

Three Boroughs Recovery and Wellbeing Network

Quality Report

32a Wardour Street W1D 6QR
Tel: 020 7437 3523
Website: www.wellbeing.turning-point.co.uk

Date of inspection visit: 31 August – 2 September 2016
Date of publication: 02/11/2016

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

Staff undertook comprehensive assessments of client's health needs and personal circumstances before providing them with support. This included detailed risk assessments concerning each client and staff updated these when the risks affecting each client changed.

The service provided a diverse range of support for clients, including high quality psycho-social interventions, and supported clients to be closely involved in their care, treatment and rehabilitation. An important part the service was a peer mentor programme to help motivate and encourage clients to engage with the service and complete their treatment programmes.

Staff discussed clients' treatment options with them and provided detailed information to ensure clients could make informed decisions about the help they wanted to receive. Clients' care plans were detailed, client-led and addressed their needs. These plans also included the steps staff would take to support clients to re-engage with the service where they had an unplanned break from it.

The service liaised and worked closely with other health services, including clients' GP services to meet clients' needs. The service also had developed effective links with

other external agencies, including local hostels, to help reach out to those in the community who most needed their help. In addition, the service had adapted its clinic times to enable clients with working and family commitments to attend.

Staff stored medicines securely and there were robust systems in place for the management of prescriptions. Medicines were administered safely by trained staff and staff appropriately tested clients to ensure they were adhering to their treatment programme. Staff regularly reviewed clients' treatments to determine whether any changes were required and appropriately clients' health while they engaged with the service.

Clients spoke very positively about the support they received from staff and the interactions we observed between them demonstrated that staff were caring, respectful, supportive, as well as highly motivated.

The management of the service worked effectively to ensure that the new organisation worked to meet its targets and set a range of appropriate objectives to develop various aspects of the service. Senior managers also demonstrated leadership in responding to concerns raised by inspectors by immediately completing action plans to appropriately address them.

Summary of findings

However, we also found areas that the service provider could improve:

The environment in each of the three sites where the service was located was not always safe. At all sites staff kept medicines in rooms where the temperatures were too high, which risked making them unfit for use. Medicines were also not always stored in a tidy and ordered way and the content of some first aid boxes was out of date. Where fire safety assessments had identified problems staff had not always completed action plans to fix these issues by the due date.

At each of three sites there was uncertainty and inconsistency regarding emergency equipment and

supplies that were stored there. Not all sites had the same equipment and medicines and not all staff understood whether any of these emergency resources should be used or not. Senior managers said that the provider's policy was to dial 999 in emergencies, but it was therefore not clear why those emergency supplies were still available.

Some staff lacked necessary training and knowledge. The immediate life support training for one doctor was out of date. Also, many staff demonstrated that they did not understand the main principles of the Mental Capacity Act, which was an important part of the knowledge required for their work.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Three Boroughs Recovery and Wellbeing Network	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

Outstanding practice	24
Areas for improvement	24
Action we have told the provider to take	25

Three Boroughs Recovery and Wellbeing Network

Services we looked at

Substance misuse services

Summary of this inspection

Background to Three Boroughs Recovery and Wellbeing Network

The service provides substance misuse support and recovery services to residents of the London boroughs of Hammersmith & Fulham, Kensington and Chelsea and the City of Westminster. It is commissioned jointly by the three boroughs.

The service came into being on the 1 April 2016, replacing a range of substance misuse support and recovery organisations across the three boroughs. Clients using those services were transferred to the new organisation. The service comprises a substance misuse recovery service run by Turning Point and an alcohol detox service run by Change, Grow, Live (CGL). The purpose of the inspection was to only look at those services provided by Turning Point.

The purpose of the service is to support the recovery of those living with drug and alcohol problems within the three boroughs and to reach as many people in those communities as possible. To meet this objective the service undertakes outreach work in the local community, including hostels and also provides a

Resolution Clinic outside working hours to support clients who need evening appointments because of work or family commitments. Services include brief interventions, one-to-one and group support, including 12-step programmes, peer support services and rehabilitation. The service did not provide detox support and referred clients to other services specialising in this, including CGL.

Staff also support clients to access other services, including physical and mental health services, as well as housing and welfare.

Inspectors previously visited the substance misuse service in the borough of Westminster in October 2013 and found that the service met all standards inspected. There have been no previous inspections of substance misuse services in the boroughs of Hammersmith & Fulham or Kensington and Chelsea.

At the time of our inspection the service was providing support to over 1,000 clients.

Our inspection team

The team that inspected the service comprised of four CQC inspectors, a CQC pharmacist and two specialist advisers with experience working in substance misuse, one a doctor and the other a nurse.

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?

Summary of this inspection

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

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information, and gathered feedback from people who used the service at a focus group meeting.

During the inspection visit, the inspection team:

- visited each of the three sites where services are provided in each borough
- looked at the quality of the physical environment and observed how staff were caring for clients
- spoke with seven clients using the service
- spoke with eight peer mentors

- spoke with the registered manager, the operations manager, the clinical lead for the service and the provider's senior quality advisor
- spoke with 16 other staff members employed by the service provider, including managers and team leaders, doctors, nurses, recovery workers, and a data manager
- observed two client medical reviews
- looked at 24 care and treatment records
- looked at 28 risk assessments
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Many of the clients we spoke to who used the service spoke very positively about it, some saying they would recommend the service to others. All those we spoke to said that staff worked hard, were kind and caring and several told us that the service had made a real difference to their lives.

Clients commented that the provider interacted well with the other services they used to ensure that their needs

and personal circumstances were understood. Some clients also said that, in supporting their recovery, staff went significantly beyond the ordinary nature of their role to ensure they received the help they needed.

Most clients who had previously attended one of the services that the new service had replaced said that it compared well with the one they had used before.

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 areas of good practice, including that:

- Staff undertook comprehensive assessment of the risks relating to each client and updated these assessments when appropriate. Staff worked together to determine the overall risk level for each client and recorded in detail the reasons for their decisions.
- The service had robust safeguarding systems in place to ensure that staff responded promptly to any safeguarding concerns, including raising alerts with the local authority. Staff were trained in the safeguarding of adults and children.
- Where incidents took place staff recorded them promptly and devised action plans to respond to them. There was evidence that staff learned from incidents.
- Staff administered medicines safely, including contact with clients' GPs to understand their health needs and to prevent the double-prescribing of medicines.
- Staff also tested clients to ensure they were taking substitute medicines and provided them with medicine safety boxes so they could securely store them at home.
- Before providing treatment to clients staff first obtained their consent and also provided each client with information about their treatment options and any risks related to the medicines they were taking.
- Staff stored medicines securely and there were robust systems in place for the management of prescriptions.
- Each of the branches of the service were clean, tidy and well maintained.

However, we also found areas that the service provider could improve:

- At each site staff stored medicines in rooms where records showed that the temperature was regularly above 25 degrees, which risked affecting the effectiveness of medicines.
- At the Westminster branch of the service staff had not always completed actions plans following a fire safety assessment by the due date.
- Equipment and medicines for use in emergencies varied at each of the sites. Senior managers said that it was the provider's policy for staff to dial 999 in emergencies rather than use any emergency supplies. However, not all staff

Summary of this inspection

demonstrated that they understood that emergency equipment and medicines were not to be used. This created a possible risk that some staff would not respond appropriately to an emergency situation.

- Staff did not always keep medicines in a tidy and organised way.

Are services effective?

We do not currently rate standalone substance misuse services.

We found areas of good practice, including that:

- Staff undertook a detailed assessment of the needs of each client before they started using the service. This was done in order to fully assess clients' circumstances, identify health risks and problems, and determine whether the service was appropriate for them or whether staff needed to assist people to access a different service.
- Staff devised care plans for clients that were detailed, addressed their various needs and which were in accordance with clients' wishes. Staff updated these plans where appropriate.
- Clients received medicines only from staff that were appropriately trained.
- Staff used appropriate systems to measure clients' withdrawal symptoms to ensure they could promptly identify and respond to clients' health problems during this process.
- Where clients were receiving higher doses of substitute medicines staff ensured that they also received regular electrocardiograms to monitor their health of their heart.
- A wide variety of psycho-social interventions were available to support clients' recovery.
- Staff received regular managerial and clinical supervision.
- Staff met regularly to review clients' progress and to discuss complex cases and action plans.
- The service had developed links with a range of external services, including hostels, homeless charities and welfare advice organisations to help meet clients' needs

However, we also found areas that the service provider could improve, including:

- One doctor's training to administer immediate life support was out of date.
- Although staff examined and recorded the physical health of all clients upon their admission to the service not all clients

Summary of this inspection

received a regular physical health check thereafter. This was because not all doctors performed this check during clients' regular clinical assessments. The provider was aware of this and had taken steps to remedy this omission.

- Several members of staff demonstrated that they did not know the main principles of the Mental Capacity Act.

Are services caring?

We do not currently rate standalone substance misuse services.

We found areas of good practice, including that:

- The interactions we observed between staff and clients showed that staff were caring, respectful and supportive.
- Clients spoke very positively of the support they received from staff, many telling us that it had made a significant difference to their lives.
- The service was dedicated to meeting the needs of individuals, including detailed assessments of their circumstances, highly individualised care plans and providing evening services for working people.
- Clients' care plans detailed their wishes and demonstrated that staff, wherever possible, supported the involvement of individual's families and carers.
- Clients were able to give feedback to service using feedback forms and a suggestion box for clients. The service also planned to shortly introduce a service user forum.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found areas of good practice, including that:

- Upon referral staff were able to promptly assess the needs of clients within five to seven days.
- Emergency slots were available so that staff were able to immediately deal with emergency referrals.
- Where clients did not attend appointments or disengaged from the service robust systems were in place for staff to follow up and attempt contact with clients to re-engage with them. This included re-engagement plans devised with clients and collaborative working with homeless charities to locate people living on the streets.
- Where possible the service offered flexible appointment times to meet clients' needs.
- The service undertook outreach work in the community to help support those who may find it difficult to access services, including people living in hostels.

Summary of this inspection

- Each of the three sites that provided the service had appropriate facilities to meet clients' needs, including meeting, interview and clinic rooms.
- The service provided a range of information relating to other local services, including housing and welfare services, mental and physical health and support and those supporting individuals from minority ethnic and religious groups.
- Interpreting services were available for clients who required them.
- Clients knew how to make complaints and there was evidence that the service made changes to the service as a result of them.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found areas of good practice, including that:

- Staff understood the vision and values of the new organisation and demonstrated this in how they worked with clients.
- The provider had taken steps to ensure that the new organisation functioned effectively. This included implementing detailed policies and procedures across a range of areas and providing staff with appropriate training and supervision.
- Staff undertook a range of audits to collect information about the performance of the service.
- Systems were in place to help ensure that the senior management of the service monitored the performance of the service and took necessary steps to make improvements.
- The service undertook appropriate background checks on staff to ensure that they were suitable to work with clients.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- There were alarm systems fitted in each of the three sites for staff to summon help if required at the reception desks, in corridors and in interview rooms. Staff at each site also carried personal alarms.
- Clinic rooms in each of the three sites contained equipment to conduct physical health examinations, as well as equipment for use in emergencies. All three rooms had fridges for the storage of medicines and staff also stored medicines that did not require refrigeration in cupboards in these rooms. The rooms were generally clean and tidy. However, equipment and medicines for use in emergencies varied at each of the sites. For example, at some sites staff stored medicines for use when someone was having a seizure, but at others they did not. Some staff also seemed uncertain as to what emergency equipment they should have and whether or not it should be used in an emergency. We raised this with senior staff. They explained that the policy of the provider in an emergency situation was to dial 999 and that therefore the emergency equipment and medicines were therefore not necessary. They further explained the difference between emergency supplies stored at the locations was due to the fact that they previously belonged to different organisations that were now part of the new service. However, it was neither clear from the evidence whether all staff understood that this was the provider's policy, nor why staff still kept some emergency equipment or medicines. This created a risk that staff might not appropriately respond to an emergency when it occurred. In response to our

observations senior management began a review of emergency supplies across the three sites and scheduled a meeting to discuss their findings within a week following the inspection.

- Staff regularly checked that equipment in the clinic rooms was working properly so that they could be sure that it gave correct readings.
- Each site contained a first aid box that was fully stocked. However, we found that several items in the box at the Westminster site were out of date. We brought this to the attention of staff who responded with an action plan to replace all out of date items within a week of the inspection.
- All three sites were generally clean, tidy and well maintained. Cleaning rotas for each site were up to date and showed that cleaners attended regularly and cleaned all parts of each building.
- The provider had an infection control policy in place to monitor the cleanliness of the environment at each site. As part of compliance with the policy there were hand washing facilities throughout each site and infection control information, including hand washing guidance was displayed. However, we found some of the soap dispensers at the Hammersmith and Fulham and Westminster sites to be empty. Staff responded by immediately refilling these. Each site had appropriate procedures in place for the disposal of all clinical waste, including needles and staff regularly disinfected medical equipment.
- All three sites had regular fire safety assessments with action plans to address any problems identified in the assessments. However, following an assessment at the Westminster service in March 2016 there were four areas requiring action which staff had not completed by the time of our visit. This breached the three month deadline beginning in March for those actions to be

Substance misuse services

completed. The independent assessor had identified each of these areas as being of medium risk, including the need to ensure all fire exits were clearly marked. We immediately brought this to the attention of senior managers, who put a plan in place to complete this work by 7 September 2016.

Safe staffing

- There were sufficient numbers of staff to provide a service that was safe. This included clinical and nursing cover, with three doctors and three nurses working across the service. All three nurses were qualified to prescribe medicines. A total of 94 staff worked across all three sites. Staffing levels were set by the commissioners from the three boroughs when the service was established.
- At the time of inspection the service was in the process of recruiting for a number of vacant staff positions. These were for four project workers, one manager, three non-medical prescribers and one nurse. Each of these vacancies except for the manager position was being covered by an employee from an agency. Two of the temporary non-medical prescribers had worked at the service since it opened, which helped to provide consistency of care. The vacant manager position was covered by a manager working for Blenheim.
- Staff sickness in August 2016 was at 6.8%. Staff turnover since the beginning of the service in April 2016 was high at 25%. Senior managers explained that this figure was high largely because of the process of merging different services to form the new organisation. This process had meant that not all staff in those previous services could keep their jobs and many also left because they were unhappy that their jobs in the new service were not the same as their old ones.
- The staffing levels were sufficient to ensure that the caseloads of staff were manageable, with an average across the service of 35. All the members of staff we spoke to said that their caseloads were manageable. Some staff had caseloads that covered both daytime work and the resolution clinic provided by the service between 5pm and 9pm on weekdays to support the attendance of clients with work and family commitments. Staff with both day and evening clients had a maximum of three clients in the evening to ensure their caseloads remained manageable.

- Where staff were absent due to leave or sickness they informed managers of their planned appointments so that cover could be provided.
- There were six members of staff who were able to prescribe medicines, comprising three doctors and three nurses who were non-medical prescribers (NMPs). A NMP is a medical professional who is also trained to prescribe medicines. These staff members worked across all three sites. This level was set by the commissioners from the three boroughs. Most staff commented that this number was sufficient.

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

- Staff undertook an assessment of risks relating to each client when they first accessed the service. This was a detailed assessment covering diverse areas of a person's life including mental health, substance misuse, housing and their family circumstances. These risks covered clients' past and present circumstances. As a part of this assessment staff also gave an overall risk rating for each client based on a traffic light system, with red indicating high risk and green low. Each client's rating was reached following discussion between the staff members responsible for working with the client. Staff recorded the rationale for each rating decision in detail. Staff completed action plans to address risks.
- Staff regularly discussed risks with clients. The service asked clients using the service to attend a minimum of every two weeks. This was to ensure that when clients collected their prescriptions to take to a pharmacy staff also booked in an appointment for them to see a clinician. This allowed staff to monitor clients more frequently and discuss risks and health matters with them. Staff updated clients' risk assessments a minimum of every three months, or more frequently, if required. Staff also reviewed the risk situation each morning for the clients who had appointments that day. Information leaflets were available for clients relating to a variety of risks, including the effects of using replacement drugs, blood borne viruses and for motorists with substance misuse issues. The leaflet for drivers reminded them of their responsibility to inform the authorities of any condition affecting their ability to drive and the obligations of the service to alert authorities where clients were known to be driving under the influence of drugs.

Substance misuse services

- We looked at the risk assessments and risk management plans of 18 clients. They were detailed and regularly updated. We also cross-referenced records where incidents had taken place involving clients, such as safeguarding alerts, for a further 10 clients. In all but one case staff had immediately updated the client's risk assessment to reflect the incident. The risk management plans gave details of how staff intended to manage the risks in each case. For example,
- Staff gave clients a physical health assessment when they started using the service. This included taking clients' blood pressure and pulse rate. Staff also assessed the physical health of clients regularly thereafter at three monthly medical assessments. In addition to these checks clinicians also discussed physical health matters with clients attending every two weeks to collect their prescriptions and undertook additional physical health checks if they judged this to be necessary.
- To ensure the safety of staff working in the community the provider had a lone working policy in place. There was clear evidence that staff were following this policy. For example, the service assessed the risk of the location where staff were working in places such as hostels, to ensure they were safe.
- Staff undertook mandatory training in safeguarding of both adults and children at risk. The training completion rate for this was 88%. There were robust procedures in place to ensure that staff responded to safeguarding matters promptly and there was clear oversight and management of each safeguarding alert raised. Where necessary, staff raised safeguarding alerts with the local authority, for example where they had information that a client was a potential victim of financial abuse. Staff demonstrated that they understood safeguarding procedures, what issues potentially constituted a safeguarding matter and how to raise them. This included peer mentors, staff who acted as role models in using their own experience of treatment and recovery to support and inspire clients. Safeguarding was also a fixed agenda item at staff meetings to ensure that staff collectively reviewed safeguarding concerns and updated each other as how they were responding to them. Staff discussed any incidents that had taken place and what could be learned from them.
- The service did not dispense any medicines. Where staff had prescribed medicines for clients, clients collected these prescriptions and took them to a local pharmacy. Before prescribing medicines staff proactively asked clients about whether they lived with adults or children who might be at risk and supplied medicines safety boxes so that they could store their medicines securely at home. This was so that children, or others, could not access their medicines. Staff obtained consent from clients so that information could be shared with other healthcare providers.
- At the time of inspection the service was not supervising the alcohol detoxification of any clients and had not done so since the service had opened. Staff referred those clients requiring this support to Change, Grow, Live (CGL).
- The service had a detailed policy in place for establishing the safe starting doses for substitute medications for clients. This process is called titration. During the titration process staff monitored any withdrawal symptoms using validated withdrawal scales such as the Clinical Opiate Withdrawal Scale (COWS) and the Short Opiate Withdrawal Scale (SOWS). To ensure they prescribed safe levels of medicines staff took blood pressure and pulse readings during client's initial medical assessment. Staff undertook a urine screen of clients to determine whether drugs were already present in clients' systems. In addition, staff initially offered clients blood borne virus tests during the assessment and referred those testing positive for medical treatment at appropriate medical centres.
- There were robust systems for the management of prescriptions. Prescriptions were written out by clinicians or non-clinical prescriber. Prescribers met with clients before writing new prescriptions to ask them about their health and how the medication they were taking was affecting them. Sometimes clients received prescriptions from a prescriber at the service they had not met with before. This was because the prescribers worked across all three parts of the service. When a different prescriber met a patient they also asked the client about their health, before deciding whether to prescribe and to what dose. Some clients and staff said that clients did not always like discussing their circumstances to a different prescriber, but such consultations were nevertheless good practice. Staff

Substance misuse services

kept logs of when prescriptions were received, and which prescription numbers had been given to which clients. Clinical administrators were responsible for producing printed prescriptions and the prescriber (either a doctor or a non-medical prescriber) would sign the prescription before it was given to the client. Any prescription changes were only done once a 'change form' was completed and signed by a prescriber. The service had guidelines for prescribing each of the medicines used for treating clients. Clients then took their prescriptions to a local pharmacy for dispensing.

- Medicines were kept at each of the sites, including those used to reverse the effects of a substance overdose and some for first aid. The service did not keep any controlled drugs on site. Some medicines required storage in cool temperatures and staff ensured that fridges for drugs storage were kept at the correct temperature and monitored them regularly. Staff stored medicines not requiring refrigeration in cupboards in the clinic rooms. However, although staff also monitored the temperatures of these rooms they did not respond to the fact that they frequently recorded the temperature of all three clinic rooms as above being 25 degrees Celsius. This is the maximum temperature above which most medicines should not be stored because temperatures higher than this risk reducing the effectiveness of those drugs. Inspectors also found that the storage of these medicines was often untidy and disorganised. We raised these issues with the senior management. They immediately undertook to review the storage of medicines to ensure storage at the correct temperature and in a tidy and organised way. They also said that they would seek advice from the manufacturer of each of the drugs in question regarding whether they should replace them or not.

Track record on safety

- The service reported no serious incidents requiring investigation since its beginning in April 2016.

Reporting incidents and learning from when things go wrong

- The service used an electronic system to record incidents, to monitor their investigation and record outcomes and learning. The system recorded incidents

in detail and each incident had a supervisor responsible for the managing of the investigation process and communicating learning. All staff demonstrated clear understanding of the incident reporting system.

- Staff received regular feedback from incidents at both staff meetings and handovers.
- An audit of incidents at the service identified that some staff required learning about how to respond to a person expressing suicidal thoughts. As a consequence training about this subject was planned to be given to all staff by a clinical psychologist shortly after the inspection.

Duty of candour

- The service had a duty of candour policy. The management team were aware of their responsibilities to apologise to clients when the service had made a mistake. When the service did so this was reported in the service clinical governance meeting.
- To ensure the wider staff group were also aware of this responsibility they received mandatory duty of candour training, which most had undertaken.

Are substance misuse 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)

- We looked at 24 care and treatment records of clients using the service. These showed that before accessing the service staff undertook a detailed assessment of each potential client. This included information about their medical history, GP contact information and consent to contact and share information with them, and current and previous substance misuse history. The records showed that staff liaised with clients' GPs before prescribing medicines, to inform them what they were prescribing and to ask about the client's medical history to help ensure that treatment was given safely.
- Staff undertook a physical health assessment and asked for information as to whether the client was accessing mental health services. The physical assessment also included the recording of where people had injected substances into their body. This was to help staff

Substance misuse services

monitor these injection sites for signs of infection. To help support the needs and safety of those associated with the client the assessment also asked about whether there were children living with the client and whether the client's partner was pregnant. In respect of children the assessment asked whether social services were in contact with families and whether there was any child protection of family protection plans in place. Clients seeking treatment provided a urine sample. This was tested for the presence of drugs. Clients had an assessment with a doctor or one of the nurse prescribers following their initial assessment.

- Staff completed care plans for clients. These were detailed and addressed various aspects of clients' needs, such as housing and welfare needs, physical health, criminal justice involvement and family needs. All 24 care plans that we looked at recorded the views of clients and had detailed recovery goals.
- Care plans also contained re-engagement plans agreed with clients about what staff would do if the client suddenly stopped engaging with the service. These actions included who the service would contact, either by phone, letter or email and specified a period of time during which the service would attempt to do this.

Best practice in treatment and care

- The service had a detailed prescribing policy written in accordance with national guidelines issued by the Department of Health.
- Where patients were on high doses of medication staff arranged for them to have electro-cardiograms (ECGs), as such doses can have a serious effect on the heart in certain circumstances. Staff also arranged for clients to have ECGs as part of their initial clinical assessment, where appropriate. ECGs took place at the GP's surgery of client. The service had ECG machines, but staff were not yet trained to use them.
- Some clients at the service were prescribed diamorphine. This was prescribed as a substitute medicine in specific circumstances to support users' recovery. Prescribers must have a government licence to prescribe it and the three clinicians who prescribed it at the service each had an appropriate licence. We looked at seven records of clients receiving this drug and these showed a clear decision making process for the prescribing of it. National guidelines state that, upon

prescription, the drug should be dispensed on a daily basis by a pharmacist. However, this was only the case in two of these seven clients. The other five had arrangements to visit a pharmacist twice a week to collect their medication. It was not clear from the evidence why dispensing arrangements were not in accordance with national guidelines.

- The doctors at the service explained that they only prescribed injectable medicines, or diamorphine in either injectable or pill form to clients that they inherited from other services. This was because it was currently good practice only to prescribe such medicines in exceptional circumstances. Where clients prescribed injectable medication or oral diamorphine staff drew up care plans to gradually move them to other forms of treatment. This process included reducing dosages of injectable medicines before switching to oral medication and reducing dosages of oral diamorphine. To support this process the service was asking clients to attend more regularly so that they could monitor them more closely and encourage them to attend support groups and therapies organised at the same time.
- The majority of clients receiving treatment for substance misuse took their medicine supervised by their local pharmacist for the first three months, in a procedure known as supervised consumption. This supervision is good practice as it promotes the safety and wellbeing of clients. After this period staff only reduced supervised consumption where they assessed that the client was compliant with taking their medicines and that the treatment was working.
- The service also inherited 33 clients who had been prescribed injectable methadone as a substitute medicine by the services they had previously attended. These clients had been taking this medicine unsupervised for many years. The clinicians in the service said that, to support the recovery of these clients, their objective was to encourage them to engage with the service, participate in activities and discuss treatment options, including reducing doses of medicines. They added that this process needed to be gradual, as asking clients to consider changing their treatment after years of taking the same medicines and doses risked driving them away from the service altogether. To support the safe treatment of clients using unsupervised injectable medicines the service

Substance misuse services

asked them to come every two weeks to meet with them and collect their prescriptions. This enabled a doctor to check the site on the body where the client was injecting themselves to promote the client's safety and wellbeing. In addition, the provider was planning to open a clinic in October 2016 for clients prescribed injectable medicines. The service plans that clients who inject their medicines will attend daily, have their medicines administered under supervision and have regular access to ECGs and BBV testing as well as frequent physical examinations.

- Staff at the service undertook regular urine testing of clients receiving substitute medicines. This was to ensure the presence of those medicines in clients' bodies to try and guard against clients diverting these medicines rather than taking them. Clinicians at the service said that they also reduced the risks of diversion through the use of physical observation of clients, stating that they would be able to visually identify whether a client was taking their medicine instead of diverting it. Urine testing also took place to determine whether clients were taking illicit substances in addition to their prescribed medication. If this occurred staff reviewed the treatment of the client.
- To also promote the safety and wellbeing of clients who were prescribed injectable medicines, staff provided clients with Naloxone. Staff gave clients information on how to use and store Naloxone.
- Staff said where clients were either unable to collect their prescriptions from the service to take to a pharmacy, or to go to the pharmacy to collect their medication that staff from the service did this for them. There was an appropriate policy in place to ensure this procedure took place safely, which staff followed.
- There was evidence of appropriate high quality psychosocial interventions including Cognitive Behavioural Therapy (CBT), mutual aid groups, motivational work, mindfulness based relapse prevention, life skills training and a resolution clinic. Clients at the resolution clinic received one to one support from recovery workers over an eight week period. This support was based on a number of evidence based interventions, including a recovery method developed by the National Treatment Agency for Substance Misuse. After this period staff reviewed clients' progress to see if their treatment goals had been

reached and whether they required further support. Recovery workers also undertook work to link with hard to engage clients, for example homeless people living in hostels. An education, training and employment group supported clients with job applications and interview skills.

- In accordance with good practice the service offered all clients blood borne virus testing for hepatitis and HIV as well as hepatitis vaccinations.
- The service measured client outcomes using the Treatment Outcome Profile (TOPs). Staff recorded outcomes when clients entered the service, then at three month intervals, with a final outcome measurement when clients left the service. As the service was only five months old at the time of inspection it had only gathered limited outcomes data. The service also provided data to the National Drug and Treatment Monitoring Service.
- The lead doctor had conducted two medicines related audits at the time of the inspection and the service had an audit plan in place for the remainder of the year. The service undertook a range of other audits including those evaluating care plans, risk assessments, fire safety and infection control. It planned to introduce an audit to check that the service's practices were compliant with national guidelines published by the National Institute of Health and Care Excellence (NICE) within a couple of weeks of the inspection.
- The service's prescribing policy gave directions on the clinical support to be given to pregnant clients. These included only prescribing medicines where risk assessments were complete, where clinical leads had approved such treatment and where staff offered pregnant clients counselling and social support. As part of the pre-treatment assessment staff asked clients whether they or their partners were pregnant, although the service did not routinely offer pregnancy tests to clients of child-bearing age. This was not in accordance with national advice from the Department of Health, which advises that services should encourage all women of child-bearing age with a recent history of substance misuse to have a pregnancy test (Orange Book paragraph 7.4.2).

Skilled staff to deliver care

Substance misuse services

- To work at the service all staff needed to have experience of drug and alcohol work.
- Three clinicians worked at the service. One was an associate specialist in addictions, who was also the clinical lead for the implementation of the merger of the three services and who worked full time; the second was dual accredited addictions and general adult psychiatrist, who worked part time five days per week; the third was a full time psychiatrist. Three nurses worked as non-medical prescribers, two of whom were full time and one part time. A full time clinical psychologist also worked at the service. The non-medical staff comprised of recovery workers and peer mentors.
- Staff were required to undertake 15 types of mandatory training. The average completion of mandatory training across the service was 86%. There were no courses where the completion rate was below 75%. Mandatory training courses included safeguarding, risk assessment and management, infection control, fire safety awareness and the Mental Capacity Act. At the time of inspection the service did not provide training on the management of blood-borne viruses (BBV), although four members of staff were BBV trained through their previous work. Such knowledge is important for a service that supports clients who may be at risk of such viruses. Because of the importance of this knowledge the provider was planning providing BBV training to other staff in the coming weeks. To complement their mandatory training staff were also offered training in cognitive behavioural therapy and motivational interviewing for substance abuse, a psychological treatment aimed at supporting a client's motivation to change themselves. However, the immediate life support training (ILS) for one of the doctors of the service was out of date. We brought this to the attention of senior staff who immediately arranged for the doctor to receive the necessary updated training on the next available course in October 2016.
- The service ran a peer mentor programme to train former users of substance misuse services to work as volunteers to support clients, providing motivational support and their personal insights to help promote clients' recovery. The volunteers completed a 12 week training programme, comprising the same mandatory training courses as regular staff, additional, specialised training regarding peer support work and shadowing of other workers. At the time of inspection there were over 30 peer mentors who had completed their training working at the service.
- Some members of staff commented that there were too few members of staff to undertake the amount of outreach work they thought it should be doing. Several who had previously worked for other organisations that the new service had replaced said that it did less outreach work than those they had worked in before. When we raised this with senior staff they pointed out that the service was up to its full complement as specified by commissioners. Many staff members were also unhappy also the high turnover in the new organisation as well as the level of agency usage. They said they wanted to work in a service that was more stable, with more permanent members of staff providing a greater level of service. When inspectors raised this issue with senior managers they acknowledged the difficulty in recruiting and retaining staff, citing the cost of living in London as part of the problem. They added they were currently recruiting more permanent staff so that that they did not have to employ so many agency staff. This would provide greater continuity of care and reduce the costs for the service.
- We observed a clinical review conducted by a non-medical prescriber (NMP) with a client. This demonstrated the NMP's competence and training as well as best practice. The NMP was a member of staff supplied by an agency and the client's key worker also attended. The review included a detailed assessment of risk and physical health, open and searching questions regarding safeguarding adults and children, the client's mental state and social functioning. The NMP focussed on recovery goals and they demonstrated an ability to quickly develop a rapport with a client they had not met before. The NMP sought the views of the client at all times, as well as that of the key worker. The client received detailed information about their treatment options and other, external services available to them to support their recovery.
- All staff, including volunteers, received managerial supervision every four to six weeks. All staff were up to date with this supervision. Non-medical prescribers received monthly supervision from the clinical lead of

Substance misuse services

the service. We looked at 12 supervision files which showed that managers had detailed discussions with staff about their work, including a review of every client in each staff member's caseload and discussions about professional development and training. Staff also received regular group clinical supervision from the psychologist who worked at the service to discuss managing challenging clients. Plans were also in place for staff to receive yearly appraisals.

Multidisciplinary and inter-agency team work

- Staff attended weekly team meetings to discuss their work, including complex and challenging cases. These meetings included staff from all disciplines at the service. These discussions included how to support client's needs including welfare and housing, physical and mental health needs and the re-engagement of those clients that had stopped attending their appointments.
- Staff conducted handover meetings at the beginning and at the end of each day in order to advise each other of client's progress, changes to the risks relating to their situation as well as changes to their health, especially whether clients were showing withdrawal symptoms.
- Since the commissioning of the service in April 2016, all staff had attended an away day where the future of the new organisation was discussed and the event provided an opportunity for staff, who had previously worked in separate organisations, to learn about each other. The provider planned for this to be an annual event to help staff integration and allow staff to discuss ideas for the service.
- The service had established effective links with external agencies to whom they referred clients for additional support and, in turn, these agencies referred people to the service. These services included those providing local psychological support, mental health charities, the probation service, housing and welfare advice services and support groups for clients from the lesbian, gay, bisexual and transgender community (LGBT). The service also had developed important links with homeless charities and hostels. These links not only helped the service to perform outreach work with the homeless community but also to support re-engagement with clients who had lost contact with the service.

Good practice in applying the Mental Capacity Act

- Staff received mandatory training in the Mental Capacity Act (MCA) and making applications for deprivation of liberty safeguards (DOLs) under the Act. The completion rate for this training was 82%.
- When asked most staff demonstrated a good understanding of when a capacity assessment under the Act should take place. However, only a few staff members showed an understanding of the five main principles of the MCA. These include that a person's capacity should always be assumed unless there is evidence of them lacking mental capacity and that evidence of a person making an unwise decision is not evidence of an absence of mental capacity. We brought this to the attention of senior managers, who immediately put in place an action plan to ensure that all staff had completed MCA training by the middle of October.

Management of transition arrangements, referral and discharge

- When the service began in April 2016 clients receiving support from the substances misuse services replaced by the new organisation were transferred to the new service. As part of that transfer the clients' paperwork, including their care plans and risk assessments came with them. Since commencing the service, Three Boroughs had reviewed and updated the care plans and risk assessments of all transferred patients.
- A variety of external organisations referred clients to the service, including GP surgeries, mental health charities, probation services and lesbian, gay, bisexual and transgender support services.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Inspectors observed many interactions between staff and clients. In all circumstances staff demonstrated a caring and supportive attitude. Where clients needed to discuss or reschedule an appointment staff were helpful and patient, seeking to support clients' needs, wherever possible. Where clients appeared unwell staff demonstrated clear concern and compassion. When we observed staff meeting with patients to discuss their

Substance misuse services

care and treatment there was always a clear focus on recovery. Several clients commented that they had formed a productive and therapeutic partnership with their key worker.

- Clients we spoke to were very positive about the service they received and how staff engaged with them. Several clients identified particular staff for their professionalism and the difference they had made to their lives. Three clients expressed the view that staff went above and beyond their role in providing care and support for them. Two commented that staff liaised effectively with the other services they used to ensure that those services had all the information they required to support them. The fact that staff did this promptly meant that the clients did not have anxiety about receiving the right help. Another client praised the help the service had provided with regards to education and training. Three clients said that they would definitely recommend the service to others. Some clients did comment that the staff could change quite frequently, which meant that they had to get to know their key worker all over again. This caused some clients anxiety, but no clients stated that the changing of staff negatively affected their care, treatment or recovery. Most clients transferred from a previous service said the new service compared favourably with their previous one.

The involvement of people in the care they receive

- We looked at the care plans of 24 clients. These showed that the clients took an active role in the planning of their treatment and care. Clients had copies of these plans and had signed them to show their involvement and agreement with those plans. When we observed interactions between staff and clients and the records of those meetings, they showed a clear focus on supporting clients to be fully involved in their care, treatment and recovery.
- During clinical assessments with doctors and nurses clients were supported by their key workers to ask questions about their care and to advocate their views.
- Clients' records showed the involvement of clients' families in carers in their care, treatment and recovery, including in re-engagement and crisis plans where staff needed to identify who to contact to discuss clients' needs.

- Clients were able to give their feedback about the service via comment cards at the reception of each site. Each site also had a 'you said we did' board placed up in the reception area to inform clients how the service had responded to their comments. The service was also planning to establish a service user forum in the coming months for clients to meet formally and feedback their views.
- At the time of inspection the service had received 97 feedback forms from clients. The feedback given was very positive. 82% of respondents said they would recommend the service, 75% said that the service helped reduce their drug and alcohol use, 65% that it had improved health and wellbeing and 77% stating they were happy with the service and only 4% saying they were not happy.

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

Access and discharge

- Eligibility for the service was based on a person's connection to one of the three boroughs that commissioned it. People wishing to access the service had to provide evidence that they either lived in one of these boroughs, or, if homeless, had to show that they were registered with a GP service located in that area. The service did not refuse to assess clients on the basis of the complexity of their health issues or their personal circumstances. Instead, staff assessed all those eligible to access the service and if they decided the service could not meet someone's needs they referred them to a more appropriate service, such as mental health units or local hospitals.
- Where people were referred to the service with both drug and alcohol misuse problems staff provided them with recovery support. Where someone came to the service with alcohol problems only, staff referred them to their colleagues working for Change, Grow, Live (CGL), which provided alcohol recovery and detox support across the three boroughs. Staff also referred those needing alcohol recovery support to Blenheim, where the person lived in Kensington and Chelsea. Where someone was referred to the service with both

Substance misuse services

substance and alcohol problems staff treated them according to their preference. This meant that if the individual first wanted support with recovery from substance misuse the service accepted them and then later referred them to CGL or Blenheim if they wanted support with alcohol problems. Alternatively, if the person identified their priority as support with alcohol recovery then staff referred them to those services. The service did not take referrals from those under the age of 18.

- Individuals were able to refer themselves to the service. More commonly, people were referred to the service by other organisations, such as hospitals, GP practices, community mental health teams and the probation service.
- Upon accessing the service new clients received a welcome pack detailing the services provided to support clients' recovery, as well as a booklet giving information about local organisations and services that could provide additional support.
- The target was for the service to make an appointment for a person to receive an assessment within five working days of receiving their referral. Staff said that they usually were able to meet this target, although no data was available with regards to this. Senior managers said that they would be gathering this information in the coming weeks to audit this aspect of the service's performance.
- The service kept free appointment slots in the schedule for each day so that if they received an emergency referral they were able to immediately respond.
- Staff said that they were able to usually offer appointment times when clients requested them and clients we spoke to confirmed that they were able to have an appointment at a time that suited them. Clients also confirmed that their appointments were very rarely cancelled and where this did happen staff gave them a new appointment very quickly.
- Staff completed re-engagement plans in collaboration with clients to ensure that there was an agreed plan about what staff should do if clients stopped engaging with the service. These plans included staff contacting individuals named by the client to determine if they required further support. The service also had

agreements with homeless charities that helped identify those going missing from communities and living on the streets so that the service knew how they might contact them.

Meeting the needs of all people who use the service

- At the time of inspection the service had supported since 113 clients to complete treatment from the time it had opened in April 2016. Staff had assessed these 113 clients as being either free of substances or occasional users.
- The service was open seven days per week. There was a managers' rota for evenings and weekends so staff on duty had support to deal with clients' needs. At weekends the service did not provide key work to clients, but instead provided space for fellowship meetings and activities across the three sites. Where staff needed clinical advice and guidance in the evenings or weekends they could contact the provider's central clinical team. Where necessary they referred clients to GP out of hours services or emergency services.
- Senior managers explained that the first priority of the service had been to ensure that all clients transferred over from previous services received reviews focussing on their care plans and risk assessments. This had been achieved at the time of inspection. Future plans to develop the service included the introduction and development of groups for people abusing steroids, cannabis misusers, those from harder to reach communities such as the lesbian, gay, bisexual and transgender community and users of substances previously known as 'legal highs' that were recently prohibited by legislation.
- To meet clients' current needs the service provided a diverse range of support. This included
- The service had a team of parenting workers whose role was to help support the treatment and recovery of parents who used substances. The service was also in the process of developing a peer led women's support group that would be integrated with local perinatal services. At the time of inspection the service was recruiting a lead support worker to develop this service.
- Equality and diversity training was mandatory for all staff and the completion rate for this training was 86%.

Substance misuse services

- The service used an interpreter service where clients' first language was not English. Several different languages were also spoken by the staff team and they provided additional linguistic support. It was noted that diverse range of information provided to clients, as well as documents such as assessment forms and welcome packs were only available in English. Staff explained while it was recognised that the service served a community of enormous linguistic, racial and religious diversity it was not possible to provide written information to meet the needs of these groups because of the cost. Instead translators were employed to explain services, support assessments, treatments and interventions, where necessary.

The facilities promote recovery, comfort, dignity and confidentiality

- Each site had a range of facilities to meet clients' needs, including meeting rooms, clinic rooms and kitchens. The rooms where staff conducted interviews with clients had adequate sound proofing to support the clients' confidentiality.
- There was access at both the Hammersmith and Fulham and Kensington and Chelsea sites for people with limited mobility or in wheelchairs. The Westminster service however had very poor access for anyone with limited mobility and no wheelchair access. This was due to the fact that it was only accessible via steep and narrow staircases. Where clients were unable to access the service staff met them in their own homes.

Listening to and learning from concerns and complaints

- In the first five months of the service clients had made 13 complaints, one of which was upheld. This was in relation to the service not providing evening services for those clients with working and family commitments. As a result of this complaint the service made such a clinic available. At the time of inspection several complaints were still under review and an outcome had not reached.
- We looked at all of the complaints that clients had raised and how staff were handling them. The response to each was done in a timely manner, staff kept complete records of clients' concerns as well as the progress and outcomes of the investigations.

- Most complaints were from clients who had used different services prior to the merger and had transferred to the new service. The majority of these were in relation to clients unhappy about different arrangements being in place for the collection of their prescriptions, including having to attend the service to collect them more frequently than they were used to.
- All three sites displayed information for clients on how to make complaints.

Are substance misuse services well-led?

Vision and values

- The vision and values of the new organisation was to provide integrated support for the recovery and wellbeing of clients and the wider community. It was clear from how staff worked that they understood these values and were committed to them.

Good governance

- The provider's senior management and the managers of the local hubs in each of the boroughs worked well together to meet the needs of the service. There was clear communication between these levels of management and there was evidence of senior managers responding to the needs of each of three services. For example, senior managers provided resources for evening clinics for clients when it was identified by staff at the local services that clients required a service that was more flexible to meet their needs.
- Staff at each of the three services knew the senior managers of the provider, who came to the services to monitor how they were working as well as to work alongside their colleagues. This included the senior manager responsible for overseeing the setting up of the new service so that they could monitor its progress.
- Team managers at each of the sites said that they did have support to take the decisions they needed to and to make necessary changes to their part of the service.
- The provider had an integrated governance structure to monitor the development of services and provide support to each of its local organisations. At each of the three hubs weekly team meetings monthly meetings of managers and clinical leads then fed in summaries of

Substance misuse services

their discussions of quarterly governance meetings at a local and provider level. The minutes of these meetings showed discussions at local level, around such matters as incidents, audits, complex cases, staffing and training were then discussed at a higher level. As part of this structure the provider's local managers and prescribers also attended quarterly meetings of colleagues from other parts of the country to discuss best practice and service development.

- The service used key performance indicators (KPIs) to monitor how the service was working and to set targets for managers to meet. For example, managers monitored how many clients were completing treatment within the service and which type of substances the service supported them to recover from using. Local managers then used this information to complete a quarterly summary for the commissioners to report on how they were performing.
- The service undertook background checks on all staff, including peer mentors, comprising of reports from the Disclosure and Barring Service (DBS), which provide details of a person's criminal convictions, two references and an employment history. We looked at the records of 12 staff members who all had appropriate background checks completed.
- The service undertook a variety of clinical audits to monitor its performance. These included audits of medical reviews, prescribing and how the service was supporting its clients that used injectable substances. There was evidence that staff took actions where audits identified that there were problems. For example, an audit of the clients using injectable medicines in July 2016 showed that staff were not always clearly recording when they had requested for those clients to have an ECG at their local GP service. The records we reviewed of clients prescribed injectable medicines showed that staff were now recording this.
- The safeguarding procedures in the service were robust and showed that staff promptly responded to safeguarding concerns by recording them as incidents and reporting them to the appropriate person, including members of the local authority safeguarding team.
- There was evidence that staff took action when things went wrong and learned from incidents. For example, a

medicines audit identified that not all prescriptions were correctly signed. As a result additional training was put in place for the clinical team to ensure this did not reoccur.

- The service kept a register of the risks that staff identified at each of the services. The monthly clinical governance meeting reviewed items on the risk register to monitor actions against on going risks and decide any actions regarding newly identified ones.
- The service had a range of policies and procedures to direct how it should be run, covering subjects such as medicines, prescribing and staffing. Most of these were appropriate for the needs of the service. However, the provider's medicines policy did not state how staff should respond to the temperature of rooms exceeding 25 degrees Celsius where drugs were stored outside fridges. This meant that staff did not take appropriate action when they recorded these temperatures.

Leadership, morale and staff engagement

- The provider planned to undertake a staff survey in the weeks after the inspection to gather and review staff opinions about the service and their work, including positives and areas for further development.
- There were no bullying or harassment cases on going at the time of inspection. Staff at all levels said the teams at each of the three sites worked well together and were mutually supportive.
- Staff said that they knew how to raise concerns with management and felt confident that they would be listened to if they had any problems.
- The morale of many staff members we spoke to was relatively high. Several members of staff said that they enjoyed working at the service and the best thing about their job was that they could see the benefits of the support that they gave to their clients. They also commented that the teams in which they worked were supportive and caring towards each other. Some said that they had previously had anxieties about the merger of the service they had worked at into a new organisation and feared that they would not enjoy working somewhere new that did things differently. But many of these staff members said that these fears had not been realised, mostly because their work had not

Substance misuse services

changed. However, several members of staff said that the service was understaffed and that this particularly affected the level of outreach work that the service could deliver.

- Staff received supervision from their manager every four to six weeks. 100% of staff were receiving this. Staff also received weekly clinical supervision from a full time
- psychologist in the form of complex case reviews undertaken by each team. Annual appraisals for each staff member were planned once the service had been in existence for a year.
- In addition to team meetings and staff supervision the annual away day was an opportunity for staff to provide feedback to managers regarding the new service and to put forward observations and ideas.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all necessary actions identified by fire safety assessments are completed within the stated time frame.
- The provider must ensure that all medicines are stored at an appropriate temperature and that an appropriate medicines policy is in place for the storage of medicines.
- The provider must ensure that all staff with immediate life support training are up to date with this training.

Action the provider **SHOULD** take to improve

- The provider should ensure that the contents of all first aid boxes are in date.
- The provider should ensure that staff keep medicines in a tidy and organised way.
- The provider should ensure that all staff are aware of procedures to be followed in an emergency.

- The provider should ensure that there are adequate hand washing facilities in its services.
- The provider should ensure that the dispensing arrangements for diamorphine are either in accordance with national guidance or, where those arrangements depart from that guidance, that staff record a reasonable explanation for doing so.
- The provider should ensure that it audits the length of time it takes for staff to provide each new person referred to the service with an appointment for an assessment to help monitor whether the service is meeting its targets to achieve this within five working days.
- The provider should ensure that staff are appropriately trained in the Mental Capacity Act, including its main principles.
- The provider should ensure that staff follow Department of Health guidance regarding advice they give to clients of child bearing age with a recent history of substance misuse.

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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>At the Westminster site staff had not completed actions required by the 2016 fire safety assessment within the specified time.</p> <p>This was a breach of Regulation 12 (1)</p> <p>The Immediate Life Support training of one of the clinicians working at the service was out of date.</p> <p>This was a breach of Regulation 12(1)(c)</p> <p>At all three sites staff stored medicines that did not require refrigeration at temperatures that exceeded 25 degrees.</p> <p>This was a breach of Regulation 12(1)(g)</p>

This section is primarily information for the provider

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.