

# St Anne's Community Services – Alcohol Services

## 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 issues that the service provider needs to improve:

- At Anne's Community Services – Alcohol Services had not addressed all the issues identified at the last inspection and still did not meet Regulations 12 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.
- Risk assessments did not include all of the risks identified by the original referral. Clients with identified physical health risks did not have an appropriate risk assessment or plan to manage this risk.
- The service's process of monitoring the physical healthcare of clients put them at risk because the service missed changes in the physical health of clients whilst they were admitted to the service. This was because when a referrer had not identified a physical health need to the service, then the service would not undertake regular physical health monitoring.

- Staff were not correctly and consistently ensuring that observations and assessments following the administration of 'pro re nata' (when required) medications to clients were completed and recorded as per the St Anne's Alcohol Services medication administration policy
- Managers did not have a system to monitor compliance rates for mandatory training, supervision and appraisals. Local audits had not identified areas of concern that we found with care records, risk assessments and cleaning schedules.

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

- The service had addressed several of the areas of concern identified in the previous inspection. This included sourcing child safeguarding training for staff, completing a risk assessment and plan for responding to emergencies, and introducing a system to monitor equipment to respond to emergencies. The service had explored and introduced alternative medication to support clients with physical health conditions through alcohol withdrawal.

# Summary of findings

- The service had implemented several of the reported actions that the provider should undertake to improve identified in the previous inspection. This included purchasing a defibrillator and training staff in how to use it, introducing a formal programme of specialist substance misuse training for staff and introducing a statement of recovery produced in partnership with clients.

# Summary of findings

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# St Anne's Community Services - Alcohol Services

**Services we looked at**

Substance misuse/detoxification;

# Summary of this inspection

## Background to St Anne's Community Services - Alcohol Services

St Anne's Community Services – Alcohol Services includes a detoxification service and a residential rehabilitation service. They provide treatment to men and women over 18 years of age. The service is separated into:

- A five-bed detoxification service which provides residential alcohol detoxification to adults who require a safe and supervised place to withdraw from alcohol. This includes clients who are stable on substitute prescriptions for opiate dependency.
- An additional 18-bed residential rehabilitation service provides adults who have been experiencing alcohol-related problems with an intensive period of support to maintain abstinence from alcohol.

Clients can attend the detoxification service without attending the residential service, and vice versa. Clients can also attend for a detoxification from alcohol and then continue into the residential service. The referral route for both the detoxification and the rehabilitation services is through the community-based substance misuse services in Leeds.

St Anne's Community Services - Alcohol Services are one of 58 locations registered with the Care Quality Commission provided by St Anne's Community Services. St Anne's Community Services provides a wide range of services to people who require support for a variety of different reasons. They provide services across Yorkshire

and the north east for people who require support because they have a learning disability, have mental health problems, have issues around substance use, and to people who are or have been homeless. Services provided by St Anne's Community Services include a variety of housing and accommodation based support and care, day services, and community based support.

The service had a registered manager in place at the time of inspection. St Anne's Community Services - Alcohol Services registered with the Care Quality Commission on 15 March 2011. The service was registered to provide:

- Accommodation for persons who require treatment for substance misuse.

Four inspections have been undertaken since St Anne's Alcohol Services were first registered. At the last inspection on 29 March 2016 we found that St Anne's Alcohol Services was not meeting all the Care Quality Commission regulations. We issued the provider with two requirement notices for this service. These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment
- Regulation 17 HSCA (RA) Regulations 2014 Good governance

## Our inspection team

**Team Leader:** Chris Storton, Inspector (Mental Health) Care Quality Commission

The team that inspected the service comprised three CQC inspectors which included the team leader, and one CQC inspection planner.

## Why we carried out this inspection

We undertook this inspection to find out whether St Anne's Community Services – Alcohol Services had made improvements to their substance misuse service since our last comprehensive inspection in March 2016.

Following the March 2016 inspection, we told the provider it must make the following actions to improve substance misuse services:

- The provider must ensure that mandatory training is completed by staff.

# Summary of this inspection

- The provider must ensure that staff are able to identify child safeguarding risks and concerns, and that staff receive child-safeguarding training to an appropriate level for their role.
- The provider must ensure that there is a clear and consistent system in place for assessing and managing client risk.
- The provider must ensure that all clients have current care plans in place, which include risk assessments and risk management plans, in line with the National Institute of Health and Care Excellence.
- The provider must ensure that all risk assessments and risk management plans are completed on admission and include all the risks identified for each individual client, and that both are reviewed and updated regularly or where the risk changes.
- The provider must ensure that they complete and document physical health observations and ongoing physical health risk assessments, as well as baseline observations.
- The provider must ensure that these physical health observations and baseline observations are documented, and also discussed in the staff handover sessions.
- The provider must ensure that observations and assessments for pro re nata (as required) medications for clients are completed and recorded as per the St Anne's Alcohol Services medication administration policy.
- The provider must ensure that there is a risk assessment in place for their response to emergencies, including contact 111 (non-urgent help-line), the provision of emergency medication and equipment for resuscitation including the defibrillator, and the response time for urgent treatment and distance to accident and emergency.
- The provider must ensure that there is a system in place to ensure that the staff equipment is in working order so that staff can be alerted to respond to emergencies.
- The provider must ensure that the alcohol detoxification is personalised to the client, for example the use of alternative medication where the liver is not functioning properly.
- The provider must ensure that the governance systems established operate effectively and are embedded to assess, monitor and improve the quality and safety of the service provided. This includes

systems to ensure that mandatory training is appropriate and completed by staff, including child safeguarding training. This also includes the effective use of audits to ensure appropriate service risk assessments and management plans are in place, that client risk assessments and risk management plans are in place, and that observations for as required medications and physical health are being completed, including baseline observations.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12 Safe care and treatment
- Regulation 17 Good governance

We also reported that the provider should take the following actions:

- The provider should ensure that the cleaning schedules are completed and signed following the completion of the work.
- The provider should ensure that they complete a risk assessment and management plan around the requirement of client call alarms in the 18 residential rehabilitation beds.
- The provider should ensure that they complete a risk assessment and risk management plan around their mixed sex accommodation.
- The provider should ensure that there is a formal programme of specialist substance misuse training for the administration of medication, including a schedule of competency assessments or supervised practice.
- The provider should ensure that the service has access to a defibrillator and that staff trained to use this equipment.
- The provider should ensure that the visits policy reflects the requirement to safeguard children and vulnerable adults, and is representative of the terms and conditions agreed by the clients.
- The provider should ensure that staff are clear which incidents to report, including situations where they feel intimidated.
- The provider should consider clients in the detoxification service having a named nurse as a contact throughout their treatment.

# Summary of this inspection

- The provider should ensure that all care plans are individually tailored to the client's needs, with evidence that the client agrees to it, and that the client has been offered a copy.
- The provider should ensure that a discharge plan is in place at the start of the clients' treatment.
- The provider should ensure that all decision specific capacity assessments are documented in the client record.
- The provider should consider input from a dietician to ensure that clients' nutritional needs are being met
- The provider should ensure that the mission, vision and values (core principles) are embedded in St Anne's Alcohol Services.
- The provider should consider a vision or statement of recovery specific to alcohol misuse for staff to embed in their practice, and for clients to work towards.
- The provider should ensure that information on supervision, appraisal and training are held in one place and that this information is accurate.

## 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?

On this inspection, we assessed whether the service had made improvements to the specific concerns we identified during our last inspection. We also followed up on a sample of the actions we reported the provider should take. This was a short-notice announced inspection.

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

During the inspection visit, the inspection team:

- visited the location and looked at the quality of the physical environment
- spoke with three clients
- spoke with the registered manager
- spoke with three other staff members employed by the service provider, including nurses and support workers
- spoke with two peer support volunteers
- looked at nine client care and treatment records and medicines records
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with three people who were using the service on the day of inspection. Clients told us that they had an individual care plan and that they felt the care plan met their needs. Clients gave us examples of how their care plan had been personalised to meet additional needs such as dealing with mobility issues or housing needs.

Clients were positive about the staff in the service and described them as 'very knowledgeable', 'approachable' and 'really helpful'. One client described the experience of detoxification and rehabilitation provided by the service as 'life saving'.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We do not currently rate standalone substance misuse services.

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

- At this inspection, the provider had not completed actions to address the issues identified in the breach of regulation at the last inspection in March 2016 to ensure that all clients had risk assessments and risk management plans in place that were completed on admission and included all the risks identified for each individual client, and that were reviewed and updated regularly or where the risk changed. At this inspection risk assessments did not include all of the risks identified by the original referral. Clients with identified physical health risks and risks associated with blood borne viruses did not have an appropriate risk assessment or plan to manage this risk.
- At this inspection, the provider had not completed actions to address the issues identified in the breach of regulation at the last inspection in March 2016 to ensure staff completed observations and assessments for pro re nata (as required) medications for clients per the St Anne's Alcohol Services medication administration policy. This remained outstanding at this inspection and staff did not document decisions relating to prescribing pro re nata (as required) medication.
- At the inspection in March 2016, staff did not clearly document physical health observations, ongoing physical health risk assessment and baseline observations. At this inspection physical health observations were not always stored with care records and may not be easily accessible for staff. Also, it was not clear how staff would identify or respond to clients in the residential service who developed physical health needs or developed symptoms from an existing physical health condition
- The service had responded to the actions identified in the last inspection that the provider should take to improve by purchasing a defibrillator and training staff to use it. However, staff did not regularly check the service's defibrillator to ensure that it was in working order.

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



# Summary of this inspection

- The provider had taken action to address the issues identified in the breaches of regulation at the inspection in March 2016 in relation to staff understanding and training in child safeguarding, checking the staff two-way radio system, and risk assessing and planning their response to a medical emergency.
- At this inspection the service had sourced child safeguarding training from the local authority which had been provided to all staff, they had risk assessed and had a clear plan in place for how the service would respond to medical emergencies, and the service had a procedure for checking that staff two-way radios were in working order.

## Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- At this inspection, the provider had completed actions to address the issues identified in the breach of regulation at the last inspection in March 2016 to ensure all client records included a care plan and that care plans were reviewed in line with the service's guidance and had explored and introduced alternative medication to support clients with physical health conditions through alcohol withdrawal.
- The provider had also taken action in response to the actions identified in the last inspection in March 2016 that the provider should take to improve. All clients in the detoxification should have a named nurse as a contact throughout their treatment, that clients have a copy of their care plan and discharge plans are discussed at the beginning of treatment.
- At this inspection all care plans included a named nurse for the client and evidence that clients had been offered a copy. All care plans included discharge plans for the client including a plan for how both the service and client would manage an unexpected discharge from treatment.

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

- Care plans for clients admitted to the detoxification service had little evidence of personalisation. The personalisation of care plans for clients admitted to the rehabilitation service was inconsistent.

## Are services caring?

We do not currently rate standalone substance misuse services.

Since the last inspection in March 2016 we have received no new information that would cause us to re-inspect this key question.

# Summary of this inspection

## Are services responsive?

We do not currently rate standalone substance misuse services.

Since the last inspection in March 2016 we have received no new information that would cause us to re-inspect this key question.

## Are services well-led?

We do not currently rate standalone substance misuse services.

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

- At this inspection, the provider had not completed actions to address the issues identified in the breach of regulation at the last inspection in March 2016 and governance systems were still either not in place, operating effectively or established and embedded to assess, monitor and improve the quality and safety of the service provided.
- Managers still did not have a system to monitor compliance rates for mandatory training, supervision and appraisals. This meant that they lacked oversight and focus on how well staff were able to care for clients.
- Local audits still did not identify the areas of concern which we found with care records, risk assessments, emergency equipment and cleaning schedules.

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

- The service had adopted statement of recovery specific to alcohol misuse which was an action identified that the provider should take to improve following the previous inspection in March 2016.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

We did not review the service's adherence to Mental Capacity Act and Deprivation of Liberty Safeguards during this inspection.

# Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse/detoxification services safe?

### Safe and clean environment

At the inspection in March 2016 we found that the cleaning schedules were not always completed and signed following the completion of the work.

At this inspection the environment was clean and well-maintained. The service had introduced a new cleaning schedule in February 2017 which included a clear schedule of activities for daily, weekly and monthly cleaning tasks. However, the service could not provide examples of completed cleaning schedules other than from the week prior to inspection. The service did not have an audit process which would have identified that cleaning schedules were not being regularly completed.

### Assessing and managing risk to clients and staff

Our inspection in March 2016 identified deficiencies in the service's approach to assessing and managing risk to clients. We found that:

- There was not clear and consistent system in place for assessing and managing client risk
- Not all clients had current care plans in place, which included risk assessments and risk management plans, in line with the National Institute of Health and Care Excellence
- Risk assessments and risk management plans were not completed on admission and did not include all the risks identified for each individual client
- Risk assessments were not reviewed and updated regularly or where the risk changed.
- Physical health observations, ongoing physical health risk assessment and baseline observations were not clearly documented.

At this inspection, the service had introduced a new risk management tool in an attempt to ensure there was a clear and consistent system in place for assessing and managing client risk. The new risk management tool was incorporated into the admission procedure for all clients entering the detoxification service or rehabilitation service. The tool was designed to identify and assess all risks for clients from the point of referral, with risks being re-assessed at the point of admission and halfway through the treatment plan or sooner if risks changed.

Risk assessments were present in eight of the nine care records we reviewed. The service guidance stated that risk assessments would be reviewed at admission and halfway through the treatment programme or following an incident. Of the eight records, six were for patients who had progressed over halfway through their treatment plan. Two of the eight risk assessments had evidence of review in line with the service's guidance.

In five of the eight care records we reviewed, the risk assessment did not include all of the risks identified by the original referral. For example, clients with moderate risks identified by the referrer associated with suicide, self-harm and neglect did not have these risks identified in the risk assessment and it was not clear from risk management plans how staff mitigated these risks. Clients with physical health conditions such as chronic obstructive pulmonary disease, angina, asthma, diabetes or low blood pressure, as well as blood borne viruses like Hepatitis C, did not have a risk assessment or risk management plan for their physical health condition. We also found that care plans did not include evidence on how staff cared for and managed the needs of clients with an identified physical health condition including blood borne viruses, or how clients managed these conditions themselves.

We observed the admission of a new client to the detoxification service. Staff asked the client to rate their physical health and recorded the client's weight and blood

# Substance misuse/detoxification

pressure. Staff told us they used an early warning system to monitor physical health. The early warning system is a scoring system for six physical health measurements (respiratory rate, oxygen saturations, temperature, systolic blood pressure, pulse rate and level of consciousness). It is used to monitor the physical health of clients and provide a timely clinical response if a client's physical health deteriorates. Staff confirmed they undertook physical health observations for clients in the detoxification service which included blood pressure, weight, temperature, pulse rate, respiration rate. Staff told us they could also undertake blood glucose monitoring if the client was diabetic. Staff told us that during handovers they would discuss clients' early warning scores and their selective severity assessment scores. The selective severity assessment is a clinical tool used to both differentiate and assess the physical symptoms of alcohol withdrawal for a client undergoing detoxification.

Physical health observations were not carried out routinely for all clients in the rehabilitation service. The registered manager told us that in cases where the referrer had not identified a physical health need that required ongoing physical health observations, the service would not undertake regular physical health monitoring. It was not clear how staff would identify or respond to clients in the residential service who developed physical health needs or developed symptoms from an existing physical health condition. We reviewed five care records for clients in the rehabilitation service, where clients required regular monitoring of their physical health. Two of these records did not include physical health observations however staff were able to source the notes which were stored being stored separately. Therefore, physical health observations were not always stored with care records and may not be easily accessible for staff. The three remaining care records did not show evidence that the service was undertaking regular monitoring of the client's physical health. The service had not fully addressed the concerns identified in the previous inspection in relation to risk assessment and risk management, and documenting physical health observations.

Our inspection in March 2016 found that;

- Staff did not ensure that observations and assessments for pro re nata (as required) medications for clients were completed and recorded as per the St Anne's Alcohol Services medication administration policy.

At this inspection, the registered manager told us that staff now used the selective severity assessment as a clinical tool to assess clients before administering pro re nata (as required) medications. Our review of care records found one client had received pro re nata (as required) medication in the month prior to inspection. Staff had used the selective severity assessment to assess the patient however the scoring used on the assessment did not match the algorithm for prescribing pro re nata (as required) medications. We raised this with the registered manager who told us that staff were still expected to use their clinical judgement in administering pro re nata (as required) medications. However, we remained concerned that the rationale for using clinical judgement and prescribing pro re nata (as required medications) rather than not prescribing this medication as per the outcome of the algorithm was not documented in the client record. This meant that staff were still not correctly and consistently ensuring that observations and assessments for pro re nata (as required) medications for clients were completed and recorded as per the St Anne's Alcohol Services medication administration policy.

Our inspection in March 2016 found that;

- the service did not have a risk assessment in place for the service's response to emergencies, including contact 111 (non-urgent help-line), the provision of emergency medication and equipment for resuscitation including the defibrillator, and the response time for urgent treatment and distance to accident and emergency. We also reported that the provider should ensure that the service had access to a defibrillator and that staff were trained to use this equipment

At this inspection the service had risk assessed what would happen in an emergency and had a clear plan in place for how the service would respond. This included the provision of emergency medication, the expected response time for urgent treatment and the distance to accident and emergency. Whilst the service had access to a defibrillator and staff were trained to use this equipment, there was not a system in place to regularly check that the defibrillator battery was charged and in working order.

Our inspection in March 2016 found that;

- there was not a system in place to ensure that the staff radios were in working order so that staff could be alerted to respond to emergencies.

# Substance misuse/detoxification

At this inspection the service had improved this. The provider had implemented a clear procedure for checking that staff radios were in working order. Staff were required to test their radios at the start of each shift and complete a form to state that they had tested them. The registered manager completed a monthly audit of the forms to check that staff were completing the forms and testing their radios.

Our inspection in March 2016 found that;

- there was low compliance for some mandatory training, including moving and handling of clients. This could impact the safety of the staff and the clients.
- staff could not all identify child safeguarding risks and concerns, and staff had not received any child-safeguarding training to an appropriate level for their role.

In order to improve practice, the service had implemented a system which documented each member of staff's mandatory training compliance. We reviewed the log and saw that most staff had received updates on their mandatory training throughout 2016. However, the service did not have a system which monitored overall compliance rates for mandatory training at a service wide level. Staff and volunteers were aware of the courses which were considered mandatory training and could request print outs of their individual compliance rates. Staff told us that mandatory training compliance was reviewed in individual supervision sessions.

At this inspection the manager told us that the service had provided all staff with a briefing on child safeguarding. Following this briefing the service had sourced safeguarding training from the local authority which had been provided to all staff. Staff confirmed this and told us that they had received child safeguarding training from the local authority. Volunteers in the service had not yet received formal child safeguarding training, however one told us that they had information provided by the service on child safeguarding.

Following our inspection in March 2016 we reported that the provider should ensure that they complete a risk assessment and management plan around the requirement of client call alarms in the 18 residential

rehabilitation beds, and a risk assessment and risk management plan around their mixed sex accommodation. At this inspection we found that the service had completed both of these actions.

## Are substance misuse/detoxification services effective?

(for example, treatment is effective)

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

Our inspection in March 2016 found that;

- Care plans were not holistic and individually tailored to the client's needs, with clear actions. There was a lack of evidence to show clients were given a copy of their care plans
- discharge plans were not in place at the start of the clients' treatment in the alcohol services.
- clients in the detoxification service did not have a named nurse as a contact throughout their treatment.

At this inspection, the service had implemented a new care plan format which included risk assessment and risk management plans. We found care plans in all nine of the care records we reviewed. This was an improvement from the last inspection. The service had implemented a new tool to guide care planning. All clients who entered the service had a similar care plan for the first week of their treatment. This care plan aimed to address their immediate risks and needs during their admission. During the initial week of treatment staff worked with the client to produce a personalised care plan which focussed on the personal goals of the client. The care plan template covered eight areas of need; (1) safety and wellbeing; (2) physical health; (3) mental health; (4) social needs; (5) nutrition and hydration; (6) mobility; (7) personal choice and preference; and (8) discharge planning. Each care plan included a space for clients to add their comments to the care plan. Each care plan had a space for clients to indicate whether they would like and had received a copy of their care plan. All care plans included a named nurse for the client. All care plans included discharge plans for the client including a plan for how both the service and client would manage an unexpected discharge from treatment.

# Substance misuse/detoxification

Whilst we found that care planning had improved since the last inspection we found that the personalisation of care plans was not consistent. Care plans alternatively referred to clients by their first name, full name and as 'client'. We compared the care plans for two clients admitted to the detoxification service and found that with only two exceptions related to physical health, the care plans were identical. In one care plan for a client admitted to the rehabilitation service a client had indicated in the client feedback section that some of the care plan did not apply to them. This care plan had been reviewed halfway through the treatment plan without being amended and the client had noted a second time in the client feedback that not all of the care plan applied to them.

Our inspection in March 2016 found that;

- alcohol detoxification was not personalised to the client, including for example the use of alternative medication for physical health conditions.

The service previously had access to only one medication, Chlorodiazapoxide, to support clients through alcohol withdrawal. This meant that the service did not have access to medication to support clients with more severely decompensated livers and poor liver function. Following the last inspection, the service had improved practice by exploring and introducing alternative medication. The service had established protocols for prescribing librium and lorazepam to support clients with physical health conditions as they undertook alcohol detoxification.

## Are substance misuse/detoxification services caring?

Since the last inspection in March 2016 we have received no new information that would cause us to re-inspect this key question.

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

Since the last inspection in March 2016 we have received no new information that would cause us to re-inspect this key question.

## Are substance misuse/detoxification services well-led?

### Vision and values

Following the March 2016 inspection we reported that the service should consider a vision or statement of recovery specific to alcohol misuse for staff to embed in their practice, and for clients to work towards. In our inspection in April 2017 we found that staff and clients had co-produced a new statement of recovery. The statement was;

- "St Anne's Alcohol Services offer a safe place where support is provided to achieve sustained abstinence from alcohol and where recovery includes improved health, a better understanding and belief in one's self, an honest approach to challenges, the learning of new skills, hope for the future and the unlocking of potential".

### Good governance

Our inspection in March 2016 found several deficiencies in local governance arrangements. Governance systems established did not operate effectively and were not embedded to assess, monitor and improve the quality and safety of the service provided, including;

- compliance data for mandatory training, supervision and appraisal was not held in one central place and there was a disparity between the data held locally and the data held by the provider organisation.
- local audits did not ensure that client records were complete, that clients were risk assessed, and that all staff followed procedures, like completing the observation sheets and cleaning schedules.

Our inspection in April 2017 found that the service had worked to improve local governance arrangements. The service had introduced a series of monthly audits which included audits of client records, risk assessments, and supervision and appraisal records. The service had introduced an annual cycle of audits.

Audits of client records did not identify the deficiencies in risk assessments and risk management plans that we identified during the inspection. Not all clients had an up to date risk assessment and risk management plan in their care record. Risk assessments did not include all of the



# Substance misuse/detoxification

risks identified by the original referral. Clients with identified risks related to their mental health, physical health and social needs did not have a risk assessment or risk management plan to mitigate these risks.

The service did not regularly audit cleaning schedules. Staff could not provide evidence that cleaning schedules had completed apart from during the week prior to inspection. The service did not regularly check the defibrillator to ensure that it was in working order which meant that checks of emergency equipment were not being fully and regularly completed.

The approach used by the service to monitor mandatory training, supervision and appraisals did not support good governance and had not improved since the last inspection. The service maintained a database which recorded the dates of completed courses and supervision sessions for each individual member of staff. The service undertook audits every three months of up to three staff members' compliance with mandatory training and

supervision records. However, the use of these quarterly audits provided the manager with only a snapshot of compliance which did not include all members of staff. This did not allow managers to monitor total compliance for mandatory training, total compliance for individual mandatory training courses, total compliance for supervision or individual compliance for supervision.

We raised during feedback with the registered manager that during the inspection in March 2016 the service was able to provide compliance rates for mandatory training, supervision and appraisals. The registered manager told us that compliance rates were produced as a specific piece of work in response to the announced inspection in March 2016. This had not been maintained at a local level following the last inspection.

We found therefore governance systems were either still not in place, or operating effectively or established and embedded to assess, monitor and improve the quality and safety of the service provided.



# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that risk assessments include all risks identified by the referral and that appropriate risk management plans are put in place.
- The provider must ensure that staff assess, monitor and document physical health needs for all clients, and store this consistently in the client record so they are easily accessible for all staff.
- The provider must ensure that staff undertake observations and assessments for pro re nata (as required) medications for clients and record these as per the St Anne's Alcohol Services medication administration policy, and that all medication prescribing decisions are clearly documented.
- The provider must ensure that there is a system of regular checks on the service's emergency equipment to ensure it is in working order.

- The provider must ensure that systems are in place which monitors compliance rates with mandatory training, appraisals and supervisions.
- The provider must ensure care records, risk assessments and cleaning schedules are routinely and effectively audited to ensure compliance and improve quality.
- The provider must ensure that the governance systems are in place, operate effectively and are embedded to assess, monitor and improve the quality and safety of the service provided.

### Action the provider **SHOULD** take to improve

- The provider should ensure that all clients admitted to the service receive a care plan which is personalised to their needs.

## Enforcement actions

### 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Risk assessments and risk management plans were not did not include all the risks identified for each individual client.</p> <p>Staff did not document physical health observations and store these consistently in the client record.</p> <p>Observations and assessments for pro re nata (as required) medications for clients were not completed and recorded as per the St Anne's Alcohol Services medication administration policy. Decisions about pro re nata (as required medication) were not documented,</p> <p>Staff did not regularly check the defibrillator to ensure it was in working order.</p> <p>This was a breach of Regulation 12(2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>Systems were not in place, did not operate effectively, or were embedded to assess, monitor and improve the quality and safety of the service provided</p> <p>The service did not have full oversight of compliance rates with mandatory training, supervision and appraisals for all members of staff.</p> <p>The service did not have a regular audit to ensure cleaning schedules were properly completed.</p>

This section is primarily information for the provider

## Enforcement actions

The service did not have a regular audit to ensure that risk assessments in care records included all risks identified by the referrer.

Audits of care records did not identify missing risk management plans to address physical health needs and blood borne viruses

This was a breach of Regulation 17(2)(a)(b)