

Addaction – Cobbold Road

Quality Report

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

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 did not monitor and address environmental safety and hazards. Staff did not complete health and safety actions following external assessments for fire and electrical safety. The service did not have an effective system to alert the staff working in other services who shared the building about excluded clients (clients who are not allowed on the premises because of their past unacceptable behaviour with staff or other clients) or ensure people under 18 were escorted at all times.
- Volunteer staff did not have appropriate criminal record checks in place for the work they carried out. Work by volunteer staff was not reviewed.
- Recent staff leavers and a reduction in funding meant there were not enough staff for each client to have a keyworker.

Summary of findings

- Staff did not complete detailed care records, including risk assessments, risk management plans and care plans. The team were moving to electronic records and still had work to do to ensure all information was copied over from paper records.
 - The staff group did not regularly discuss incidents as a team to have the opportunity to learn from them.
 - Clients gave positive feedback about staff and did not have to wait long for appointments.
 - Staff monitored outcomes for clients throughout treatment.
 - The manager supported staff development through regular supervision. Staff attended regular team meetings and said they felt supported.
 - Staff communicated with external agencies so clients could access other services when necessary.
- However, we also found the following areas of good practice:

Summary of findings

Contents

Summary of this inspection

	Page
Background to Addaction - Cobbold Road	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 Health Act responsibilities	10
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Outstanding practice	18
Areas for improvement	18
Action we have told the provider to take	19

Addaction - Cobbold Road

Services we looked at

Substance misuse services

Summary of this inspection

Background to Addaction - Cobbold Road

Addaction Cobbold Road provides community treatment and recovery services for around 300 clients with substance misuse problems, their carers, families and friends. The service offers individual counselling and structured group support.

Staff do not provide services relating to prescribed medicines related to substance misuse. This is provided by a local NHS trust, whose staff worked on the same site. We did not inspect this part of the service in this inspection.

The service has a registered manager in place and is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

We have inspected this service five times since 2011. The last inspection in August 2014 found the provider met the five standards of care used to inspect services at the time.

Our inspection team

The team that inspected the service comprised two CQC inspectors, one expert by experience and two specialist

advisors who had experience of working in community substance misuse services. An expert by experience is someone with 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.

This was an announced visit.

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?

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment and observed how staff were caring for clients
- spoke with eight clients
- spoke with the registered manager
- spoke with seven other staff members employed by the service provider, keyworkers and volunteers
- spoke with one staff member who worked in the service but were employed by a different service provider
- attended and observed a safeguarding meeting and a alcohol recovery group for clients

Summary of this inspection

- looked at 10 care and treatment records for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients we spoke with were happy with the service they received. They said staff were polite and respectful and provided the services they wanted. Clients said the groups were well run and helpful.

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 did not address all potential environmental health and safety hazards to ensure a safe environment for clients and staff. The environment was not clean and well maintained. Staff did not always escort people under 18 through the building, to mitigate any risks. There was no formal procedure to alert everyone in the building about excluded clients.
- Volunteer staff did not have appropriate criminal record checks in place. The service did not have a system to show that staff signed off written work, such as care plans, that volunteers carried out after meeting with clients.
- Some staff identified that they had received some training but it was unclear what this was and when they had received it. We received different information from the provider before the inspection and from the manager during the inspection.
- Staff did not set timescales to carry out actions relating to safeguarding concerns.
- Staff did not complete timely and detailed risk assessments and risk management plans.
- Staff did not record discussions of incidents and learning from them.
- The team did not have enough staff due to recent leavers and reduced funding.
- A sharps box to remove needles from the needle exchange room did not have the necessary details recorded on it to comply with the safe handling and disposal of sharps.

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

- Staff could access a psychiatrist who was on site two days per week but available on the telephone at other times.
- Staff knew the lone working procedures and how to respond to an alarm on site.
- The service stored prescriptions securely. Clinical staff from a local NHS trust worked on site at all times and prescribed medicines.

Are services effective?

We found the following areas of good practice:

Summary of this inspection

- The service stored information about care securely.
- Staff recorded clients' consent to the sharing of information with other agencies. Staff had regular contact with external agencies that could support clients' needs.
- Staff measured treatment outcomes regularly.
- The manager provided annual appraisal and regular supervision to the staff team. Staff accessed regular team meetings.
- Staff assessed the driving status of all clients and contacted the driver and vehicle licencing authority when necessary.

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

- Staff completed brief and non-personalised care plans for most clients.
- The service was moving from paper records to an electronic system at the time of inspection. It needed to do more work to ensure staff copied all information over from paper records.

Are services caring?

We found the following areas of good practice:

- Clients said staff were very respectful.
- Clients could access advocacy services.
- The service ran feedback days for clients.

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

- Staff did not record client involvement in care plans.

Are services responsive?

We found the following areas of good practice:

- Clients did not have to wait long for assessments and staff did not regularly cancel appointments.
- The service was open from 9am to 7pm Monday to Friday.
- Staff linked with outreach teams for clients who may be at immediate risk.
- The service provided food, drinks and clothes for clients to use if they wanted to.
- There was information about how to complain available on noticeboards.
- Staff could access interpreters and spoke several languages. The service website had information available in a number of different languages and formats.

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

Summary of this inspection

- The waiting room was small and cramped.
- The accessible bathroom was not signposted appropriately.
- There was no staff noticeboard with staff names and pictures.

Are services well-led?

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

- The manager of the service was supportive to staff and clients but there were minimal governance processes in place to support the delivery of a good quality service.
- The service did not manage health and safety issues, safeguarding and staff criminal record checks adequately to ensure the safety of clients and staff.

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

- Staff said they felt supported by their colleagues and manager and enjoyed their roles.
- Staff knew the organisations values and said senior managers visited regularly.

Detailed findings from this inspection

Mental Health Act responsibilities

The service was not registered to accept clients detained under the Mental Health Act.

Staff were aware of the signs and symptoms of mental health problems. If the mental health of a client were to deteriorate, staff were aware they could contact the mental health services and GP's for support.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had access to online training in the Mental Capacity Act 2005 (MCA) and 87% had completed this. Staff said they did not often have reasons to think clients did not have capacity.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Interview rooms were fitted with alarms and staff knew how to respond when an alarm went off, although there was no written protocol for staff to reference. Closed circuit television (CCTV) cameras covered communal areas, with notices stating their presence.
- The service had a clinic room that staff from a local NHS trust used.
- The service did not maintain its décor and furniture well. There were marks and stains on walls and window blinds and furniture was worn. Staff did not complete cleaning records to demonstrate what cleaning took place. Although staff completed a daily health and safety checklist, we saw several health and safety hazards during the inspection. For example, pieces of carpet pulled up in the therapy rooms presented a trip hazard, very hot water in the male clients' bathroom without a warning sign and plugs without safety caps. Staff shared one small kitchen that needed re-decoration. There were drink stains on the wall and broken fittings. We informed the service manager of the hot water in the male client's bathroom and immediate action was taken to reduce this.
- Fire safety practice was unsafe. An external company's fire risk assessment outlined several actions for immediate attention in December 2014, to be completed by March 2015. The provider had not addressed these. The fire evacuation plans for the building were incomplete and out of date. Staff did not record weekly fire alarm tests. One evacuation plan did

not contain a floor plan and note fire exits and a congregation point, which it should have done. This was fed back to the manager at the time of inspection for immediate action.

- An external check of the electric installations carried out in October 2015 found the service unsatisfactory. Although management staff had taken some action in response to this report, many actions remained incomplete at the time of inspection. This meant there may have been a risk to staff and clients. Portable appliance testing had been carried out in September 2016. However, stickers on plugs to demonstrate this had happened had not been updated.
- All staff and client bathrooms contained handwashing techniques posters to help reduce the spread of infection.

Safe staffing

- The team were short staffed which was having an impact on service provision. Three staff and volunteers had recently left and funding had been reduced for the service. A further two were on maternity leave and the service did not have funding to cover these. The manager was aware of the staff shortages and was recruiting to vacant positions, where funding allowed. The social worker role, which included the lead safeguarding position, was filled with an agency member of staff. A new team leader was due to start in January 2017. One staff member said staff shortages meant there were days when they could not operate the drop in system, but would book an appointment for the client another day. Staff did not record this as an incident, so there was no information about how often this happened.
- Staff shortages meant caseloads were high. One long term member of staff had a caseload of 71 clients in November 2016. High caseloads meant staff may not be

Substance misuse services

able to see clients regularly or offer the same level of intervention. New staff were allocated a small number of cases to begin with and this was increased gradually. This ensured workload was manageable for new starters.

- Volunteer staff did not carry a caseload. However, records showed they carried out assessments and entered information onto the electronic record system. There was no system to show that senior staff signed off their written work, such as care plans and risk assessments. This meant senior staff could not be sure all necessary information was covered and recorded in the assessments and risk assessments, to ensure clients' needs were safely met.
- During the inspection we saw that compliance rates in six courses identified as mandatory training were over 80%. These were delivered through e-learning and included equality and diversity, safeguarding adults, safeguarding children and information governance. The w
- Several staff on site, employed by external organisations, were trained in first aid. Staff from the local NHS trust were trained in this and on site at all times. The nearest first aid points were shown throughout the service.
- Volunteer staff did not have the appropriate criminal record checks in place for the work they were carrying out. Staff said volunteers did not come into contact with clients one-on-one, but we saw this taking place during the inspection. Applications to run criminal record checks for volunteers had been submitted at the time of inspection. Staff employed in permanent roles had criminal records checks in place.

Assessing and managing risk to clients and staff

- Staff undertook a risk assessment for each client, but these were not always timely and detailed. In one record staff recorded the risk assessment seven months after the client started using the service. In another record staff had not completed the document fully.
- Staff created risk management plans to support clients with identified risks, but these were not detailed. Staff had completed a clear and detailed risk management

plan in only one of ten records we looked at. Some plans were very limited. For example, one client's plan was "to be monitored". For another client, staff last updated their risk management plan in 2013.

- Staff did not record that they routinely discussed the risk of overdose with clients where this may be relevant.
- Staff received online training in safeguarding adults and children levels one and two. Staff could also access training in levels one and two through the local authority.
- The service did not manage safeguarding concerns effectively. Safeguarding meetings took place regularly where staff presented safeguarding concerns they had for individual clients and discussed actions needed. Staff; however, did not set timescales for actions, so brought the same actions back to meetings. We saw that staff did not discuss all clients with a safeguarding concern in this meeting, as they were meant to. The manager had identified that some staff could improve their communication about safeguarding concerns and had discussed this with them. A child safeguarding policy was in place.
- Staff knew the lone working policies and safety procedures for the building. Staff could clearly describe the lone working procedures and how to respond to an alarm being pressed.
- Staff did not always escort anyone under 18 through the building, which would reduce risks to children and young people from being on site with adult clients. We saw clients with young children accessing the service without a staff escort, as outlined in the policy.
- The service did not have safe procedures to share information about excluded clients. Excluded clients are clients not allowed on the premises because of their past behaviours with staff or other clients. The service did not have a protocol to outline how staff in the building let others know about excluded clients. This meant there was a risk to staff and other clients if these excluded clients were able to access the building.
- Clinical staff from a local NHS trust, who were based on the site, prescribed all medicines. The service stored prescriptions securely in a locked cupboard.
- Naloxone was available, although this was not advertised and staff could not quickly identify where this

Substance misuse services

was stored. Naloxone is a medicine that blocks or reverses the effects of opioid medication and can be used to treat an overdose. If a service have this available, staff should be aware of how to access it quickly.

Track record on safety

- There had been one serious incident reported to the CQC in the 12 months before the inspection. This related to the death of a client in the community which had been investigated.
- Systems for staff to report all incidents and learn lessons from them were not well-embedded. Not all staff could describe what types of incidents to report. Meeting minutes showed staff did not regularly discuss incidents as a group. The manager said the staff had received training in reporting incidents, but this was not recorded.

Reporting incidents and learning from when things go wrong

- Systems for staff to report all incidents and learn lessons from them were not well-embedded. Not all staff could describe what types of incidents to report. Meeting minutes showed staff did not regularly discuss incidents as a group. The manager said the staff had received training in reporting incidents, but this was not recorded.

Duty of candour

- Staff were aware of their responsibilities under the duty of candour and the organisation had a duty of candour policy in place. Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. Staff were aware of the need to be open and transparent when things went wrong.

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

Assessment of needs and planning of care

- Staff completed client assessments using a template covering several areas including current and historical substance misuse, significant life events, physical and

mental health, and current address and who else lived there. Staff used standardised assessment tools appropriately to measure the extent of a client's substance misuse.

- Assessments included whether clients held a driving licence and staff contacted the Driver and Vehicle Licensing Agency (DVLA) if this was appropriate.
- Records showed staff assessed and discussed client's needs for housing and benefits as well as their physical and mental health.
- Nine of 10 care plans we saw were brief and not personalised. For example, staff wrote one or two words or a list of interventions.
- The level of information staff recorded about care and client contact was inconsistent and was not monitored. Some staff recorded an event such as a one to one, but with no details of what was discussed, whereas others recorded details of what was discussed, actions and outcomes. Staff discussed cases in meetings and recorded actions and outcomes in client case notes, but did not always record the date of the meeting. This meant it was difficult to see when these had happened.
- The service was moving to an electronic record system and at the time of inspection staff used both paper notes and an electronic system. Staff had not transferred all information from paper records to the electronic system in two notes we looked at.
- Information about drug screening and prescription plans was not available in client notes as this was done by staff from the local NHS trust. Staff could access this through discussion with the local NHS trust staff.
- Staff stored information about care securely.
- Records showed staff routinely asked clients to sign forms to consent to the sharing of information with other agencies. For one of ten records, the form was missing details of which agencies staff could share information with.

Best practice in treatment and care

- Staff offered clients regular one-to-one sessions for psychosocial support and ran weekly support groups. These included groups on motivation, support with cannabis and alcohol misuse. Other agencies on site

Substance misuse services

also ran weekly groups that clients could access, such as self-help groups, creative groups and recovery groups. We saw that groups were well-attended and clients said these groups were helpful.

- Staff referred clients for psychological therapies through a partner agency.
- The service held a sexual health clinic once a month to discuss safe practice with clients.
- The service did not offer pregnancy screening and referred clients to GP where this was appropriate. Clinical staff from the local NHS trust carried out blood-borne virus screening on site.
- Not all Addaction clients chose to engage in one-to-one sessions with staff. Some clients, who routinely collected their medicines from the NHS trust staff on site, undertook no further sessions. This meant that they were not receiving the psychosocial support that they may benefit from. Records did not demonstrate how staff attempted to engage these clients in one-to-one sessions.
- Staff and clients completed treatment outcome profiles at regular intervals. This allowed staff to see whether treatment was having a positive impact on the client.
- Staff did not regularly carry out clinical audits of their work in order to identify areas for improvement.

Skilled staff to deliver care

- The team was made up of project workers, volunteers and a social worker, led by the service manager. Access to additional medical staff was through external agencies.
- Staff received an induction to the service from the manager and records showed these took place.
- Staff received regular supervision with the service manager who supported them in personal development. Where necessary, the service manager identified poor performance and managed this through supervision.
- Staff accessed regular team meetings. Staff from external agencies on the same site also attended some of these meetings, meaning clients could be discussed and referred if needed.

- Information from the service stated that all staff received an appraisal in the 12 months before the inspection. Records of these were available during the inspection.

Multidisciplinary and inter-agency team work

- The co-location of several organisations on the one site meant staff could easily receive advice from and refer clients to external organisations.
- Staff had regular formal and informal contact with external agencies. Senior staff attended weekly meetings with the local authority and other partner agencies. Team meeting minutes showed guests from external agencies presented at Addaction team meetings to outline what services they offered.
- Where discussions with social services took place, staff recorded this in case notes.
- Staff from external agencies said they worked well with Addaction staff and this benefitted clients. For example, Addaction staff supported clients who were doing well to access a recovery champion programme run on site.

Adherence to the MHA

- Clients accessing the service were not subject to the Mental Health Act. Addaction staff would access advice from medical colleagues if they had concerns in this area.

Good practice in applying the MCA

- Across the staff group, 100% completed online training in mental capacity. Staff told us they did not often have reasons to think clients did not have capacity. The service did not have guidelines available about considering capacity for clients who may be under the influence of substances at some points. Therefore, staff may not have been clear what they needed to consider when assessing the capacity of a person under the influence of substances.

Are substance misuse services caring?

Kindness, dignity, respect and support

Substance misuse services

- We observed staff treating clients with patience and understanding during the inspection. In a support group we saw staff were skilled at facilitating the group and encouraged everyone to take part. Clients said they found staff very respectful.
- We saw groups were well attended and clients knew the service and staff well.
- Staff stored information about care securely to ensure confidentiality was maintained.

The involvement of clients in the care they receive

- Staff did not record client involvement in developing care plans.
- Clients could access advocacy services and information about this was advertised on noticeboards. Advocacy services support clients to have their voice heard and make decisions about their care. An external organisation which ran a service user council, peer support and advocacy services was located in the same building.
- The service held a feedback day with 28 clients in October 2016 where clients gave positive and negative feedback about the service. The information gathered was used to make an action plan on how to improve the service.

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

Access and discharge

- The service received referrals from social services and other external agencies as well as self-referrals. The service promoted accessibility by opening in the evenings and on the weekend. On weekdays the service was open from 9am until 7pm. On the weekend it was open between 12pm and 5pm. A daily drop in service operated when staff could cover the rota and allowed clients to attend the service without an appointment. The service did not keep records on how often this was not in operation.

- Clients did not have to wait long for assessments after they had been referred. For example, some clients were seen on the same day and others did not generally have to wait more than 14 days.
- The total caseload for the service was 227 clients. In the 12 months before the inspection staff discharged
- For clients who may be at immediate risk, staff contacted an outreach team run by an external organisation who would attempt to contact the client. Staff could describe the process and there was evidence of this in staff meetings and records. Staff also referred clients to the outreach service if this was appropriate for their long term support.
- The service had clear engagement and re-engagement procedures. Engagement procedures gave clear instructions on how to engage a client with the service when they first accessed it. Records showed that at the start of treatment staff also completed re-engagement plans with clients. In these, staff recorded the best method to contact clients if they stopped attending appointments. In one record where a patient stopped attending appointments, there was no evidence that staff followed the re-engagement procedure.
- Records showed that staff did not regularly cancel appointments with clients.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had four consultation rooms, a group room and a kitchen that clients could use. The consultation rooms were in frequent use, but staff said there were sufficient numbers to meet the needs of the service. The service provided daily food and hot and cold drinks for clients if they wanted it. The service kept donated clothes that clients could have if needed.
- Consultation rooms were adequately sound proofed so that private conversations could not be overheard from the corridor.
- The waiting room was small and the service had feedback from clients that they did not like waiting in there for too long. The space was cramped.

Substance misuse services

- There were limited bathrooms available for female clients to access. There was one female bathroom that was also the accessible bathroom for all clients and staff members.
- The service had a needle exchange room. Clients accessed it through the waiting room, which impacted on their privacy. There was a box to safely dispose of needles. However, staff had not recorded the necessary information on this box to comply with the safe handling and disposal of sharps. This includes records of who unlocked and locked this box and on what date.
- There was a range of information about services available on notice boards, but it was not organised clearly to show which service each piece of information related to. This could cause confusion as there were several organisations on site.
- The service did not have a noticeboard with staff names and pictures, so it could be hard for clients to identify staff and know their roles.
- Staff responsible for medicines provided information about them to clients. However, there were no leaflets for two common medicines available on the day of inspection.
- There was information about how to complain.

Meeting the needs of all clients

- Most posters and leaflets were only available in English and information about how to access this in other languages and formats was not shown. This was fed back to the manager who provided staff with information about changing leaflets into other languages the week after the inspection. A Polish speaking support group was advertised.
- The service website was available in several languages and in a format developed for people with dyslexia, low literacy, English as a second language and mild visual impairments. Staff said they assessed a client's literacy level and read information to clients at assessments to ensure they understood it.
- Staff ran a women's only group once a week. Male staff would not be on the ground floor during this time. Staff encouraged female clients to attend this group as an introduction to the service.

- Staff could access interpreters and three staff spoke two or more languages. Records showed staff highlighted language needs of clients to external agencies in some cases.
- Reception staff did not know how to access interpreters. This meant clients using the drop in service may not be able to communicate with reception staff.

Listening to and learning from concerns and complaints

- Clients could give feedback about the service. There was a suggestions box and staff shared information on how to give feedback verbally as well.
- Service records showed there had been no complaints in the last 12 months. Staff could not describe any learning from previous complaints and these were not discussed at team meetings. Records did not show that staff had considered ways to encourage clients to feel confident in making a complaint.

Are substance misuse services well-led?

Vision and values

- Staff were aware of the organisations values and said senior managers visited regularly and supported staff through times of change.

Good governance

- The service did not have effective governance systems to manage all risks. It did not assess and manage environmental risks adequately, ensure all volunteer staff had criminal record checks or embed the system from learning from incidents effectively.
- Supervision for the service moving from paper to electronic records was in place and a large amount of work had gone into managing this process. However there was still work to do to ensure all information from paper records was recorded on the electronic system.
- The manager ensured staff regularly received supervision and appraisal. They supported staff in their personal development.

Leadership, morale and staff engagement

Substance misuse services

- The manager of the service was supportive to staff and clients, but the lack of strong governance processes did not support the delivery of a good quality service.
- Information from the service stated that sickness rates were 0% for the 12 months before the inspection.
- Staff knew the whistleblowing policy. Staff said they felt able to raise concerns without fear of victimisation.

- Staff said their team was diverse. They felt valued and happy working in their role. They said a recent impact on morale had been several colleagues leaving.
- Staff said they felt supported by their colleagues and by the manager.

Commitment to quality improvement and innovation

- The service did not participate in national quality improvement programmes at the time of inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure all actions to address fire safety and electrical installation safety of the site are completed. The provider must ensure staff complete health and safety checks of the environment and take action to address identified issues.
- The provider must ensure there are enough staff to safely manage the service caseload.
- The provider must ensure staff have appropriate criminal record checks in place.
- The provider must ensure senior staff review case work carried out by volunteers.
- The provider must ensure staff complete risk assessments and risk management plans in sufficient detail and in an appropriate timescale.
- The provider must ensure staff complete personalised care plans in sufficient detail.
- The provider must ensure safeguarding concerns are dealt with appropriately.
- The provider must ensure the service have procedures in place to ensure the safety of people under 18 who are visiting the site.

- The provider must ensure there are appropriate practices in place to alert all staff sharing the site about excluded clients.
- The provider must ensure staff have the opportunity to learn from incidents.

Action the provider **SHOULD** take to improve

- The provider should ensure the environment is clean and well maintained.
- The provider should ensure that all staff receive the appropriate mandatory training to do their job and that clear records are kept.
- The provider should ensure staff recording of information about client contact is consistent.
- The provider should ensure clients have the facilities available to provide anonymous feedback about the service.
- The provider should assess whether the location of the needle exchange room is appropriate, in relation to clients privacy and dignity in accessing the room through the reception.
- The provider should ensure staff record necessary information on the sharps box.
- The provider should ensure the accessible bathroom is signposted.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider had not ensured that care and treatment plans reflected the needs of the client. Care plans were not personalised or detailed. This was a breach of Regulation 9(1)(c)(b)
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The provider had not ensured all premises and equipment was suitable and properly maintained. Actions to ensure fire and electrical installation safety were not completed. The health and safety environmental checklist did not identify all of hazards present. Staff did not escort people under 18 through the building at all times. This was a breach of Regulation 15(1)(c)(e)
Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had not ensured care and treatment was provided in a safe way.

Staff did not complete detailed risk assessments and risk management plans for all clients.

Staff did not use their safeguarding processes effectively.

Volunteer staff did not have the appropriate criminal records checks in place for the work they were doing.

Work by volunteer staff was not reviewed.

This was a breach of Regulation 12(1)(a)(b)

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes were not effective to ensure the service operated effectively.

Information about excluded clients was not shared effectively.

Staff were not supported to report and learn from incidents.

This was a breach of Regulation 17(1)(2)(a)