needs of clients.
- There was a complaints procedure in place. Teams asked clients for their views of the quality of service provided at a local level. Staff had acted to make improvements in response to this feedback and made changes to the services provided.

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

- At the Barking and Dagenham site, a member of staff told us interview rooms were not well soundproofed and private conversations could be overheard.
- At Barking and Dagenham, the room used by clients for urine tests was not appropriately designed to provide for clients' privacy and dignity. The provider was aware of this and there were plans in place to make a more suitable room available.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff and clients understood the CGL vision well. Staff were committed to supporting clients to recover through make positive changes to their lives.
- CGL registered managers had ensured there were effective audits of the quality of the service. These covered record keeping, medicines management and checks that staff were carrying out the appropriate local audits. Each site identified areas for improvement and managers had clear action plans with timescales to ensure they made timely changes to develop the service.
- Staff kept accurate and up to date client records. CGL kept appropriate staff recruitment records which included evidence of the checks human resources staff made with regard to an applicant's suitability.

Summary of this inspection

- Staff were positive about working for CGL and said they could raise any concerns with their managers.
- CGL had developed a national strategy to promote the use of Naloxone to save the lives of people who overdose on opiates. All sites we visited implemented this strategy.

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

- CGL had not always sent CQC the required statutory notifications in relation to deaths and other incidents.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff we spoke with told us they were aware of the principles of the Mental Capacity Act through team discussion or e-learning. They said that in practice they found that the MCA had limited application in their day to day work where there was a presumption that clients had the mental capacity to make decisions about their care and treatment. It was evident from case records that

clients were fully involved in planning their care and treatment and had given their informed consent to information sharing and treatment. Staff had an understanding that clients' mental capacity may be impacted by substance misuse and that they should ensure that made sure they asked clients to make decisions when they were capable of doing so.

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Information about the service

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Are substance misuse services safe?

Safe and clean environment

- We visited seven sites. At all sites, staff and volunteers kept the premises secure by controlling access to the service. For example, at Newham visitors to the building used an entry phone to contact the receptionist who then admitted them.
- At all sites there were alarm systems which staff could use if the safety of staff or clients was at risk. For example, at Peterborough, there was a system that allocated each room a personal alarm, which the member of staff collected from reception. At all sites, staff tested the alarms regularly and had received training on how to respond to alarms.
- At all sites, staff acted appropriately to reduce the risk of cross infection. Alcohol gel was available in all rooms for staff. Staff used sharps bins to dispose of needles and other sharp objects. There were weekly collections of clinical waste. Teams placed handwashing posters above sinks to remind staff to wash their hands thoroughly. However, at the Peterborough site, the

needle exchange room appeared to be small and cluttered. The amount of space for staff and clients in this room was further reduced because the door opened inwards. Sharps for collection were stored in this room. Sharps bins had a twist lock and not a slam lock, and so potentially, clients could open these. The needle exchange room had no sink which meant staff had to go in and out of the room to wash their hands. This created additional risks in terms of infection control.

- We checked the equipment used at each site, such as blood pressure monitors. The provider had ensured they serviced all such equipment at the intervals specified by the manufacturer. We saw evidence that the provider had taken appropriate action to ensure the premises were safe. For example, they had carried out appropriate tests on small electrical equipment and regularly serviced the heating systems.
- Most of the sites we visited appeared clean throughout and records showed they were cleaned daily. There were cleaning rotas. However, at Bromley in an area used by clients, a ground floor toilet seat was discoloured and the bin had no cover. A staff toilet upstairs was also very dusty around the skirting board.

Safe staffing

- CGL had configured the size and composition of the staff teams differently at each site in response to local commissioning arrangements. At all sites, there was a team manager, consultant psychiatrist and at least one nurse. Additionally, all teams included recovery workers, administrative staff and volunteers. There were also apprentice recovery workers at some sites. For example, at CGL Southend, the staff team included a lead nurse and two other nurses who specialised in alcohol and health and well-being; two doctors, two criminal justice workers, a part time psychologist, five recovery workers for opiates and one for non-opiates, one recovery worker for complex needs, and a building recovery in communities coordinator. There were also ten volunteers.
- We received data from the provider on staff sickness rates and staff turnover rates at the sites we visited. The highest rate of turnover was at the St Albans site where five staff had left from a team of six. This team was fully staffed at the time of the inspection. At most sites we visited there were some staff on long term sick.

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Managers told us that in most situations where staff were off sick, staff provided cover to manage any risks. Staff told us that they considered the levels of staffing cover to be safe. The provider arranged cover from agency staff in some circumstances. In most cases this was to cover nursing vacancies. For example, at the Peterborough site, the provider had arranged for agency staff cover in the case of 45 shifts in the last three months. The provider used regular agency nursing staff, who were experienced in substance misuse services.

- Caseloads for recovery workers varied from site to site. For example, at Barking and Dagenham caseloads averaged 50-60 clients, whereas in Bromley caseloads averaged about 30 clients. We spoke with staff at all the sites about the pressures of their caseload. Staff told us that the demands and risks of their caseloads were not directly related to the number of cases they held. Staff told us that they could manage their caseloads and received support and advice from their managers and colleagues on how to prioritise their work.
- There were no waiting lists at any of the sites. Clients were able to receive an initial assessment on either the day of first contact with the service or the following working day.
- We visited the CGL London Regional office and read six staff records and spoke with recruitment staff. CGL recruitment staff requested references and Disclosure and Barring Service (DBS) criminal records checks for potential staff and volunteers. The service kept records of the interviews. There were some gaps relating to pre-employment checks, which could impact upon safety. For example, at Southend, at a local level, the system to identify when the DBS check had been received by CGL was not robust. Consequently, it was not clear that rigorous measures were in place to ensure staff worked safely with clients whilst CGL was waiting to receive the DBS check. Senior managers advised us that by January 2017 a new human resource management system would be in place that will have an automatic alert system to flag up when a DBS check has not been received.
- CGL had a range of mandatory training courses for staff on topics such as safeguarding children, assessment and care planning and medicines in recovery. The provider gave us information 3 October 2016 on staff completion of mandatory training at the different CGL

sites we visited. Completion rates varied. For example, at Bromley as of 1 October 2016 16 of 20 staff had completed e-learning on safeguarding children. In Barking and Dagenham 20 of 45 staff had completed this training. During the inspection we confirmed that plans were in place to ensure all staff at Barking and Dagenham will have completed this training by 31 October 2016. In the case of nurses, CGL had specified the mandatory training in relation to their specific role and the nursing leads were able to give us evidence that nursing staff had received the appropriate training.

Assessing and managing risk to clients and staff

- We reviewed a sample of care records at each site, 54 in all. Staff had undertaken a comprehensive risk assessment with each client and there was a risk management plan that included a plan for unexpected treatment exit when this was appropriate. Records showed staff explained to clients the risks associated with unplanned exit from treatment, such as increased risk of overdose. Risk assessments included information on the client's history of substance misuse, current presenting issues, social circumstances, mental and physical health and any safeguarding issues. Staff had given clients information about what they should do if they were in crisis out of normal working hours.
- At each of the sites, client records showed that the staff team followed the same CGL procedures to identify and manage risks. On a client's first presentation to the service, a member of staff completed a comprehensive assessment and, a doctor assessed all medical risks. The provider had a standard tool for grading the level of risk to each client. In the case of clients identified at high risk, the allocated recovery worker gave an update on the client's situation at the daily morning multidisciplinary briefing meeting and the team made plans to decide the type and frequency of contact with the client to manage risk. This continued until staff considered the client to no longer be at high risk. The frequency of the review of risks was linked to the severity of risk. Staff reviewed clients at a low level of risk every twelve weeks, whereas in the case of high-risk clients, recovery workers reviewed risks at every appointment.
- If the client's level of risk increased, the recovery worker brought this new information to the morning briefing meeting to revise the risk management plan. Staff told

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us they were also able to discuss risks to clients in one-to-one supervision meetings with their manager and at clinical meetings. Staff said they had good access at any time to the input of the consultant psychiatrist responsible for their team in terms of advice about managing clients' needs and responding to increased risks.

- At all the sites, records showed staff had followed CGL safeguarding procedures. For example, at the initial assessment stage, staff asked clients about their parental responsibilities and contact with children and regularly reviewed this information with clients to ensure information on this was accurate and up to date. Staff undertook parental capacity assessments and home visits to clarify whether there were any safeguarding concerns. CGL monitored compliance with the standard of staff undertaking these home visits within a month of the identification of parental responsibilities. Staff brought information from these visits to the morning briefing meetings and made plans to follow up on safeguarding concerns. There was evidence of appropriate action, such as making referrals to the local authority. Notes of briefing meetings showed staff used the meetings appropriately to plan actions in relation to any safeguarding concerns. Teams followed CGL procedures on minimising the risks to children from prescribed medicines. Staff gave clients who were in households with children secure storage boxes for to reduce risks.
 - In October 2016 CQC reviewed health services for children looked after and safeguarding in the London Borough of Greenwich. The review included recommendations in relation to the CGL London Regional Office site known as Aspire Greenwich. The recommendations related to the closer integration of Aspire Greenwich with local children's safeguarding mechanisms and developing the understanding of CGL staff in relation to children's safeguarding issues. Since the review, CGL have developed an action plan to address these issues.
 - CGL did not have a 'no children on the premises' policy. Manager and staff told us they did not want to disadvantage parents who wished to access the service.
- Staff told us they discouraged clients from bringing under children onto the sites, but if this did occur staff would take the parent and children to a side room out of the main area.
- In relation to the safety of vulnerable adults, staff were clear about local arrangements in terms of making referrals to the local authority. Managers or a team representative, attended multiagency risk assessment conferences with the police and other agencies when clients were at high risk of severe domestic violence.
 - CQC data from statutory notifications showed that CGL notified us of three safeguarding concerns reported by staff in the 12 months prior to 19 July 2016. During the inspection, we confirmed that the actual number of safeguarding concerns raised by the sites to local authorities and the police was much higher. For example, staff had reported incidents of domestic violence appropriately. The same data showed that CGL notified CQC of three unexpected deaths and ten police incidents. Similarly, these figures were far lower than the numbers of police incidents and unexpected deaths CGL staff told us about during the inspection. In relation to unexpected deaths, at all of the sites there were processes for reporting such deaths internally and to commissioners and Public Health England.
 - CGL had personal safety protocols for staff, which they put into practice. For example, there were procedures on how staff should reduce risks when making home visits. Staff told us they followed these procedures by undertaking visits in pairs.
 - Staff safely managed and administered medicines. CGL had effective policies and procedures on medicines management, including prescribing and detoxification. At all sites, there were robust systems in place to store, generate and issue prescriptions for controlled drugs and other medicines. These measures reduced the risk of errors in prescribing and the risks of loss or theft of prescriptions. Teams kept unused prescriptions secure in a locked safe in a locked room with a designated printer. Only authorised staff could access the room. The client record had details of each prescription issued, including the prescription identification number and the medicines. Staff made three checks to ensure the accuracy of the signed prescription before they issued it to the client or sent it by recorded delivery to the nominated pharmacy.

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- CGL policy was that staff should not accept any returns of controlled drugs. Staff asked clients to take any unwanted supplies to their supplying community pharmacist. Consequently, there were no controlled drugs at the sites. The service kept emergency drugs. All were in date with the expiry dates recorded. Stocks of Hepatitis B vaccine were held at the sites. There was evidence that the service kept medicines and vaccines at the correct temperature from order and delivery to administration. CGL staff provided take-home Naloxone kits to clients at all of the sites. Naloxone is a medicine that can temporarily reverse the effects of an opiate overdose, providing more time for an ambulance to arrive. Staff provided training to clients and family members and friends on the safe use of Naloxone.
- At the point of a client's first contact with the service, a member of staff asked the client for details of their GP. Staff then obtained the GP summary record of the client's health and medicines. This ensured that CGL prescribers had access to the information necessary to enable them to make safe decisions about the client's treatment. Records confirmed that prescribers reviewed this information and the initial risk assessment. They then met face-to-face with clients before commencing any treatment.
- At some sites, CGL provided treatment for alcohol withdrawal through an ambulatory detoxification programme. These programmes involved the client attending a designated place each day for detoxification treatment and support. CGL had a standard pathway for ambulatory alcohol withdrawal. Before accepting a client onto the programme, staff liaised with the client's GP and obtained all the appropriate information on the client's health. Staff obtained information about the client's liver function and history in relation to the client's response to any previous detoxification treatment. This information was reviewed prior to the client starting detoxification to ensure that the proposed treatment was safe. Prior to the start of ambulatory detoxification treatment clients, staff asked clients to attend a group or 'pod' for six weeks for counselling and psychosocial support. After this six-week period, CGL commenced detoxification treatment. This involved the client withdrawing from alcohol and staff prescribing medicines in line with national guidance, whilst clients continued to attend the programme. Records confirmed that staff had assessed clients' suitability for this treatment through inviting clients to attend preparatory meetings with staff where clients' physical health was checked. Relatives were involved in the assessment process. Clients and relatives were given information on the detoxification programme. This included who to contact if there was an emergency. During the ambulatory detoxification programme, clients received support to take their medicines from CGL staff who monitored their physical health. Staff gave clients ongoing support after the completion of the ambulatory detoxification programme.
- Staff ensured treatment was safe by obtaining accurate information on client's current substance misuse. This was the case for both opiate withdrawal and alcohol detoxification. If necessary, staff used urine tests and breathalysers to check clients' consumption. Records confirmed that CGL prescribers did not start the client's treatment until they had reviewed all of the information obtained about the client and had carried out a physical examination. Where there were concerns that risks to clients had increased, for example if staff had concerns that clients were using substances during opiate withdrawal clients were immediately discussed at morning briefing meetings and plans put in place to ensure the client was as safe as possible.
- CGL doctors and non-medical prescribers prescribed according to national guidelines and best available evidence. CGL had a formulary 'traffic lighted' for appropriateness for each service and prescriber. Staff undertook urine testing of clients before and during the course of opiate detoxification to ensure clients were safe. Staff also undertook physical observations of clients, for example, blood pressure readings. CGL arranged for clients who were being treated with opioid medicines, such as methadone, to have an initial period of supervised consumption at the premises of a community pharmacist. During this period, medical staff reviewed the client and adjusted the dosage prescribed. CGL arranged for the community pharmacist to observe the client taking their medicine. Clients told us that the prescribing doctor and their recovery worker had explained to them the risks of having an overdose on prescribed medicines if they had a break in their treatment. Pharmacists notified CGL staff if a client did not have their daily supervised dose. Staff suspended treatment if a client missed more than three supervised doses and asked the client to come to the site for an

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urgent review. We saw that the service kept computerised records of all missed doses and the actions taken by staff to follow up the client. Records showed that staff kept the client's GP informed about any medicines prescribed and changes of medication.

- Records showed staff checked and recorded the heart rhythm of all clients prescribed over 100mg methadone and where there were other risks by means of an ECG (echocardiogram). Staff told us any issues about ECG results were discussed at morning meetings and medical reviews then took place to immediately follow up any concerns. Doctors employed by CGL told us about the approach they took with clients who were not registered with a GP. We were satisfied from records that staff made every attempt to find out about the client's medical history before they prescribed any medicines.

Track record on safety

- CGL had systems for recording adverse incidents. We requested information on the serious incidents which the CGL London Regional office had logged. For the 12 months prior to our request there had been serious incidents as follows: Bromley (one, a break-in to the site building), Lewisham (one, the death of two clients in a fire), Southend (seven, all unexpected deaths). CGL reported there were no serious incidents at the other sites.
- At all sites, managers told us that they reported unexpected deaths internally and to local commissioners and Public Health England. CGL staff participated in local initiatives for looking at unexpected deaths. For example, in Newham, the local authority asked all the agencies who were in contact with the person who had died for a report. A panel reviewed information from all of the agencies. This maximised the opportunity for inter-agency learning.

Reporting incidents and learning from when things go wrong

- At all sites, staff described how they had, or would, report a range of incidents. These included medicine or prescription errors and clients making violent threats. Staff told us they would discuss incidents openly with clients to enable some reflection and avoid a re-occurrence where possible.

- Staff received feedback on the learning from the investigations of incidents which occurred across the service. CGL produced information on incidents which they sent out to the sites. Learning from incidents was a standard topic on the agenda for the governance meetings which occurred every four weeks. In addition, the service used morning briefing meetings to discuss local incidents and learn lessons. For example, at Newham, a staff member lost their keys and ID. The manager took action to inform the police and ensured the building was secure. The manager ensured the incident was discussed within the staff team and lessons learnt.
- The service made improvements following incidents. For example, at Peterborough there was an incident when a client became verbally aggressive in the reception area because the breakfast club was delayed whilst staff were in the briefing meeting. The site changed the starting time of the breakfast club so that delays would be unlikely in the future.
- The CGL clinical services manager had produced an audit of the 2015 near misses and errors involving medicines. Analysis showed some of these incidents were due to inaccurate prescriptions. Consequently, CGL introduced a third check on each prescription completed to ensure it was accurate and signed. CGL staff told us about the arrangements they had in place to ensure there was good communication with community pharmacists to discuss any issues.

Duty of candour

- Staff were aware of their responsibilities to apologise to clients when the service had made a mistake. When this occurred, the service reported this in the service clinical governance meeting.

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

Assessment of needs and planning of care

- We read 54 care and treatment records across the seven CGL sites we visited. Staff had completed comprehensive assessments of clients' needs in a timely manner. Staff had asked clients for full details of their background history and their current circumstances. Records included information on the client's preferred

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language, history of substance misuse, their disabilities, their mental and physical health and their family and social network. Staff obtained information from the client's GP to contribute to their assessment. A doctor assessed clients' physical health needs prior to their treatment starting.

- Staff told us that when necessary and with the client's permission, they worked in partnership with other agencies to assess their needs. For example, in Bromley staff collaborated closely with a community mental health team to ensure a client's needs were appropriately assessed.
- Staff had developed recovery care plans for each client. Overall, these were personalised and holistic. Some care plans were not comprehensive; however, detailed information that demonstrated that staff had a good understanding of client need was recorded in progress notes. Care and treatment records clearly set out the care and support provided by CGL. Plans explained the actions that would address the client's individual needs and meet the client's treatment goals. For example, they explained how the service would support the client to build on their strengths and take steps work towards their goals. They explained how the service would provide support to the client through individual work and group work.
- At all the sites staff kept accurate and up to date care and treatment records. These were stored securely and staff could easily access information about a client to enable staff to provide effective care.

Best practice in treatment and care

- Staff at all sites followed best practice in the case of prescriptions for the management of opioid dependence and alcohol detoxification. CGL had comprehensive policies and procedures, including treatment pathways, which were in line with National Institute for Health and Care Excellence (NICE) guidance on prescribing medicines in substance misuse services. We confirmed through reading client records and talking with staff, that staff understood these procedures and implemented them in their practice with clients. Staff offered clients blood borne virus testing for hepatitis and HIV.
- Across the sites, staff supported clients to access psychological support. Each client had an allocated key

worker who worked with the client one- to-one and identified support groups which would be beneficial to the client's mental wellbeing and form part of their recovery plan. The worker met with clients during support groups and on a one-to-one basis to review their progress. Staff also told clients about other sources of psychological support available in the local area including therapy services and groups such as narcotics anonymous. Clients were positive about the psychological support CGL had provided to them. Clients said this support had improved their self-confidence and assisted them to make changes in relation to their substance misuse issues.

- Staff had detailed knowledge of the local resources which could provide specialist advice to clients on welfare benefits, housing, employment, training and leisure. Care records showed that staff supported clients to access support promptly through making referrals to other agencies and advocating on their behalf. Clients we spoke with confirmed that staff had given them access to helpful and effective advice about issues such as homelessness.
- A CGL doctor assessed clients' physical health before they commenced a treatment pathway for substance misuse. If the CGL doctor had concerns about the client's symptoms or presentation, they discussed with the GP and asked the GP to arrange to follow up the issue with the client. If a client informed a member of staff about concerns about their health, the staff member was able to bring the issue to a morning briefing meeting for multidisciplinary input and to form a plan to follow up the concern.
- Sites used outcomes to monitor clients in their service. CGL used the Public Health England Treatment Outcomes Profile (TOPs) outcome measures for each client. Staff used TOPs with clients when they started to use the service, then every 6-12 weeks and again when they left the service. TOPs data measured the throughput of clients through the service and changes in the clients' substance misuse. Additionally, CGL measured the numbers of clients staff had arranged to have BBV vaccinations and the number of Naloxone kits which staff had distributed.
- At each site, CGL also produced data as requested by commissioners in terms of outcome measures and key performance indicators (KPIs). Staff told us that they

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discussed performance at clinical governance meetings and took any required action to meet targets. For example, at Southend staff told us they were working on improving the rate of BBV vaccinations.

- CGL registered managers had devised a programme of clinical audits. Staff used the findings from audits to develop actions to improve practice. Audits included checks on the storage and administration of medicines and checks on the calibration of equipment. Additionally, staff carrying out the audits read care and treatment records to review whether staff were compliant with CGL procedures in terms of the delivery of care and treatment and record keeping. For example, in Bromley as a result of an audit of care records, the site developed an action plan in May 2016 for staff to make improvements on how they recorded and reviewed risk. Staff told us they discussed the action plan at team meetings and they had received additional guidance from their managers on what they expected of them. Progress with performance in this area would be subject to further review.

Skilled staff to deliver care

- Staff teams at the seven sites visited varied in their composition. All included a range of staff with the relevant qualifications and competence to care for clients. At each site, the provider based a consultant psychiatrist who provided clinical leadership. In addition, at all sites there was at least one nurse who led on the management of medicines and the promotion of BBV vaccinations. CGL gave nurses half a day each month to use for their professional development. In the case of doctors, revalidation took place every five years. All doctors we spoke with told us they received an appraisal every year as part of their continued practice requirements. The CGL medical director acted as the responsible officer for liaison with the General Medical Council (GMC) to ensure revalidation.
- Managers and recovery workers had significant experience in substance misuse services. The service promoted staff competence and skills through specialist training. There was an induction framework for staff and volunteers. There was a competence framework for volunteers which they were required to complete before they took on the responsibility of supporting clients.

- Staff had one to one supervision approximately monthly. Staff told us that they found supervision supportive, and could express any concerns to their line manager, including having too high a caseload if necessary. They also said that the team provided a supportive atmosphere and there were regular team meetings. Notes showed that supervision assisted staff to plan and progress their work with clients, raise any concerns about their workload and identify their development needs.
- CGL had a policy that staff should receive an appraisal each year. We saw evidence that staff had received an appraisal during the inspection.
- Managers told us that support was available to them from their senior managers and human resources staff when required. They said this enabled them to take swift action in response to any areas of underperformance by staff.

Multidisciplinary and inter-agency team work

- Sites held morning briefing meetings to ensure the multidisciplinary team was aware of new referrals and had up to date information on clients considered to be at high risk. The team ensured that clients continued to stay on the agenda of the briefing meeting until their level of risk reduced. In addition, each teams held another multidisciplinary meeting each week or fortnight which reviewed high risk clients and allowed more time for discussion about individual cases and treatment approaches.
- Care records showed evidence of joint work with other agencies such as probation and community mental health teams. For example, in Bromley staff had worked in partnership with a client's community psychiatric nurse to ensure a client got the appropriate support to meet their complex needs. At all the sites, staff had regular contact with the local children's safeguarding teams and worked together, undertaking joint home visits as required.
- CGL procedures required staff to update the client's GP when the service discharged a client.

Good Practice in applying the MCA

- Staff we spoke with told us they were aware of the principles of the Mental Capacity Act through team discussion or e-learning. They said that in practice they

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found that the MCA had limited application in their day to day work where there was a presumption that clients had the mental capacity to make decisions about their care and treatment. It was evident from case records that clients were fully involved in planning their care and treatment and had given their informed consent to information sharing and treatment. Staff had an understanding that clients' mental capacity may be impacted by substance misuse and that they should ensure that made sure they asked clients to make decisions when they were capable of doing so.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We spoke with 54 clients across the CGL sites. Clients told us that they felt staff listened to them and acted on their views. They said staff were patient, approachable and respectful. Clients told us that they did not feel any pressure to do anything they did not want to and did not feel staff judged them in regard to their substance or alcohol misuse. Clients said staff and volunteers had encouraged them to continue with their treatment plan and resolve the difficulties they had in their lives. Clients told us staff were friendly and made them feel relaxed and more confident in group sessions. We saw staff treating clients in a polite and helpful way.
- Clients gave us examples of how CGL staff had helped them to access practical support in relation to their social and mental health needs. Staff demonstrated a good understanding of the individual needs of the clients they worked with.
- Staff were conscious of maintaining clients' confidentiality. We observed that staff always spoke to clients in private. Staff told us they ensured they left no confidential information in interview rooms or reception areas.

The involvement of clients in the care they receive

- Clients told us staff involved them in the process of planning their care and treatment. We saw evidence in care records that staff discussed confidentiality and consent to treatment with clients. Staff clarified the client's wishes with regard to their treatment goals and in terms of whether they wished a family member or carer to be involved in the planning and review of their

care. If a client had given prior permission, staff made appropriate contact with family if there were concerns, for example in the instance of a missed appointment. Clients told us that they had fully participated in the development of their care plan and had received a copy of it. Clients said they attended reviews of their care and treatment and staff acted on their feedback and made changes to their care plan if this was required.

- CGL encouraged clients to give feedback on the service. At all of the sites there were forums for clients to meet together to discuss the service they had received and make suggestions for improvements. For example, at Bromley, clients met together as a 'service user council'. The council had developed questionnaires for clients and met with the Bromley site manager each fortnight to develop the service. Additionally, at Bromley, clients from a CGL service in Kent had acted as 'mystery shoppers' in October 2015 and reported back on their findings in relation to their reception by staff at the service.
- Across the sites we heard about changes staff had made to the service in response to feedback from service users. This included changes to the timing and frequency of meetings and breakfast clubs. At the Barking and Dagenham site, we met with a client who spoke positively about their involvement at the local and national level in terms of giving feedback to CGL managers about the service. They also told us that clients were involved in the recruitment of staff through attending staff interviews and scoring applicants' responses to interview questions.
- CGL supported clients who were in recovery to become volunteers or peer mentors if they wished. Volunteers assisted staff by interacting with clients at reception and during groups. Volunteers could then progress to become peer mentors supporting clients on a one-to-one basis. CGL employed peer mentor and volunteer co-ordinators to provide ongoing support to volunteers and peer mentors. Peer mentors had successfully applied for employment with the service. Additionally, CGL operated an apprenticeship scheme which was open to previous clients who had stopped using drugs and alcohol.

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

Access and discharge

- At all of the CGL sites, the multidisciplinary teams aimed to assess and treat clients as quickly as possible. There were no waiting lists and the service offered new clients who contacted the team an appointment with a recovery worker for an assessment within one or two days. Staff always saw clients who came to the service without a prior appointment. This was the case for both new clients and clients already known to the service. If a client's allocated worker was unavailable another member of staff met with the client.
- Once a recovery worker had met with a new client and obtained their consent, the team contacted the client's GP. Staff explained to clients that they could not prescribe to them without information from their GP. The team made an appointment for the client to see a doctor as soon as the team received information from the GP. Again, staff could arrange such an appointment at very short notice and chased up information from the GP as necessary. If a client was not registered with a GP this was not a barrier to treatment. If this was the case, the team took appropriate steps to ensure any prescribed treatment was safe and supported the client to register with a GP.
- Staff documented the client's preferred method of contact if they did not attend for appointments. This included information on whether the client had anyone, such as a relative or partner, that CGL staff could contact. Staff told us they tried to be as flexible as possible with regard to appointment times for clients. Clients told us that staff did not cancel planned appointments and they were generally on time. Clients said that if they missed an appointment they were able to see a member of staff if they came to the team site. Some of the sites we visited had extended opening times. This enabled clients to access the service outside of normal working hours.
- Records showed staff used the CGL 'missed appointment checklist and decision making matrix' if a client did not attend an appointment. The checklist

included risk indicators to enable staff to plan the appropriate follow up actions. Teams also monitored the rate of 'did not attend' for appointments as part of their performance management framework. Teams had taken steps to reduce the risk of a client missing an appointment through sending text messages to remind clients of their appointments.

- In client records, there was evidence that staff worked in partnership with other local agencies when clients had complex needs. For example, CGL staff assisted clients to access mental health services and referred clients for Care Act assessments when this was appropriate.

The facilities promote recovery, comfort, dignity and confidentiality

- The size and layout of the premises varied at the sites we visited. All of the sites had reception and client waiting areas, areas for the sole use of staff, interview rooms and clinic rooms. Clients at all the sites told us they felt comfortable with the reception facilities, even though some reception areas were very busy when we visited. Volunteers played an important role in supporting clients to feel comfortable whilst they were using the service. For example, they sat in reception and offered clients drinks and refreshments.
- Interview rooms were appropriately soundproofed at most sites. However, at Barking and Dagenham, a member of staff told us interview rooms were not adequately soundproofed. Clients told us staff were mindful of confidentiality and did not discuss private matters with them in the waiting areas. At Peterborough, the needle exchange room was located directly off the client waiting area. We observed that staff were as discreet as possible when interacting with clients using this part of the service.
- At all of the sites, there was a range of information on display in reception areas. This included information on the care and treatment offered at the site, local community and advocacy services and how to make a complaint. Leaflets were available on topics such as substance abuse and treatment, local community resources including support groups, breakfast clubs and 'drop-ins', help with domestic violence and housing problems.

Meeting the needs of all people who use the service

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- All the teams worked closely with commissioners and other agencies to review the needs of the local population. Staff were able to describe emerging issues in their local areas due to demographic changes and new patterns and types of substance misuse. There was variation across the teams in terms of the team's remit to respond to these issues. This was due to differences in commissioning arrangements. During the inspection, we heard of many examples of initiatives to meet the needs of the local population. For example, commissioners funded the Newham team to develop engagement with local black, minority, ethnic groups and had set up an outreach programme. At Southend, the team included an outreach worker who worked in partnership with the Police and other agencies to offer support to rough sleepers. The commissioner of CGL in Bromley told us that CGL had taken appropriate action to address emerging needs in relation to alcohol misuse.
- In all of the teams, staff demonstrated an understanding of clients' additional vulnerabilities and took action to ensure they assessed and met their needs. Staff understood how to access additional support for clients who were experiencing issues such as domestic violence and homelessness. Clients who were referred from prison, hospital, mental health units, rehabilitation centres or following the birth of a child were given a red flag status and reviewed at every clinical meeting.
- All of the teams were able to access interpreters and provide clients with information in their own language. Teams gave consideration to ensuring clients with additional needs could access the service. For example, staff asked clients about their disabilities and other factors that might make it hard for them to come to the service. Not all of the sites were accessible to wheelchair users. Staff made home visits when clients were unable to visit the service.
- Managers and staff at all the sites had completed a CGL 'equality, diversity and inclusion self-assessment tool' during 2016. Topics covered in the tool included: ensuring that clients knew how to raise concerns relation to fairness and discrimination; ensuring that recovery plans and risk management plans show that support for diverse client needs have been discussed with the client and actioned and ensuring that services provided are accessible to clients with diverse needs.

Teams discussed findings from the self-assessment at clinic governance meetings and used the findings to make improvements. For example, at Bromley, the team were taking action to ensure their services were more accessible to the lesbian, gay, bisexual and transsexual community.

Listening to and learning from concerns and complaints

- CGL sent us information on the number of complaints received at each site covered by the London Regional Office Location. In total 95 complaints were recorded in the 12 month period 1 July 2015 – 30 June 2016. Of these, 29 had been partially or fully upheld. We reviewed the responses made to complainants. These showed that service managers had responded fully and openly to concerns raised by complainants. Some clients had raised queries about treatment options and their prescriptions. They received responses which explained CGL protocols on treatment. In some instances, clients had complained about poor communication from staff. Managers had reminded staff about the importance of checking with clients about how CGL should communicate with them at each contact.
- CGL had developed a range of mechanisms to obtain and act on client views of the service. At all the sites, teams asked clients to give feedback on the quality of the service at meetings and through completing questionnaires. 'You said - we did' information boards were on display in reception. These showed that CGL staff had made various changes in response to feedback from clients. Examples included changing the timing of meetings and arranging social events.

Are substance misuse services well-led?

Vision and values

- The provider stated in their annual report 2016 that their change of name to 'change, grow, live' was intended to convey the organisation's vision in terms of 'the empowerment'. Staff understood the CGL vision. They said their induction and training emphasised that staff should enable clients to develop their strengths and achieve positive and lasting change. Clients told us staff explained CGL's vision and values to them when they started to use the service.

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- Clients told us they were involved in making decisions about the development of CGL services at the local level and at the national level through user councils and consultation events. Commissioners told us CGL worked constructively with them and other stakeholders to improve and develop local services.

Staff and clients said senior CGL managers had visited their sites to talk with them about their work and listened to their views.

Good governance

- There were effective arrangements in place to ensure the safety and quality of care. For example, CGL had robust procedures in relation to decision-making on care pathways and the prescription and management of medicines. The CGL national medicines management committee developed the procedures and ensured they were compliant with NICE guidance. Staff at the sites followed these procedures.
- At each site, registered managers had undertaken recent audits
- At each site, teams used Public Health England monitoring tools such as treatment outcomes profile (TOPs) to track and monitor outcomes and performance in relation to client recovery and discharge from the service. Staff we spoke with were aware of the targets and their responsibilities in relation to achieving these. Staff had access to performance data including information on clients who were in treatment, clients who did not attend for appointments, completion of treatment and discharges from the service, client take-up of BBV vaccinations and the distribution of Naloxone kits to clients. Minutes of local governance meetings showed that teams reviewed performance data and made plans to improve performance when this was necessary.
- CGL informed us prior to the inspection that the two highest risk areas identified for all sites were 'failure to safeguard children's and adults at risk' and 'failure to provide safe clinical interventions'. Staff at the sites visited were aware of these risks and there were processes in place to mitigate the risks such as clinical audits and safeguarding audits.

Leadership, morale and staff engagement

- At each site staff reported there was effective local leadership from the team manager and clinical lead. Staff said the registered manager responsible for their site came to the site regularly to speak with staff and review the team's progress.
- Staff told us their managers were open to feedback and listened to their ideas. They were aware of whistleblowing procedures and said they would be prepared to use them if this was necessary. There were no bullying or harassment cases. There were robust arrangements for professional clinical leadership for doctors and nurses. These staff were able to meet with their peers from other CGL sites to develop their professional practice. They also received appropriate clinical supervision and support.
- Staff were positive about team morale. They told us relationships were constructive between team members and team meetings were well-run and productive. Staff said there were opportunities for career progression within CGL. Managers told us they received training and support to equip them for their role.
- Sickness and absence rates varied at the sites visited. Data for July 2016 showed that of the sites visited Barking and Dagenham, with a staff team of 32 had the highest sickness rate at that time which was 11%. The manager told us they were receiving support from their managers and the CGL human resources department to implement CGL sickness monitoring and return to work procedures.
- Clients told us that staff were open and honest with them. Records showed that staff had spoken with clients and apologised when this was appropriate.
- Staff followed reporting processes for incidents in terms of internal reporting and reports to commissioners and Public Health England. However, London Regional Office had not always notified CQC of deaths of clients of the service and other notifiable incidents, such as police incidents.

Commitment to quality improvement and innovation

- Staff told us that CGL encouraged creativity and innovation in order to meet the strategic outcomes which had been set with the commissioners of the service. For example, in Newham, CGL had subcontracted with another agency to improve take-up

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of services by black and minority ethnic groups. The choice of agency was evidence based and informed by CGL's knowledge of the agency's work in this area in another part of the country. In Peterborough, the team worked in partnership with another organisation to deliver support for parents and children affected by substance misuse. At Southend, a 'recovery café' had recently opened was open for breakfast and staffed by peer mentors, volunteers, and clients.

- At Barking and Dagenham the team had introduced mindfulness sessions each week and staff were encouraged to attend. In addition, there was a recovery co-ordinator of the month competition. Managers at the other sites we visited told us they were due to introduce recognition and award schemes for staff in the near future.
- CGL had developed a national strategy to promote the use of Naloxone to save the lives of people who overdose. This was being implemented at all the sites visited.
- Staff at the sites we visited told us that they had provided data to support CGL research projects. For example, through providing information on clients who did not attend appointments. At Southend, the staff team were working with the CGL central data team to refine outcome measures and capture data on the outcomes for clients at six months and twelve months after treatment.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- CGL should ensure they send CQC the required statutory notifications in relation to deaths and incidents.

Action the provider **SHOULD** take to improve

- CGL should ensure there is accurate and up to date information available on compliance with mandatory training and staff appraisals.
- CGL should ensure that cleaning of the premises at Bromley and all sites is effective.

- At the Barking and Dagenham site, CGL should ensure interview rooms are as soundproof as possible and the room used by clients for urine tests is appropriate in terms of providing privacy and dignity.
- CGL should ensure that human resource management systems enable site managers to easily identify when the Disclosure and Barring Service (DBS) check for a staff member has not been received.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The registered manager did not notify the CQC Commission of all the incidents it was required to. The provider did not notify the CQC without delay of all incidents of abuse or allegations of abuse in relation to a service user, or of incidents reported to, or investigated by, the police.</p> <p>This is a breach of Regulation 18(2)(e)(f)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services</p> <p>The registered manager did not always notify the CQC without delay of deaths that occurred while services were being provided in the carrying on of a regulated activity or have, or may have, resulted from the carrying on of a regulated activity.</p> <p>This is a breach of Regulation 16 (1)(2)(3)</p>