

# Rekindling House

## Quality Report

2 Marsh Road

Luton

LU3 2NH

Tel: 01582456556

Website: [www.rekindling.co.uk](http://www.rekindling.co.uk)

Date of inspection visit: 31 May 2016

Date of publication: 31/10/2016

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

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

### Overall summary

We do not currently rate independent standalone substance misuse services.

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

- Staff were not clear on their roles and responsibilities for incident reporting. Staff had not reported any incidents on the incident reporting forms since 2015. Staff had not received regular training around safeguarding of children.
- It was unclear what training was mandatory for staff.
- Staff were not trained Mental Capacity Act 2005(MCA). There was no policy in place for staff to refer too.
- Staff did not monitor blood pressure, pulse and temperature. The off-site acupuncturist did this.
- Staff recruitment files were not up to date. There was no risk assessment in place for three staff, where previous offences recorded on a disclosure barring system were identified. There was a lack of references for staff in post, one with no dates and relationship details and one worker with a reference from fellow peer worker. Not all staff had a job description.
- The service had no established links with advocacy services, and relied upon local agencies such as the Citizen's Advice Bureau.

# Summary of findings

- There was a lack of effective governance structure and leadership, with no quality assurance management or frameworks in place to monitor the quality of the service.
- The service did not have visitors due to a past incident. There was no date to review this.
- Clients do not have access to activities outside of the service.
- Clients told us they were treated in a positive and supportive way and felt safe using the service.
- Regular house meetings took place for both clients and staff.
- The service had introduced an electronic daily notes system.
- Regular staff meetings took place, and minutes were recorded.

However, we found the following areas of good practice:

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Rekindling House	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

### Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	10
Outstanding practice	15
Areas for improvement	15

# Location Name: Rekindling House

**Services we looked at**

Substance misuse services.

# Summary of this inspection

## Background to Rekindling House

Rekindling House opened in 2013. It is a residential setting in Luton, which offers detoxification from drugs and/or alcohol. There is on-going abstinence based treatment, which includes group therapy, individual counselling and support in life skills. They can accommodate up to nine clients.

The Registered Manager is Margaret Jordan.

Clients referred were privately funded or have funding approved by statutory organisations. Regulated activities

are accommodation for persons who require treatment for substance misuse. The CQC carried out an inspection on 07 January 2015. The provider did not meet the following standards:

Care and welfare of people who use services

Management of medicines

Supporting workers

The provider was required to send a report setting out the action they will take to meet the standards. The report detailing the actions completed was provided.

## Our inspection team

The team that inspected the service comprised of CQC inspector Tanya Moffett (inspection lead), two inspection

managers and one expert by experience. An expert by experience is a person who has personal experience of using or supporting someone using substance misuse services.

## 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 visit, we reviewed information that we held about the location and asked other organisations for information.

During the inspection visit, the inspection team:

- spoke with the service manager
- spoke with two clients who were using the service
- spoke with one staff member employed by the service
- looked at four care and treatment records of clients who were using the service

# Summary of this inspection

- examined medicine records of three clients
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

- Clients told us that they felt safe in the service.
- Clients were aware of their care plans. They had a keyworker.
- Clients told us they completed weekly feedback forms with staff to monitor their progress.
- Clients told us that they have access to counsellors.
- One client spoke about their social needs and support given with suitable housing on discharge.
- Clients spoke about the benefits of having a buddy to support them upon admission to the service.
- Clients told us staff were respectful, helpful and understanding.

# 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:

- Staff had not received training in managing incidents. Reporting was limited and staff did not ensure information was cascaded and lessons learnt. There was no policy on this.
- Managers could not provide information about staff mandatory training. It was not clear what training was mandatory for staff as this information was not available.
- There was ineffective management of medications. Three medicine charts examined had no signature of the prescriber. One member of staff supervising medication and signing medication charts was not trained.
- There was no policy or process in place for clinical waste disposal on site.
- There was no duty of candour policy and staff had not received training in this.
- Staff did not record daily entries in the care records. Some files did not contain a staff entry for several days.

However, we found the following areas of good practice:

- The service was visibly clean, tidy and comfortable.
- The service had an electronic note system for clients.
- The service did not use bank or agency staff. The service manager covered for unexpected absences if required.
- There was a keyworker system. Staff were encouraged to be open with clients.
- The service had up to date health and safety fire risk assessments in place.
- Staff completed initial assessments via the telephone for all clients, who then had a point of contact. The information gathered was used by staff to assist with the planning of care and treatment.

### Are services effective?

We do not currently rate standalone substance misuse services.

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

- Staff had a lack of understanding around the Mental Capacity Act (MCA) 2005. There was no plan to address this.

# Summary of this inspection

- There were no clear processes in place if a client left treatment suddenly.
- Staff did not undertake regular or systematic audits to monitor service provision and outcomes of care for clients.
- Staff recorded information about client care on an electronic system and paper system. This was due to the changeover from paper notes to electronic. Client files were disorganised so information was difficult to find.
- Personnel files were not held for all staff working with clients. One person was not employed but was driving clients to the nearby therapy centre.
- Peer workers had no risk assessment following disclosure barring system (DBS) checks which identified previous convictions.

However, we found the following areas of good practice:

- The service had several therapists who offered a range of therapies including counselling to families of clients. Staff had regular supervision. There were records to support this. The manager had addressed poor staff performance promptly and effectively.
- Staff explained confidentiality agreements to all clients in relation to the sharing of information and data.

## Are services caring?

We do not currently rate standalone substance misuse services.

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

- The provider does not have good links with clients' families and their carer's. There were no visitors allowed on site.
- The provider does not have clear recovery and risk management plans in place to support clients' needs.

However, we found the following areas of good practice:

- Clients had universal praise for the caring, compassionate, helpful, non-judgemental, supportive, understanding and responsive service they receive.
- We observed appropriate and respectful interactions between staff and clients.
- Clients said staff were caring, compassionate, non-judgemental and supportive.
- Clients attended weekly house meetings to feedback concerns they had for the service and how they were being cared for.



# Summary of this inspection

## Are services responsive?

We do not currently rate standalone substance misuse services.

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

- The service had no established links with advocacy services for clients who use the service.
- The garden was unkempt, lacking care and attention.
- Clients did not access activities outside of the service other than the therapies they attended.
- Staff assessed risk of all clients starting treatment to ensure the mix of people did not affect treatment and that the gender mix was appropriate.

However, we found the following areas of good practice:

- The service had two small kitchens where clients could access hot and cold drinks and snacks throughout the day.
- Clients gave examples of how staff had assisted them with treatment to respond to their individual need.
- The service could see urgent referrals.

## 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:

- The service does not review procedures and protocols regularly.
- The service does not complete audits of the service to ensure it is effective.
- The service does not have a clear vision and set of values. It was not clear for clients and staff what they are working towards.

However, we found the following areas of good practice:

- Staff felt supported by peers and management. They felt valued and part of the service.
- Staff had personal experience of substance misuse and were encouraged to access training to support them in their role.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

The service did not provide training to staff in relation to the Mental Capacity Act (MCA) or the Deprivation of Liberty Safeguards (DoL's).

There was no policy in place. The registered manager told us there was a policy in place for consent.

# Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

## Are substance misuse services safe?

Safe means the services protect you from abuse and avoidable harm.

### Safe and clean environment

- Staff regularly cleaned the premises with client involvement. The accommodation seen was visibly clean and tidy. However, the grounds were untidy. A disused greenhouse was in the back garden.
- The service had appropriate hand washing facilities and there was a dispenser for cleaning gel in the reception and kitchen areas.
- There was no clinical waste disposal facility on site. Clinical waste was taken to the nearby therapy centre.
- We saw health and safety fire risk assessments in place.

### Safe staffing

- The service currently had a manager and two support workers. The manager on site offers counselling. Regularly contracted staff were a psychiatrist, neurologist, art therapist and acupuncturist. They were all based off site.
- The staff rota matched the staff present on the day of inspection. There is 24 hour cover. The manager was on call if required.
- The service was in the process of recruiting a second support worker.
- The service reported no short or long- term staff sickness since opening in January 2014.
- The service did not use bank or agency staff. The service manager was a trained counsellor and provided cover for absences if required.

- The service manager did not have a clear record of what mandatory training included for the service. Inspectors could not ascertain what was mandatory training. Two staff records showed different training. For example one had role of the care worker and one did not. There was no record of training for the registered manager. There was no record of when updates were due. This meant staff were not trained properly and clients were being put at risk.
- There was no information made available about turnover of staff. All records were archived off site. These records were not available for scrutiny.

### Assessing and managing risk to people who use the service and staff

- The service manager completed the initial assessment of clients via telephone with the referring key worker. This formed part of the standard risk assessment, which the service manager completed upon admission. We examined four client files. Only two had completed risk assessments. Corresponding risk management plans were not in date. There were no crisis plans in place.
- Staff received basic training in the safeguarding of vulnerable adults but not children. There was a policy in place and the service manager was responsible for safeguarding. We saw no visible information for clients around safeguarding. This was not included in the general information handbook given to clients upon arrival.
- Staff did not carry out correct procedures with the storage and administration of medicines. Staff did not monitor the room temperature where the medications were stored to check that medicines were stored appropriately to ensure their quality. The medication fridge had no lock. This meant anyone could access it.

# Substance misuse services

- We looked at three medication accounting records (MAR). Two medication counts were correct. We saw one staff recording medication on return from hospital and noted there was no signature of the dispensing practitioner. There were three separate medication files. Two contained records of clients who had left the service.
- Staff told us that there were no visitors to the service. This was in agreement with the current clients and in reference to a discharged client and unplanned visits by a social worker. There was no policy to support this and there was no planned review date. However, one client had visits with their children outside of the service.
- There was a staff member on duty at all times, however throughout the night the member of staff worked alone. We did not see a lone working policy in place.

## Track record on safety

- There were no serious incidents reported in the last twelve months. There was no monitoring around this and therefore no improvements were made to reporting of incidents or lessons learned.(track record not monitored therefore no monitoring or improvements)

## Reporting incidents and learning from when things go wrong

- The service had an accident book and policy in place.
- The last recorded incident was in November 2015. This referred to a client being escorted off the premises by police. There was no staff debrief following this. Staff were not trained around the management of incidents. This meant that learning from incidents and the prevention of recurrence was minimal.

## Duty of candour

- The manager was aware of the duty of candour, and emphasized the importance of being open and honest with clients; however, there was no policy or training around this for staff.

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

Effective means that your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

## Assessment of needs and planning of care

- We looked at four client files on the electronic notes system. There were no assessments on admission. It was not clear what clients' needs were when entering the service.
- We found gaps in the daily recording of notes in all four files. Care plans and risk assessments for two clients were not present. One file had risk assessments and care plans in place. However, the care plans did not reflect the risk assessment or were not person centred.
- It was not clear if clients were involved in planning their care and recovery process. However, two clients told us their care plans were changed when needed.
- We had difficulty in finding information in client files due to disorganisation and the transfer of paper notes to electronic.

## Best practice in treatment and care

- The service did not have copies of the Orange Book (drug misuse and dependence September 2007).There was no staff awareness of this.
- A second medication file contained a copy of The National Institute for Health and Care Excellence (NICE) guidance (2007) in relation to best practice in detoxification and withdrawal for alcohol and opioids. However, there was not a policy in place to support this.
- Staff undertook drug- testing on clients with consent upon admission and randomly thereafter, depending upon risks and presentation of individual clients.
- The registered manager and acupuncturist offered counselling, acupuncture, neurology, and psychology. However, there was a weekly timetable, which had not changed since October 2015. Psychological therapies were not observed during this inspection.
- Staff sign posted clients to appropriate agencies that supported clients with housing and finance.
- Staff did not undertake basic physical health observations, blood pressure, temperature and pulse regularly for clients. This was done by the acupuncturist. This meant if clients were admitted for alcohol/opioid detoxification, they would not have been following the NICE guidelines.

# Substance misuse services

- There was no means to dispose of sharps safely and no systems in place to dispose of clinical waste.
- Staff did not undertake regular or systematic audits to monitor service provision and outcomes of care for clients.
- The manager said clients completed weekly feedback forms but we did not see any evidence of this.

## **Skilled staff to deliver care**

- There was a range of therapy staff who were off site and contracted in to work with clients.
- Clients using the service had access to staff who had prior personal experience of substance misuse.
- There was no evidence of a robust induction programme for staff joining the service.
- The service does not have any non-medical prescribers. They had a contracted consultant psychiatrist. Medical care was offered by the local GP and hospital service in Luton.
- One staff was completing an Open University level four certificate, working with substance misuse.
- Staff interviewed told us that they did receive regular supervision and appraisals. We looked at three personnel files and there was evidence to demonstrate this.

## **Multidisciplinary and inter-agency team work**

- Clients reported staff were supportive when accessing housing and benefits.
- The service had good links with the substance misuse service at the local general hospital.

## **Good practice in applying the MCA**

- There was no training on Mental Capacity Act (MCA) 2005. However there was a consent to care and treatment policy which stated staff are given information and training on this.
- Staff told us clients had capacity, however this was not recorded in the clients records.

## **Equality and human rights**

- There was limited access for clients needing disabled access. However, there was a toilet on the ground floor

suitable for clients with mobility problems. There was no bedroom on the ground floor and no lift within the building. This meant if a client had mobility issues and required privacy, the service would have to utilise the downstairs room identified for staff.

- The manager told us staff had received training in Equality and Diversity but not Human Rights. We looked at two staff files, only one had evidence of this.

## **Management of transition arrangements, referral and discharge**

- The manager told us they did not admit clients who were homeless or had a sexual offending history.
- The service had no process in place for clients who left their treatment suddenly. The manager said they would meet with the referrer at the earliest opportunity.
- We were told discharge plans were completed six weeks prior to leaving. We did not see evidence of this.

## **Are substance misuse services caring?**

Caring means that staff involve and treat you with compassion, kindness, dignity and respect.

## **Kindness, dignity, respect and support**

- We observed good, appropriate and respectful interactions between staff and clients. Staff were passionate about their roles.
- Clients felt staff were helpful and supportive, non-judgemental and very understanding.
- The service had no established links with advocacy services for clients who used the service, their families and carers.

## **The involvement of people in the care they receive**

- Staff told us family could contact the manager with the clients consent. However, the service did not encourage visitors. This decision was made due to a past incident involving a client who has since left the service This restriction has not been reviewed.
- Family contact was encouraged by use of the services' telephone and visits outside of the service.

# Substance misuse services

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

### Access and discharge

- The service accepted funded referrals from health professionals. They did not accept referrals from the immediate area.
- The service manager decided if referrals to the service were accepted. The service aimed to take clients at short notice, if considered appropriate for treatment following an initial assessment.
- There was 24 hour cover at all times. A night worker was present from 9.00pm until 7.00am, and they dispensed medications as prescribed.

### The facilities promote recovery, comfort, dignity and confidentiality

- There was a client lounge with dining facilities and a conservatory area. There were two kitchens, one with a table for dining.
- There was no interview room other than the office. Staff used this for confidential meetings with clients.
- Client bedrooms were fit for purpose. There were separate shower and toilet facilities.

### Meeting the needs of all people who use the service

- We saw no evidence that the service provided information leaflets to clients. However, there was an information board detailing access to agencies for example housing and the local GP surgery and hospital. Leaflets were only available in English. Staff told us that to date, there had been no demand for information in other languages, although staff would try to accommodate if required. Clients with sensory difficulties and disabilities could not have all their needs met due to the current facilities offered.

### Listening to and learning from concerns and complaints

- We found the service had no complaints on file since November 2015. Clients were aware of the complaints procedure. The registered manager told us 'issues' were raised at the house meetings.

## Are substance misuse services well-led?

Well-led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

### Vision and values

- The service had a statement of purpose due for review in January 2015. We did not see any evidence that this had been reviewed. However there was no clear vision and set of values.
- The service operated on a trauma based recovery approach that focused on treating the underlying symptoms and behaviours.

### Good governance

- The service was unable to confirm what training was mandatory for staff.
- There was no evidence of staff undertaking internal audits to assess and monitor quality or outcomes. There was no clinical governance group and no plans for this.
- Staff did receive annual appraisals and regular supervision.

### Leadership, morale and staff engagement

- Staff engaged well with clients and there was a very open culture.
- There was no whistleblowing policy in place.
- Staff we spoke to were positive about the work undertaken at the service.

### Commitment to quality improvement and innovation

- The service did not have a plan on how quality could be improved.

# Outstanding practice and areas for improvement

## Areas for improvement

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

#### Action the provider **MUST** take to meet the regulations:

- The provider must ensure that all staff receive regular training around the safeguarding of vulnerable adults and children.
- The provider must ensure that mandatory training is identified and is sufficient to support staff to carry out their roles safely and effectively.
- The provider must ensure that all staff are trained on the Mental Capacity Act (MCA).
- The provider must ensure that there is proper and safe management of medication and clinical waste disposal in place.
- The provider must ensure that there is an effective governance structure with processes in place to monitor service quality.

- The provider must ensure that the electronic note system has all documentation stored accurately.
- The provider must ensure there is training for staff to ensure incidents are reported and lessons learnt from them.
- The provider must review the current access to visitors policy.
- The provider must ensure all staff have personnel files and risk assessments are completed following disclosure barring system (DBS) disclosures.

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

- The provider should establish links with advocacy services for clients.
- The provider should ensure that there is an up-to-date environmental risk assessment in place.
- The provider should remove the disused green house.

## 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> <ul style="list-style-type: none"><li>• Medications were not stored, dispensed or administered in line with legislation</li><li>• Staff training in medication management is not standardised.</li><li>• There was no policy to support detoxification of opioids</li><li>• No means to dispose of sharps safely and no systems in place to dispose of clinical waste.</li></ul> <p><b>This was a breach of;</b></p> <p><b>Regulation 12 - (1) and (2) (c) (g)</b></p>

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• No processes in place to assess, monitor and improve the quality and safety of the services provided</li><li>• No clinical audits undertaken, for example care plans, daily records and medication.</li><li>• No evidence of customer feedback</li><li>• No evidence of clinical governance meetings and no plans to introduce these.</li></ul> <p><b>This was a breach of ;</b></p> <p><b>Regulation 17 (1)(2) (a, b, e f)</b></p>

Regulated activity	Regulation
--------------------	------------



## Enforcement actions

Accommodation for persons who require treatment for substance misuse

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- Mandatory training not updated since initial completion by staff.
- The registered manager had no record of training and not able to give details of what is standard training and when it is required to be renewed.

**This was a breach of ;**

**Regulation 18 (2)(a)**

### Regulated activity

Accommodation for persons who require treatment for substance misuse

### Regulation

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

- Not all staff had a personnel file in place
- and required recruitment documentation available
- Provider did not ensure all staff had valid DBS checks. DBS checks with three staff had identified criminal convictions and no risk assessment in place.

**This was a breach of Regulation 19 (1) (a, b), (2) (a, b), (3)(a, b), (4) (a, b), (5) (a, b) and Schedule 3**