

Crouch House and Crouch Cottage

Quality Report

Crouch House, Champneys Forest Mere, Liphook,
GU30 7JQ
Tel:08702200714
Website:www.sportingchanceclinic.com/

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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:

- The service did not undertake client risk assessments or formulate appropriate risk management plans for identified risks.
- The service did not appropriately check all staff backgrounds using the Disclosure and Barring Service before allowing contact with clients.
- Staff at the service had not received medicine administration training even though they administered medicine to clients prescribed by their personal GPs.
- Staff were not trained in safeguarding and there was no safeguarding policy in place.
- The service did not use a holistic recovery plan that was developed and agreed with clients.
- There was no mandatory training schedule in place for staff to complete.

Summary of findings

- There was no management system to monitor the regularity or quality of supervision for staff members.

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

- The environment was well maintained and offered an array of suitable rooms for client use. Health and safety and fire safety provisions for the buildings were well met and monitored regularly.
- The service undertook a thorough pre-admission assessment of clients to ensure suitability for the service. The service temporarily registered clients with a local GP to monitor their physical health needs throughout their treatment.
- The service was proactive in their discharge planning and offered appropriate aftercare to all clients leaving the service.
- We saw interactions between staff and clients that were kind, dignified and fostered mutual respect. The service received positive feedback from all clients.

Summary of findings

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Crouch House and Crouch Cottage

Services we looked at

Substance misuse services;

Summary of this inspection

Background to Crouch House and Crouch Cottage

Crouch House and Crouch Cottage provides residential treatment for up to four clients at a time who require treatment for substance misuse and other addictions following a '12 step' programme. Clients attended for treatment for a period of 26 days. The service provides rehabilitation only for their clients and do not offer any form of detoxification from any substances. The service is located in the grounds of Champneys Forest Mere resort complex, where clients have most of their meals and access a range of sports and relaxation facilities. The service is registered as a charity and commissioned by the Professional Footballers Association and The Rugby Football League.

Crouch House and Crouch Cottage is registered to provide accommodation for persons who require treatment for substance misuse. They have one registered manager at the service.

The service was previously inspected in February 2014 where it was found to be compliant for all essential standards except for 'caring for people's safety and protecting them from harm'. The service received a compliance action (requirement notice) for Regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010 for Management of Medicines. This now relates to Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Our inspection team

The team that inspected the service comprised of CQC Assistant Inspector Charles Young, one other CQC inspector and a specialist professional advisor with experience within substance misuse settings.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and asked for additional evidence and information from the service.

During the inspection visit, the inspection team:

- visited all three buildings at this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with four clients

Summary of this inspection

- spoke with the registered manager and chief executive officer
- spoke with two other staff members employed by the service provider
- looked at five care and treatment records for clients
- observed medicines administration procedures
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients were extremely complimentary of the service. All said they felt safe whilst at the service and that the staff were friendly, engaging and supportive. There were no negative comments mentioned about the service.

Feedback from previous clients was very positive, with many clients stating the treatment was the best thing they had ever done.

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:

- The service was not undertaking client risk assessments and formulating appropriate risk management plans for identified risks.
- The service was not appropriately checking all staff backgrounds using the Disclosure and Barring Service before allowing contact with the clients.
- Staff at the service had not received medicine administration training to fulfil their role.
- Staff were not trained in safeguarding and there was no safeguarding policy in place.

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

- The environment was well maintained and offered an array of suitable rooms for client use.
- Health and safety and fire safety provisions were well met and monitored regularly.
- Staffing levels were consistent and appropriate at all times.
- The service undertook a thorough pre-admission assessment of clients to ensure suitability for the service.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- The service did not use a holistic recovery plan that was developed and agreed with clients.
- The service did not have a supervision policy to stipulate how often these should be happening.

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

- The service temporarily registered clients with a local GP to monitor their physical health needs. The service was proactive in their discharge planning and offered appropriate aftercare to all clients leaving the service.

Summary of this inspection

- Consent to treatment and admission was explicitly sought and evidenced by the service. The service clearly documented and explained their confidentiality processes to clients and staff.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We saw interactions between staff and clients that were kind and dignified and fostered mutual respect.
- The service received positive feedback from all clients. We spoke to four clients at the service who were extremely complimentary regarding the help and support offered by staff.
- Clients received a comprehensive induction and were given sufficient information regarding the service.
- The service involved family members during a 'family day' which took place once during the treatment program. Staff offered support and guidance to family members to help with the transition for clients when leaving the service.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had clear referral and exclusion criteria for entering the service to ensure client needs could be met.
- The service had a range of facilities and activities to promote client recovery.
- Nutritional needs of all clients was sufficiently met and dietary requirements respected.
- There was a clear complaints procedure that all staff and clients were aware of.

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

- The service did not develop risk management plans for unexpected exit from treatment for clients.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

Summary of this inspection

- The policies we reviewed were not dated and did not have review dates.
- The service did not have a local risk register that staff could add items onto.
- There was no management system to monitor the regularity or quality of supervision for staff members.
- The service did not have a whistleblowing policy.

However, we also found areas of good practice, including that:

- The service had a clear strategy and vision that was shared by all staff and trustees.
- Staff morale and job satisfaction was high amongst all staff members.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff assumed that all clients had capacity. Clients who presented as intoxicated on arrival or during the programme were not admitted to the programme so therefore staff did not have to consider a client's capacity to consent during this time.

However, the service did not undertake any drug or alcohol screening to ensure that clients were not

temporarily unable to make decisions because of their misuse of drugs and/or alcohol. Additionally, there was no policy in place to provide staff with guidance in the event a client lacked capacity and staff had not received training on the principles of Mental Capacity Act 2005

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- All areas of the service were well maintained, comfortable and clean. We were told the service had an external cleaning company visit three times a week to clean all areas and that clients were encouraged to keep their accommodation maintained on the other days.
- The service was spread over three neighbouring buildings. One building contained the staff office with an additional one-to-one and group therapy room. A second building contained a one-to-one room and group therapy room. The third building contained accommodation for the four clients including a shared room for two clients, one single room and one en suite single bedroom. The accommodation also had a communal bathroom, communal kitchen, laundry room and living room.
- The service had sufficient provisions and policies in place regarding health and safety on site and fire risk assessments. The service conducted weekly emergency light testing and fire alarm system tests.
- Training ensured that staff could use the on-site defibrillator in an emergency. However, there was no system in place to monitor the equipment to ensure its on-going working order and battery status.
- The service had no infection control policy in place and waste management from the service was managed by Champneys Health Resort.
- Portable appliance testing was conducted annually to ensure that equipment was safe for use.

Safe staffing

- The service had a minimum of three staff members on shift daily, in addition to sessional staff for the days activities on and off site. In the evening and through the night, one member of staff was on shift. We saw evidence that these staffing levels were always met and appropriately managed. However, there was no lone working policy in place.
- The service had appropriate numbers of skilled staff to meet the needs of the service. There were no arrangements or considerations for bank or agency staff to be used but the service had a resource of 16 staff members to cover any staffing shortages. The service had a sickness and absence rate of 0% for the last 12 months.
- The service had no official mandatory training courses that they expected staff to have completed. They offered all staff the opportunity to complete first aid training and defibrillator training, of which all substantive staff had completed.
- There were appropriate arrangements in place to manage expected annual leave to ensure staffing levels remained consistent.
- Clients we spoke with told us they felt extremely safe whilst in the service and that they felt the staffing levels were appropriate.

Assessing and managing risk to clients and staff

- Staff demonstrated awareness and understanding of safeguarding issues and how to raise these and report them as necessary. However, there was no safeguarding policy in place for guidance regarding vulnerable adults or children and young people visiting the service. This meant that if staff were unsure of what to do, they had no written protocol to follow to ensure alerts were raised appropriately.

Substance misuse services

- Staff did not have safeguarding training for either adults or children and young people. Only two members of staff received previous safeguarding training in 2004.
 - The service had effective procedures and policies in place to ensure medicines prescribed to clients and brought into the service by them were kept safe and secure. This was an improvement since the compliance actions taken by CQC following the previous report. Staff carried out medicine reconciliation at the beginning and end of clients' treatment. Staff facilitated medicine administration to ensure clients' prescriptions were followed. However, staff did not receive appropriate medicines administration training. Staff told us that experienced staff explained medicine administration procedures to other staff members.
 - Each staff members' personal file contained a very brief 'check list' of things to do when working alone in the service that all staff read. However, there was no lone working policy in place. This meant that staff had no official protocol to follow and were not safeguarded against the associated harms of lone working.
 - The service did not check all staff against the Disclosure and Barring Service (DBS) before allowing them to work with clients. The four substantive staff at the service had DBS checks in place dated 2011 and sessional staff had not had DBS checks before commencing sessional work. The service submitted DBS check applications for 10 sessional staff prior to our inspection and these were pending. There were no records to show us how the service had assessed and mitigated this risk to clients or visiting children.
 - The service undertook a pre-admission assessment of all clients to ascertain their suitability for the service. Appropriate exclusion criteria was in place to ensure the service could manage clients appropriately. Where mental health concerns were identified, the service referred the client to an associate consultant psychiatrist to undertake a further assessment and manage any onwards referrals.
 - We saw no evidence of risk assessments being undertaken or risk management plans in place for clients. Staff told us that risk assessment and management formed part of the pre-admission assessment verbally. However this was not documented in the client files we reviewed.
 - Clients were required to be abstinent from all substances for 72 hours prior to admission. However, there was no formal drug or alcohol screening in place to ensure the validity of the client's admissions when asked about drug and alcohol use immediately prior to admission.
 - The service offered regular one-to-ones and group therapy sessions with clients and we saw evidence of the service recognising and responding quickly to any warning signs in client's treatment to attempt to prevent any sudden relapses.
 - The service did not have a proactive approach to anticipating potential future problems. The service did not have a service contingency plan or policy in place and did not have a local risk register. However, corporate risk was evidenced to have been regularly discussed in trustee business meeting minutes.
- ## Track record on safety
- The service reported no incidents in the last 12 months and we only saw evidence of one minor incident in the daily diary for 2016. This incident was appropriately followed up and managed.
- ## Reporting incidents and learning from when things go wrong
- All staff we spoke with described the type of incidents that required reporting. However, there was no official incident reporting form. Additionally, staff recorded any incidents in the daily diary rather than using a dedicated spread sheet or recording tool. This meant that incidents were not easily monitored, nor was there any evidence of learning from incidents.
 - All staff were confident in how to raise an incident alert to ensure it was sufficiently escalated and managed.
 - The service had only had one minor incident since January 2016 and we saw evidence that this was appropriately managed and fed back to all staff concerned. This included during handover between day and night staff to ensure full support was afforded to the client.
- ## Duty of candour
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or

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other relevant persons) of certain notifiable safety incidents' and provide reasonable support to that person. The service had not had any 'notifiable safety incidents', however staff told us there was a culture of honesty amongst the team and that clients and relevant people would be rightly informed and supported should any incidents arise. Staff explained that they were happy to share and explain to clients when things go wrong.

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)

- All referred clients were offered a comprehensive pre-admission assessment to ascertain their suitability for the programme. This assessment also acted to equip the client with information on the service to ensure they understood what was expected of them.
- On admission to the service, clients temporarily registered with a local GP who undertook a full physical health assessment. The local GP then discussed their findings with the service via a telephone call following agreement from the clients. We also saw evidence that a copy of the physical health assessment was in each client's file for reference.
- We reviewed five client files and found that none contained an agreed holistic treatment or recovery plan. The service did not utilise recovery plans for its clients, however did detail on-going progress notes following one-to-one and group therapy sessions.

Best practice in treatment and care

- The service implemented a '12-step' programme for drug, alcohol and other substance misuse. Clients were accommodated at the service for a 26-day programme that introduced the first three steps of the programme, with guidance and support offered to clients to continue their recovery journey away from the service.
- The service did not continually audit their provision and outcomes of care. We were told that discharged clients contacted the service and updated them on their recovery. However, this was not actively sought by the service.

- Clients were given sufficient information regarding the service, including the aims and expectations whilst there in order to make an informed choice regarding admission to the service. Client consent was explicitly sought and well documented in client files.
- Confidentiality agreements were clearly in place and staff explained these to clients. The service had appropriate agreements in place to break confidentiality should any untoward information be disclosed to any staff member.

Skilled staff to deliver care

- Staff did not have access to any substance misuse training such as rehabilitation management but many had received CBT and counselling training. However, the service had developed much more of a focus on gambling addictions and used the 12 step programme which staff had progressed through personally. Staff were provided with first aid in the workplace and defibrillator training.
- We were told that supervision was offered for relief staff workers four or five times a year. Staff records showed that staff consistently received supervision twice a year. However, there was no policy in place to stipulate how many times the organisation expected staff to receive supervision.
- Staff received yearly appraisals from the service who fed-back a summary of these to their board of trustees.

Multidisciplinary and inter-agency team work

- The service conducted fortnightly multi-disciplinary team meetings between heads of department to discuss current treatment progress and new client referrals. The senior psychotherapists at the service also met daily to discuss client progress.

Adherence to the MHA

- The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health were to deteriorate, staff were aware of who to contact

Good practice in applying the MCA

- Staff told us they did not admit any clients who lacked capacity. Staff assumed clients had capacity and the team assessed this throughout their treatment. In the

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event that a client attended whilst intoxicated, they would not be admitted onto the programme or would be discharged. However, the service did not undertake any drug or alcohol screening to assist in this and staff were not trained in the principles of Mental Capacity Act 2005. Additionally, there was no policy in place to provide staff with guidance in the event a client lacked capacity.

Equality and human rights

- The service implemented an equality and diversity policy for staff to read and follow. This included actions the provider would take if anybody was. However, staff were not trained in equality and human rights.
- The service had blanket restrictions in place regarding client use of mobile phones and laptops that clients were explicitly aware of agreed to on admission.

Management of transition arrangements, referral and discharge

- We found clear evidence that the service were planning for discharge and offering appropriate aftercare services to their clients. The service had set up a nation-wide network of counsellors and directed every client to their local counsellor. We were told that clients were offered up to six aftercare counselling sessions that were funded through the original referring body (Professional Footballers Association or Rugby Football League).

Are substance misuse services caring?

Kindness, dignity, respect and support

- We saw many positive interactions between staff and clients. There was a mutual respect displayed between clients and staff members that appeared to foster good relationships.
- All clients were extremely complimentary of the service. The clients were very happy with the level of support that they were offered by the service and we saw feedback from previous clients that was extremely positive.

- The service had clear confidentiality policies and agreements with the clients in place. Additionally, all staff were made explicitly aware of the conduct and boundaries expected of them with regards to client conduct.
- All clients were asked to read, agree to and sign a clear and concise confidentiality agreement before admission.

The involvement of clients in the care they receive

- Prior to admission clients were verbally given information on the service. On admission, clients were asked to read and sign an agreement 'contract'. The contract provided clients with a range of information regarding the service, including possessions policy, visitor's information, aggression and the complaints procedure. However, clients did not receive a copy of the contract or have a client handbook to refer to regarding rules and expectations of the service.
- The service hosted a 'family day' during the 26-day programme when clients could invite their family members to the service to join in a range of activities such as therapeutic groups. As part of this, family members were also offered counselling sessions with staff. Feedback was very positive from past and present clients regarding the day.
- The service did not visually or verbally promote any advocacy services available to clients or their families.

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

Access and discharge

- The service had very clear exclusion criteria for clients entering the service. Clients who displayed signs of any underlying mental health problems during the pre-admission assessment were referred to an associate consultant psychologist for assessment and further management to ascertain if the service was appropriate to meet their needs.

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- Staff told us that clients were admitted onto the 26-day treatment programmes within two weeks from their pre-admission assessment. However, the service could not provide any data to evidence this was always happening.
 - The service did not document any risk management plans for clients and therefore did not plan for any unexpected exits from treatment. We were told only one client had exited early from treatment in 10 years. Staff told us that in practice, clients were encouraged to stay on the programme and then given information on local addiction support for example, alcoholics anonymous and narcotics anonymous, and counselling services in their local region, if they wanted to leave the programme.
 - We were told that clients could re-refer themselves back to the service if they required, with funding made available through their governing sporting body.
 - Clients were given provisions to self-cater at breakfast and we saw that food choices were respected and met. For lunch and dinner, clients accessed meals offered at the nearby Champneys Health Resort which catered for all clients' needs and requirements.
 - The service had a single en-suite bedroom on site that could be allocated to a single female client at the service. However, the service had previously only had one female client.
 - The service had a full and varied programme of activities for clients to address their emotional, social and physical wellbeing whilst at the service to complement their treatment. Examples included equine therapy, the gymnasium and golf visualisation. We were told that the whole programme and its activities were compulsory for all clients.
 - We received no reports that treatment, therapy and activities were ever cancelled. Staff told us they could not remember the last time a one-to-one, group session or activity was cancelled.
- The facilities promote recovery, comfort, dignity and confidentiality**

- Accessibility The service made it clear that they could not accept referrals from clients with limited mobility due to the unsuitable environment. The service told us that they would signpost such clients to more suitable services elsewhere to meet the client's needs.
- Clients had free and easy access to the enclosed gardens at the service and the wider grounds of the Champneys Health Resort.
- Clients were only allowed access to their mobile phones and laptops for brief periods in the evenings to contact family members. This was known and agreed to on admission to the service.
- Client possessions were kept in a secure staff room that always had at least one member of staff present. All clients stated that they felt their possessions were very safe. Some commented that it made them feel at ease knowing their possessions were secure with staff and that no other clients had access to them.

Meeting the needs of all clients

Listening to and learning from concerns and complaints

- Staff explained the complaints procedure to clients on induction. The complaints procedure was also displayed on a communal noticeboard inside the client accommodation.
- All clients expressed that they knew how to make a complaint if they needed to. The service told us that low level concerns were managed quickly and locally to prevent them becoming complaints.
- No formal complaints were received by the service in the last 12 months. Concerns were dealt with at a local level and not officially logged.
- The service had a clear complaints procedure that all staff were aware of. This included both formal and informal complaints procedures.

Are substance misuse services well-led?

Vision and values

Substance misuse services

- The service had a clear strategy and set of values that was set by senior management in agreement with the board of trustees. This was regularly reviewed and explained to new members of the board.
- All staff at the service shared their definition of 'recovery' that they were working towards during the 26-day programme.
- Staff were clear on their role within the organisation and there was a clinical and governance structure in place to aid this.

Good governance

- The policies we reviewed were not dated and did not have review dates. They were in line with current best practice and senior staff told us they encouraged all staff to regularly read the policies.
- The service did not have a local risk register for staff to submit items to. Corporate risk was evidenced as being regularly discussed by senior staff members and the board of trustees.
- There was no system in place to review and renew staff DBS checks on a time specific basis.
- The service had no monitoring system in place to ensure that supervision was taking place. The clinical director was responsible for offering supervision and this took place bi-yearly for all substantive staff. However, there was no supervision policy to stipulate the amount of supervision agreed by the organisation.

- The service did not use any local key performance indicators to gauge team or individual staff performance.
- The service did not have a whistle blowing policy in place.

Leadership, morale and staff engagement

- The staff we spoke with expressed that they felt the service encouraged an open and honest culture and that support was available if needed. However, some staff did express that change was not always welcomed or managed well within the organisation.
- Staff reported their levels of stress were low and that they felt happy and satisfied in their roles within the service.
- Staff reported that senior leadership were a visible presence within the organisation and that they were approachable and supportive to staff needs.
- There was no formal structure in place to monitor staff satisfaction or empowerment. However, we were told that due to the small size of the service, staff discussions regarding this happened regularly on an informal basis.

Commitment to quality improvement and innovation

- We saw evidence that the service considered the impact of change, including financial change on their delivery. This was regularly reviewed and discussed at trustee meetings.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must implement and undertake risk assessments of every client and ensure recovery plans are developed for all clients.
- The provider must ensure that all staff have a completed Disclosure and Barring Service checks before working with clients.
- The provider must ensure that all staff have access to training to equip them with the skills and experience to do their job effectively, including ensuring all staff administering medication have appropriate training and their competence to administer medication checked regularly.
- The provider must implement a safeguarding policy and training for all staff.

Action the provider **SHOULD** take to improve

- The provider should consider providing staff with regular, documented supervision to ensure staff are supported and managed effectively.
- The provider should consider implementing an incident reporting form.
- The provider should consider recording dates by which current policies are implemented and when they should be reviewed by.
- The provider should consider the implementation of a local risk register.
- The provider should consider implementing a lone working policy.
- The provider should consider the use of a whistleblowing policy.

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

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The service was not implementing any form of recovery plan for its clients.

This is a breach of Regulation 9 (3)(a)(b)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

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

The service was not undertaking risk assessments for clients entering the service.

Providers must be assessing the risks to the health and safety of service users receiving care or treatment.

The service was administering medicines to clients without appropriate training.

This is a breach of Regulation 12 (2)(a)(g)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The service did not implement a safeguarding policy or offer staff appropriate safeguarding training.

This section is primarily information for the provider

Requirement notices

Systems and processes must be established and operated effectively to prevent abuse of service users.

This is a breach of Regulation 13 (2)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

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

The service was not undertaking appropriate background checks of all staff who had access to clients.

Persons employed for the purposes of carrying on a regulated activity must be of good character.

This is a breach of Regulation 19 (1)(a)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service did not have a mandatory training schedule in place for its staff.

Staff should be supported to make sure they are can participate in mandatory training.

This is a breach of Regulation 18 (2)(a)