U Turn Recovery Project

Quality Report

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Date of inspection visit: 19 and 20 July 2017
Date of publication: 14/09/2017

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.

This was an unannounced focussed inspection. We undertook this inspection to check the progress the provider had made in addressing the breaches of regulations identified at the previous inspection in September 2016.

At this inspection we found the following improvements:

- At the September 2016 inspection, clients' risk assessments did not include potential risks. Clients did not have risk management plans. At the July 2017 inspection, potential client risks were assessed and risk management plans were in place.
- At the September 2016 inspection, we found the management of medicines was unsafe. There was an increased risk of medicines errors. The service did not have a controlled drugs register. At the July 2017 inspection, medicines management had improved. Staff had been trained to dispense medicines, a controlled drugs register was in place, and medicines audits were undertaken.
- At the September 2016 inspection, the system for safeguarding adults and children was not effective. Staff did not know how to make a safeguarding adults referral. At the July 2017 inspection, all staff were aware of when and how to make a safeguarding adults referral. Staff in the service no longer supervised clients' visits with children.

Summary of findings

- During the September 2016 inspection, we found there was no central incident reporting system. The learning from incidents was not recorded. At the July 2017 inspection, there was a system for the reporting and investigation of incidents. The system also supported learning from incidents.
- During the September 2016 inspection, we found client assessments were not always comprehensive. Care plans did not describe plans of care. At the September 2017 inspection, clients' care plans were detailed, reflected clients' views and preferences and identified clients' needs.
- At the September 2016 inspection, infection control procedures were not effective. The service was not clean and other infection control risks were increased, including the potential for food poisoning. At the July 2017 inspection, the service had been partially renovated and redecorated. The service was clean and clear infection control procedures were in place.
- At the September 2016 inspection, we found the service did not have the full range of policies to ensure a safe and high quality service. Policies in the service had not been reviewed since 2012. At the July 2017 inspection, all of the service policies had been reviewed, and some additional policies had been introduced.
- At the September 2016 inspection, there was a lack of effective systems to underpin safe, high quality care. At the July 2017 inspection, there was a system of standards, procedures and audits, which ensured that the quality and safety of the service was monitored.
- At the July 2017 inspection, the notice board at the entrance to the service displayed the weekly staff rota for the following week. If clients wanted to speak with a particular member of staff they would be aware when the staff member was next at work.
- At the July 2017 inspection, we found the service had funded a client to attend English writing courses. The service had also arranged regular internet video calls for the client to speak with their family who lived abroad.
- The service had included a 'chat' function on its website. Members of the public, or referrers, could seek advice via the 'chat' function at any time. When the 'chat' function was activated, all staff members mobile phones would connect to the 'chat'. The most appropriate member of staff could then discuss any queries.
- The manager had involved all staff in all of the changes to the service. The manager had systematically worked through improvements required with staff. This led to changes being quickly embedded into practice. The manager had demonstrated exceptional leadership during a period of significant service change.

We also found the following areas for improvement:

- At the September 2016 inspection, we found that almost all of the staff and volunteers did not have the required criminal records checks and other pre-employment checks. At the July 2017 inspection, although all staff and volunteers had criminal records checks, all staff did not have required references, and one staff member did not have any employment history recorded.
- Clients' care records did not include a daily entry documenting the client's activities or the support they received.
- Staff had supervision every two months with the manager. The contents of supervision meetings were not formally documented.
- At the July 2017 inspection, there had been no registered manager in day to day control of the service for more than 18 months. The providers' Care Quality Commission registration requires a registered manager to be in post at the service. The current manager started their application to become the registered manager immediately after the inspection.

Summary of findings

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Background to U Turn Recovery Project

U-Turn Recovery Project provides residential rehabilitation for men who misuse alcohol and drugs. The service has 15 beds. At the time of our inspection there were 11 clients in the service.

U-Turn Recovery Project is operated by a Christian charity and does not receive funding from any organisations or agencies who refer people to the service.

U-Turn Recovery Project is registered to provide:

Accommodation for persons who require treatment for substance misuse.

The registered manager had been absent from the service for almost eighteen months. The current manager had started their application to become the registered manager.

We have previously inspected this service on two occasions. When we inspected the service in September 2016, we found the provider was in breach of six regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and one regulation of the Care Quality Commission (Registration) Regulations 2009:

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

Regulation 9 (Person-centred care)

Regulation 12 (Safe care and treatment)

Regulation 13 (Safeguarding service users from abuse and improper treatment)

Regulation 17 (Good governance)

Regulation 18 (Staffing)

Regulation 19 (Fit and proper persons employed)

Care Quality Commission (Registration) Regulations 2009:

Regulation 18 (Notification of other incidents)

Following the inspection in September 2016 inspection we served the provider with five Warning Notices and issued two Requirement Notices.

Our inspection team

The team that inspected the service comprised a CQC inspector, a CQC registration inspector, and a specialist advisor. The specialist advisor was a senior nurse who works in substance misuse services.

Why we carried out this inspection

This was an unannounced focussed inspection. We inspected the service to check on the progress the provider had made in addressing the breaches of regulations identified at the previous inspection.

Summary of this inspection

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with four clients
- spoke with the manager
- spoke with two other staff members employed by the service provider
- looked at three care records for clients
- looked at the medicines management within the service
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients in the service described feeling safe and comfortable. They found the staff caring and responsive to their needs, and considered staff worked in clients' best interests.

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 improvements:

- During the September 2016 inspection, we found arrangements for medicines management were not safe. There was an increased risk of medicine errors due to the way medicines were recorded. The service did not have a controlled drugs register. At the July 2017 inspection, medicines were safely managed. Medicine audits were undertaken and a controlled drugs register was in place.
- At the September 2016 inspection, we found that clients' risk assessments did not always include all potential client risks. Risk assessments were not reviewed after incidents. Clients did not have risk management plans. Clients did not have early exit plans. At the July 2017 inspection, clients' risk assessments included all potential client risks. Client risk assessments were updated after incidents and all clients had early exit plans.
- At the September 2016 inspection, most staff had not undertaken safeguarding adults training. One incident did not lead to a safeguarding adults referral. Staff supervised clients' visits with children. Staff had not undertaken safeguarding children training. At the July 2017 inspection, all staff had undertaken safeguarding adult training. Staff no longer supervised client visits with children and children did not visit the service.
- During the September 2016 inspection, we found that the service did not have a list of mandatory training for staff and volunteers to undertake. Staff and volunteers may not have had the skills to undertake their job. At the July 2016 inspection, all staff and a volunteer had undertaken a range of mandatory training.
- At the September 2016 inspection, the service did not have a central record of all incidents, which had occurred in the service. There was no record of learning from incidents. At the July 2017 inspection, there was a central incident reporting system. Incidents were reviewed by the manager so that learning could take place.
- During the September 2016 inspection, we found the service was not clean. There were poor infection control practices. At the July 2017 inspection, the service had been partially

Summary of this inspection

refurbished and redecorated. The service was clean and infection control had improved significantly. The service had been awarded the highest rating at a recent food hygiene inspection.

- During the September 2016 inspection, we found the service did not have comprehensive operational risk assessments. At the July 2017 inspection, a new service risk assessment was in development.
- At the September 2016 inspection, the manager did not know the requirements of the duty of candour. At the July 2017 inspection, the manager was aware of the requirements of the duty of candour. The manager understood that if a client had been harmed due to a mistake, the client should receive an apology.

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

- At the September 2016 inspection, almost all of the staff and volunteers did not have the required criminal records checks and other pre-employment checks. At the July 2017 inspection, although all staff and volunteers had criminal records checks, all of the staff did not have required references, and one staff member did not have any employment history.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following improvements:

- At the September 2016 inspection, client assessments were not always comprehensive and fully completed. At the July 2017 inspection, clients' assessments were comprehensive, and all areas of the assessment were completed.
- At the September 2016 inspection, we found clients' care plans did not describe a plan of care for clients. Care plans did not include clients' cultural needs. At the July 2017 inspection, clients' care plans were detailed and reflected their individual progress. Clients' care plans reflected their cultural needs, where appropriate.
- At the September 2016 inspection, there was no consistent system for referring clients with mental health symptoms to mental health services. At the July 2017 inspection, the service could refer clients directly to the local community mental health team for an assessment.

Summary of this inspection

- At the September 2016 inspection, we found the manager and staff did not have knowledge of the Mental Capacity Act. At the July 2017 inspection, the manager and staff had undertaken Mental Capacity Act training. Staff had awareness of when clients may lack the capacity to make a decision.

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

- Clients' care records did not include a daily entry documenting the client's activities or the support they received.
- Staff had supervision every two months with the manager. The contents of supervision meetings were not formally documented.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following improvements:

- At the inspection in September 2016, we found that clients' own views were absent from their care plans. Clients did not have a copy of their care plans. At the July 2017 inspection, clients' views and preferences were clear in their care plans. All clients had a copy of their care plans.
- At the September 2016 inspection, we found that there was no system for clients to provide feedback about the service. At the July 2017 inspection, a brief client questionnaire had been developed. The client questionnaire asked clients what they did not like and what improvements the service could make. Clients completed the questionnaire every two weeks.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following improvements:

- At the September 2016 inspection, we found that there were no leaflets in the service regarding health or community resources. At the July 2017 inspection, there was various information available for clients concerning health screening and community support.
- The notice board at the entrance to the service displayed the staff rota for the following week. If clients wanted to speak with a particular member of staff they would be aware when the staff member was next at work.
- The service had funded a client to attend English writing courses. The service had also arranged regular internet video calls for the client to speak with their family who lived abroad.

Summary of this inspection

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following improvements:

- At the September 2016 inspection, we found that there was no effective system to underpin quality and safety in the service. At the July 2017 inspection, there was a system of standards, procedures and audits which ensured that the quality and safety of the service was monitored.
- At the September 2016 inspection, some policies which should have been in place were not. Policies in the service had not been reviewed for four years, and some policies required amendments. At the July 2017 inspection, all of the policies for the service had been reviewed. New policies had been introduced for some areas of practice.
- At the September 2016 inspection, the system for auditing care plans and risk assessments was not effective. At the July 2017 inspection, care plans and risk assessments were audited differently. The new audits focussed on the quality of care plans and risk assessments.
- At the September 2016 inspection, we found the system for safeguarding adults and children was not effective. At the July 2017 inspection, there was a clear process for staff to make a safeguarding adults referral. Staff no longer supervised clients visits with children.
- At the September 2016 inspection, we found staff records were not stored securely. At the July 2017 inspection, staff records were stored securely.
- The manager had involved all staff in all of the changes to the service. The manager had systematically worked through improvements required with staff. This led to changes being quickly embedded into practice. The manager had demonstrated exceptional leadership during a period of significant service change.
- The service had included a 'chat' function on its website. Members of the public, or referrers, could seek advice via the 'chat' function at any time. When the 'chat' function was activated, all staff members mobile phones would connect to the 'chat'. The most appropriate member of staff could then discuss any queries.
- The manager and staff had presented the work of the service at a local event attended by different agencies. The manager had been invited to speak about substance misuse at the Houses of Parliament.

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

Summary of this inspection

- There had been no registered manager in day to day control of the service for more than 18 months. The providers' Care Quality Commission registration requires a registered manager to be in post at the service. The manager made an application to become the registered manager immediately after the inspection.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

At the September 2016 inspection, the manager, staff and volunteers did not have an understanding of the Mental Capacity Act (MCA).

At the July 2017 inspection, the manager and all of the staff had undertaken MCA training. Staff understood that when clients first attended the service they may lack capacity due to the effects of alcohol or drugs. Shortly after admission to the service, the recovery programme and restrictions in the service were explained to the client again. Clients' consent to the programme and restrictions was sought when it was clear the client had the capacity to make the decision. On one occasion, staff were unclear if a client had capacity to make a decision, due to their mental health problems. The client was referred to the community mental health team for a specialist assessment.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- At the inspection in September 2016, we found that the service was not clean. Walls in the building and furniture were not clean. There was no cleaning schedule in the service, itemising each cleaning task and its frequency. At the inspection in July 2017, almost all of the service had been redecorated. The environment was brighter and cleaner. New furniture had been purchased and was in use. A cleaning schedule was in place, and was used to monitor when cleaning tasks were required and completed.
- At the September 2016 inspection, there were a number of infection control risks. A hand towel in a communal toilet was not changed regularly, and there was no soap or hand wash in the toilets or kitchen. The kitchen did not have a separate hand wash basin. The refrigerator temperatures of kitchen refrigerators were not monitored. This meant the refrigerators could become too warm, affecting the food inside. A number of food items were past their 'use by' date, increasing the risk of food poisoning. During the July 2017 inspection, we found hand wash and disposable hand towels were present in the toilets and kitchen. The kitchen had been completely renovated, and a hand wash sink was in place. Signs were posted in the kitchen reminding clients and staff to wash their hands and use colour-coded knives and chopping boards. Kitchen refrigerator temperatures were monitored daily. A poster on the refrigerator showed how food should be stored in the refrigerator to prevent cross-contamination. Colour-coded food hygiene stickers were attached to food to identify when they should be used by. The service had recently had a food hygiene inspection, and had been awarded the highest rating for food safety.
- At the September 2016 inspection, we found that clients used disposable pots to provide a urine specimen for drug screening. Although these pots had been in contact with body fluids, they were disposed of as ordinary rubbish. In addition, the service used a sharps bin to dispose of sharp objects, but there was no sharps policy in place. At the July 2017 inspection, we found yellow clinical waste bags were used to dispose of pots used for urine specimens. The clinical waste was removed by an approved clinical waste contractor. A sharps policy was also in place for the service staff.

Safe staffing

- At the September 2016 inspection, there were four staff and two volunteers. A member of staff was available from seven o'clock until ten thirty at night. Clients could contact a staff member by pager at night, if required. When a client was undergoing alcohol detoxification, a staff member worked throughout the night. This was required for safety reasons and was best practice. During the June 2017 inspection, we found five staff worked in the service and there was one volunteer. Staff worked from eight thirty am until ten pm. A staff member continued to work at night if a client was undergoing alcohol detoxification.
- At the September 2016 inspection, agency or bank staff were not used in the service. Permanent staff would undertake additional work when there was staff absence. Client groups were not cancelled due to shortages of staff. This remained unchanged at the inspection in July 2017.

Assessing and managing risk to clients and staff

- At the September 2016 inspection, the manager completed a risk assessment for all prospective clients. The risk assessment included the clients' risk to themselves and others. Further risk information was requested where appropriate. Clients' risk assessments

did not always identify clients who may be at risk of abuse from others. Two clients in the service had been at potential risk of abuse and this had not been assessed as part of their risk assessment. At the July 2017 inspection, clients risk assessments were comprehensive. When clients may be at risk of abuse from others, this was recorded in the clients risk assessment.

- At the September 2016 inspection, we found that clients risk assessments were updated every three months. Clients' risk assessments were not reviewed and updated following incidents when the level of risk may have changed. When potential client risks were identified, they were not included in clients' care plans. If clients left the service part way through alcohol detoxification, they did not have an early exit plan. This increased the risk of a client having alcohol withdrawal seizures or delirium tremens. At the June 2017 inspection, client risk assessments were reviewed and updated following incidents. Clients' care plans included potential risks. Clients had early exit plans, and staff understood the advice they should provide to clients leaving treatment early.
- At the September 2016 inspection, clients agreed to a number of restrictions when they were admitted to the service. These included limited contact with family and friends, no use of mobile phones, and clients not holding money. These restrictions were relaxed as clients progressed. However, there was no written explanation for this approach, or how this linked with clients' therapeutic needs or risks. At the July 2017 inspection, there was clear information concerning how restrictions were relaxed. Clients' progress and relaxation of restrictions was recorded in clients' care plans.
- At the September 2016 inspection, we found one staff member had undertaken safeguarding adults training. The manager, staff and volunteers did not know how to make a safeguarding adults referral. On one occasion, a safeguarding adults referral should have been made and had not been. Staff also supervised clients having contact with their children off the premises. However, staff were not aware of the signs which could indicate a child may have experienced abuse. At the September 2016 inspection, the manager and all of the staff had undertaken safeguarding adults training. The manager and staff were knowledgeable of the types of abuse vulnerable adults may experience. The manager and staff knew how to make a safeguarding adults referral. Flow charts describing how to make a safeguarding adults referral were displayed in the staff office. Brief safeguarding adults information had also been incorporated into the template for clients' care plans. Staff no longer supervised clients visits with their children off the premises.
- During the September 2016 inspection, we found clients' medicines were prescribed by other services. Medicines were prescribed by the local substance misuse service or clients' general practitioner (GP). The service stored clients medicines and dispensed medicines under staff supervision. Clients' medicines administration records (MAR) did not include the exact time or dose of medicine for clients to take, which increased the risk of medicine errors. The service also stored the medicine methadone at the weekend, when clients could not be supervised taking the medicine in a chemist. The service did not have a controlled drugs register to record the storage and use of methadone. The service did not comply with the law. At the June 2017 inspection, clients' MAR charts had been changed. The medicine dose and time the client had taken each medicine was clearly recorded. Clients also signed their MAR chart to confirm they had taken their medicine. A controlled drugs register was in place and was being used for the recording of methadone. The controlled drugs register was also used to record other addictive medicines. Whilst not required by law, this was best practice.
- At the September 2016 inspection, medicines were stored in a warm room and the room temperature was not monitored. Non-refrigerated medicines must be stored below 25 degrees or they may become ineffective. The service did not undertake medicines audits and the medicine cabinet keys were not stored securely. One staff member had undertaken medicines training and had been assessed as competent to dispense medicines. At the July 2017 inspection, an air conditioning unit was in place in the medicines room. A medicines refrigerator was also in place. The temperatures of the room and medicines refrigerator were not recorded regularly. However, the service implemented regular temperature checks during the inspection. The medicine cabinet keys were stored

securely. There were monthly medicines audits, which were detailed and could identify any concerns. All of the staff had undertaken medicines training and had been assessed as competent to dispense medicines.

- At the September 2016 inspection, two volunteers did not have Disclosure and Barring Service (criminal records) checks. Two volunteers had not had any pre-employment checks. Almost all of the staff did not have any personal or professional references. At the July 2017 inspection, all staff and volunteers had a Disclosure and Barring Service check. The staff files showed that two staff had a single reference regarding their suitability for their roles. There was no record of previous employment for one staff member, and the reasons why there were gaps in employment for other staff members were not documented. Staff working in the service had not had all of the pre-employment checks required before working in the service. This meant the provider had not checked staff members' suitability and safety to work in the service. There had been no new staff since the previous inspection, and the manager said that they would carry out such checks.
- At the September 2016 inspection, the service did not have a list of mandatory training for staff and volunteers to undertake. This meant that staff may not have the skills and knowledge to undertake their role. At the July 2017 inspection, all staff and one volunteer had undertaken a range of mandatory training. This included first aid, food hygiene, infection control, medicines management, Mental Capacity Act and safeguarding training. One volunteer had recently started at the service and was due to undertake training. The manager was planning for staff to undertake regular refresher training in these areas.

Track record on safety

- At the September 2016 inspection, we found there was no system for identifying incidents in the previous 12 months. The manager told us there had been no serious incidents in the year before that inspection.
- At the July 2017 inspection, there was a system for reporting and reviewing incidents. There had been one serious incident in the previous year. This had involved a small electrical fire and flood in the service. The service had been evacuated for several hours. Following this incident, the manager was in the process of developing a contingency plan. This plan would record the actions to take in the event that the service required evacuation for a longer period, such as overnight.

Reporting incidents and learning from when things go wrong

- At the September 2016 inspection, incidents were recorded in clients' records and there was no central incident recording system. There was no record that staff and volunteers had reviewed incidents, and no record of learning from incidents. At the July 2017 inspection, there was an incident reporting system. A range of incidents were reported, and a central file recorded all incidents in the service. All incidents were formally reviewed by the manager, and learning from incidents was identified. Staff and volunteers were involved with learning from incidents. For example, an altercation between two clients led to action where the clients would request staff support prior to another incident. Staff and volunteers understood the incident reporting system.

Duty of candour

- 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. At the September 2016 inspection, the manager was unaware that the duty of candour meant an apology should be provided to a client if the service made a mistake and they were seriously harmed. The manager was unaware of any other actions required. At the July 2017 inspection, the manager knew that the client should receive an apology, and that an investigation into the mistake should take place.

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

Assessment of needs and planning of care

- At the September 2016 inspection, we found that when clients were assessed for the service, information concerning clients' debts, benefits and legal issues were not completed. One client did not have any medical

information completed. At the July 2017 inspection, we reviewed three clients' care records. Clients' assessment records were completed and all areas of clients' needs were assessed.

- At the September 2016 inspection, clients' care plans described clients circumstances when they were admitted to the service. Care plans did not reflect the stage clients were at in their treatment programme or clients cultural needs. Clients' care plans were reviewed every three months. There was no record of the day to day support provided for clients. At the July 2017 inspection, we found clients had detailed care plans reflecting their changing needs. Each area where a client required support was detailed in the care plan, and care plans were reviewed each week. Clients' care plans included their cultural needs where this was appropriate. Clients' care plans included an early exit plan for clients and contact details of key staff. The care plans also had a space for clients to provide consent to share the information in the care plan. However, there was no record of the day to day support staff provided for clients. This meant clients' daily activities and progress were not documented.

Best practice in treatment and care

- At the September 2016 inspection, we found the service required clients to provide a urine specimen every month for drug testing. More frequent drug testing was carried out as required. Clients' records showed that clients did not have a drug test every month. One client had a period of three months between drug tests. At the July 2017 inspection, we found clients had drug tests every month.
- At the September 2016 inspection, the service did not use outcome scales to measure the effectiveness of treatment. At the July 2017 inspection, we found the service was in the process of reviewing all clients who had been admitted to the service in the previous year. Sixty per cent of clients had successfully completed the rehabilitation programme provided by the service. The service was undertaking further work to understand why clients left treatment, and to follow up clients after they had left the service.
- During the September 2016 inspection, the service did not conduct any clinical audits. During the July 2017 inspection, audits were undertaken relating to medicines, infection control and care plans. These audits were undertaken regularly, to monitor the quality and safety of the service.

Skilled staff to deliver care

- At the September 2016 inspection, we found that some staff had not undertaken training recently, and that one staff member had no record of having undertaken training. Two staff were undertaking the National Vocational Qualification (NVQ) in health and social care at level three. The manager was undertaking an NVQ at level five. During the July 2017 inspection, we found all staff had undertaken mandatory training. The manager and another staff member were undertaking NVQ level five, and two staff members were undertaking NVQ level three.
- At the September 2016 inspection, we found staff and volunteers had received little supervision in the previous year. The manager had commenced supervision with staff several weeks prior to the inspection. Staff had not received an annual appraisal. At the July 2017 inspection, staff received supervision every two months. However, there was no written record of the contents of staff supervision. This meant that the manager and staff member did not have a record of the discussion or actions agreed in supervision. A new template for staff appraisals had been produced, but staff had not had an annual appraisal.

Multidisciplinary and inter-agency team work

- At the September 2016 inspection, we found that staff handed over client information to each other throughout the day. There was no formal handover meeting, and information discussed between staff was not recorded. At the July 2017 inspection, a formal meeting took place every week to discuss clients' care. Each client's progress was recorded and discussed amongst the staff team. The service also had a communication book which was used to inform all staff of changes to clients' level of support.
- During the September 2016 inspection, we found that a volunteer clinical psychologist assessed clients' mental health needs. The clinical psychologist usually attended the service every two weeks, but had not attended for several weeks before that inspection. The service did not have a clear system for clients to receive a mental

health assessment in a timely manner. At the July 2017 inspection, we found that the service had developed effective working links with the local community mental health team (CMHT). The service could refer clients directly to the CMHT for a mental health assessment.

- In September 2016, we found that the service had good working relationships with the local GP and the local substance misuse treatment service. At the July 2017 inspection, the service had also developed links with a substance misuse accommodation provider. The service had worked with other organisations to obtain volunteer work for clients, and a minibus for the service to use. The service had also developed a positive relationship with the local police community team.

Good practice in applying the MCA

- At the September 2016 inspection, the manager, staff and volunteers did not have an understanding of the Mental Capacity Act (MCA).
- At the July 2017 inspection, we found the manager and all of the staff had undertaken MCA training. Staff understood that when clients first attended the service they may lack capacity due to the effects of alcohol or drugs. Shortly after admission to the service, the recovery programme and restrictions in the service were explained to the client again. Clients' consent to the programme and restrictions was sought when it was clear the client had the capacity to make the decision. On one occasion, staff were unclear if a client had capacity to make a decision, due to their mental health problems. The client was referred to the community mental health team for a specialist assessment.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Clients described staff as caring, responsive to their needs and working for clients' best interests. Staff provided emotional and psychological support to clients, and prioritised client needs above their other duties.

The involvement of clients in the care they receive

- At the September 2016 inspection, clients own views of their circumstances was not evident in their care plans. Clients did not have copies of their care plans. At the July 2017 inspection, we found clients' care plans clearly reflected clients' needs and preferences. All clients had a copy of their care plan which they discussed each week with their keyworker.
- During the September 2016 inspection, we found that the service had no formal system for obtaining client feedback. At the July 2017 inspection, we found the service had developed a brief questionnaire for clients. The questionnaire asked clients if they were unhappy with any part of the service and what they would like improved. Clients were asked to complete the questionnaire every two weeks. This meant that the service could identify concerns and make improvements on a continuous basis.

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

Access and discharge

- The service worked closely with another substance misuse accommodation provider. This relationship provided a clear pathway to assist clients to live more independently.

The facilities promote recovery, comfort, dignity and confidentiality

- At the September 2016 inspection, we observed that the service had a large group room and access to outdoor space. Clients reported that they felt safe and comfortable. At the July 2017 inspection, the group room was out of use following a small fire and flood. Redecoration was underway at the time of the inspection. Another room in the service was used for client groups. Clients reported that they felt comfortable and safe in the service.
- At the September 2016 inspection, we found that clients cooked group meals most of the week. Clients' meals did not reflect a healthy, balanced diet, and there was a lack of fresh produce on occasions. At the July 2017 inspection, we found clients had undertaken food hygiene training. This meant that clients understood how to minimise food poisoning. The menu was more varied, and fresh produce was used for meals.

- A noticeboard at the entrance to the service contained information for clients. This included the programme timetable and dates of clients key working sessions. The notice board also displayed the staff rota for the following week. This meant if clients wanted to speak with a particular member of staff they would be aware when the staff member was next at work.
- At the July 2017 inspection, we found that clients had new furniture in their bedrooms. A programme of redecoration was ongoing, and some clients bathrooms had been redecorated to a high standard.
- The service had the use of a minibus. Clients and staff had visited the beach, and played paintball. At the time of the inspection, some clients and staff were due to attend a television studio to watch a programme being filmed.

Meeting the needs of all clients

- At the September 2016 inspection, we found that there was no information available to clients regarding community or health resources. At the July 2017 inspection, we found an information rack was at the entrance to the service. Information was available concerning benefits, health screening and men's health checks.
- Clients who had difficulty writing were given additional time to complete coursework for the treatment programme. The service had funded a client to attend English writing courses. The service had also arranged regular internet video calls for the client to speak with their family who lived abroad.

Listening to and learning from concerns and complaints

- At the September 2016 inspection, the manager had individually asked clients to report and record complaints. Clients had chosen not to report complaints and preferred for complaints to be dealt with informally. The complaints policy for the service had last been reviewed in 2012. At the July 2017 inspection, we found that clients were informed how they could complain as part of the admission process. The complaints policy had been updated. Clients continued to prefer to resolve complaints informally.

Are substance misuse services well-led?

Vision and values

- The service had a clear vision to support clients to become abstinent from alcohol or drugs. This vision was understood by staff, volunteers and clients. The service promoted values of truthfulness and Christianity. At this inspection, we found there was also a vision for the service to continuously improve.

Good governance

- At the September 2016 inspection, we found that staff had not undertaken training required for their role. Staff had recently started to have supervision, and did not have job descriptions. At the July 2017 inspection, we found staff had undertaken mandatory training, and staff had regular supervision. However, supervision sessions were not documented. All of the staff in the service had a job description, providing details of their role.
- At the September 2016 inspection, there was no medicines policy or controlled drugs register. The service did not have a sharps or infection control policy and clinical waste was not disposed of properly. At the July 2017 inspection, we found a controlled drugs register was being used, and medicines, sharps and infection control policies were in place. Clinical waste was disposed of correctly.
- At the September 2016 inspection, the service did not have a child visiting policy. At the June 2017 inspection, we found staff no longer supervised child visits and children did not visit the service.
- During the September 2016 inspection, we found the fire evacuation procedure had last been reviewed in 2004. Policies had last been reviewed in 2012. The service did not have an incident recording system and there was no system for learning from incidents. At the July 2017 inspection, we found the fire evacuation procedure and policies had been updated. An incident reporting system was in place, which assisted staff in the service to learn from incidents.
- At the September 2016 inspection, we found that regular, effective audits did not take place. The care plan and risk assessment audits did not measure quality, and

there was no record of when audits had been undertaken. The service risk assessment was not comprehensive. At the July 2017 inspection, we found a number of audits were undertaken, including a monthly medicines audit. Audits were detailed and there was a clear record of when audits had been undertaken. A Control of Substances Hazardous to Health (COSSH) risk assessment was in place and up to date. A new service risk assessment was being developed at the time of the inspection.

- At the September 2016 inspection, we found that staff and volunteer records were not kept securely. Personal information was available to all staff and volunteers. At the July 2017 inspection, we found this had improved and all staff records were kept securely.
- At the September 2016 inspection, the provider did not notify the Care Quality Commission (CQC) of certain incidents which they are required to be law. An allegation of abuse had not been reported to the CQC. At the July 2017 inspection, the manager was aware of the types of incidents, which required notification to the CQC.

Leadership, morale and staff engagement

- At the September 2016 inspection, the registered manager had not been present in the service for almost a year. At the July 2017 inspection, there continued to be no registered manager in the service. It is a condition of the providers' CQC registration that there is a registered manager for the service. The manager was aware of this and applied to become the registered manager immediately following the inspection.
- At the inspection in September 2016, we found that staff morale was high and that staff were able to raise concerns. Staff members had their own roles in the service. This had led to some staff tension and delayed improvements to the service. At the July 2017 inspection, staff morale remained high. Staff had discussed, and been involved with, changes to the service. Staff had redecorated the service, and had spent significant amounts of time implementing changes to the service. The service was more organised, and tension between staff was not evident.
- The manager had involved all of the staff in all of the changes to the service. The manager had prioritised changes, and systematically worked through the improvements required with staff. This led to the changes being quickly embedded into practice. The manager had also visited a range of other services, to learn from those services and to develop links with other organisations. The manager had demonstrated exceptional leadership during a period of significant service change.
- The manager and staff had presented the work of the service at a local event attended by different agencies. The manager had been invited to speak about substance misuse at the Houses of Parliament.

Commitment to quality improvement and innovation

- The manager and staff team had made a significant number of service improvements in a short period of time. The manager and staff had worked to introduce systems to monitor the service, and to ensure that improvements could continue.
- The service had redesigned its website. This included a 'chat' function. Members of the public, or referrers, could seek advice via the 'chat' function at any time. When the 'chat' function was activated, all staff members mobile phones would connect to the 'chat'. The most appropriate member of staff could then discuss any queries.

Outstanding practice and areas for improvement

Outstanding practice

- The notice board at the entrance to the service displayed the staff rota for the following week. If clients wanted to speak with a particular member of staff they would be aware when the staff member was next at work.
- The service had funded a client to attend English writing courses. The service had also arranged regular internet video calls for the client to speak with their family who lived abroad.
- The manager had involved all staff in all of the changes to the service. The manager had systematically worked through improvements required with staff. This led to changes being quickly embedded into practice. The manager had demonstrated exceptional leadership during a period of significant service change.
- The service had included a 'chat' function on its website. Members of the public, or referrers, could seek advice via the 'chat' function at any time. When the 'chat' function was activated, all staff members mobile phones would connect to the 'chat'. The most appropriate member of staff could then discuss any queries.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that all new and existing staff have required pre-employment checks.
- The provider must ensure that a registered manager is in day to day control of the service.

Action the provider SHOULD take to improve

- The provider should ensure that each client's daily activities, and the support they receive, are recorded in their care records every day.
- The provider should ensure that staff supervision meetings are formally documented.

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
Accommodation for persons who require treatment for substance misuse	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Staff did not have all of the pre-employment checks required, including the checks required in Schedule 3 of the HSCA 2008 (RA) Regulations 2014. This is a breach of Regulation 19 (1)(a)(b)(2)(3)(a)

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 5 (Registration) Regulations 2009 Registered manager condition The registration of the service provider was subject to a registered manager condition. There had been no registered manager in day to day control of the service for more than 18 months. This is a breach of Regulation 5(1)(a)