

U Turn Recovery Project

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:

- Clients risk assessments did not include all potential risks. Clients did not have risk management plans.
- The management of medicines was unsafe. There was an increased risk of medicines errors. The service did not have a controlled drugs register.
- The system for safeguarding adults and children was not effective. Staff did not know how to make a safeguarding adults referral.
- There was no central incident reporting system. The learning from incidents was not recorded.

- Client assessments were not always comprehensive. Care plans did not describe plans of care.
- Infection control procedures were not effective. The service was not clean and other infection control risks were increased, including potential food poisoning.
- 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.
- There was a lack of effective systems to underpin safe, high quality care.

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

Summary of findings

We issued Warning Notices to the provider, the details of which can be found at the end of this report.

- Almost all clients and former clients praised staff for their help and support.
- Comment cards from clients and former clients described the service as being life changing.
- The manager and staff went to significant effort to assist a client who had been required to leave the service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		See overall summary.

Summary of findings

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U-Turn Recovery Project

Services we looked at

Substance misuse services

Summary of this inspection

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 eight 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. The service is funded by public fundraising and charitable gifts.

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 one year. A new manager, who was in the process of becoming the registered manager, was working in the service.

We have previously inspected this service on one occasion. Our inspection in October 2013 found that the service was meeting the essential standards which were inspected. The essential standards against which we inspect are now known as fundamental standards.

Our inspection team

The team that inspected the service comprised two CQC inspectors and a specialist advisor whose background is in providing therapy to people with substance misuse problems.

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?

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 six clients
- spoke with three former clients of the service
- spoke with the manager of the service
- spoke with four other staff members and volunteers, including the recovery manager and office manager.
- attended and observed a client treatment group

Summary of this inspection

- collected feedback using comment cards from seven clients and two ex-clients
- looked at three care and treatment records of clients
- looked at the medicines management in the service
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Except for one client, all of the clients praised the staff and volunteers. Former clients of the service said staff were one of the main reasons they successfully stopped using substances. Clients described staff as helping them in a number of different ways.

A comment card box was placed in the service at the time of the inspection. We received seven comment cards from

clients and two comment cards from ex-clients. Eight of the comment cards were positive and one comment card was negative. The positive comment cards described staff as respectful and helpful. Some of the comment cards described the service as life changing. The negative comment card concerned lack of recovery and staff presence.

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:

- Medicines management was 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.
- Client's 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.
- 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.
- Almost all of the staff and volunteers did not have the required criminal records checks and other pre-employment checks.
- 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.
- 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.
- The service was not visibly clean. There were poor infection control practices.
- The service did not have comprehensive operational risk assessments.
- The manager did not know the requirements of the duty of candour.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- Client assessments were not always comprehensive and fully completed.
- Clients' care plans did not describe a plan of care for clients. Care plans did not include clients' cultural needs.
- There was no consistent system for referring clients with mental health symptoms to mental health services.

Summary of this inspection

- The manager and staff did not have knowledge of the Mental Capacity Act.

We found the following areas of good practice:

- Clients had physical health and dental checks.
- Former clients reported that the treatment programme had enabled them to stop using substances.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Almost all clients and former clients praised the staff. They said staff were helpful and understood their needs.
- Staff continued to offer support to clients when they had successfully completed treatment.
- The manager and staff went to significant effort to assist a client who had been required to leave the service.
- Staff supported clients to re-establish relationships with relatives.

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

- Client's own views were absent from their care plans. Clients did not have a copy of their care plans.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Suitable adjustments were made for clients with disabilities. Clients who had difficulty writing were given additional time to complete course work.
- Clients were not excluded from the service based on race, sexuality or religion.

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

- There were no leaflets available in the service regarding community or health resources.

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

- There was no effective system to underpin quality and safety in the service.
- Some policies which should have been in place were not. Policies in the service had not been reviewed for four years. Some policies required amendments.
- The system for auditing care plans and risk assessments was not effective.
- The system for safeguarding adults and children was not effective.
- Staff records were not stored securely.

We found the following areas of good practice:

- The trustees and manager demonstrated a clear commitment to improving the service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The manager, staff and volunteers did not have an understanding of the Mental Capacity Act. The service did not have a policy concerning capacity or consent. Staff and volunteers had not undertaken Mental Capacity Act training.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The service was not visibly clean. Furniture had not been dusted properly and the windows were not clean. Some walls in the building were dirty and had marks on them. Furniture in the service was old and the upholstery had not been cleaned. The service had a cleaning rota for clients to undertake cleaning. This consisted of some general cleaning duties for clients. However, there was no cleaning schedule, itemising each cleaning task and how frequently it should be undertaken.
- A communal toilet in the service had a cotton hand towel. There was no record of when and how often the towel was cleaned and changed. With up to fifteen people using the towel, this was an infection control risk. The toilet did not have any soap or hand wash. There was no soap or handwash in the kitchen. There was no separate handwash basin in the clients' kitchen. The lack of handwash and soap in the toilet and kitchen was an infection control risk.
- The temperature of the kitchen refrigerator was not recorded or monitored. This meant the refrigerator could become too warm affecting the food inside. This could have led to food poisoning. A number of items in the refrigerator were past their 'use by' date. Other items of food had no labelling. A condiment was ten months past its 'use by' date. Storing food past its 'use by' date could lead to an increased risk of food poisoning.
- Clients used disposable pots when providing urine specimens for drug testing. The pots were then disposed of as ordinary rubbish. Any items in contact

with body fluids should be disposed of in yellow clinical waste bags. This was an infection control risk and the service did not follow legislation or best practice guidance.

- When some clients were admitted to the service they had needles. These were disposed of in a sharps bin. This is a special bin for sharp items. There was no sharps policy in the service. This did not reflect legislation.
- The service had a 'general risk assessment'. This did not provide details of all of the potential risks in the environment. This meant there was no clear record of actions to be taken to minimise such risks.
- Closed circuit television (CCTV) cameras were used in the service. CCTV cameras monitored the entrance to the service. Signs were displayed informing people that CCTV cameras were in use.

Safe staffing

- The service had four staff and two full time volunteers. The service was not staffed 24 hours a day. A member of staff was present in the service from seven o'clock in the morning until ten thirty at night, every day. Other staff worked in the service 9am to 5pm. A staff member had a pager for clients to contact outside of these hours if they required assistance. When a client was undergoing a community alcohol detoxification, a staff member worked throughout the night. This was to ensure the safety of the client and was best practice.
- When the service was short of staff, other staff and volunteers were contacted to work in the service. Trustees of the provider could also be contacted to work in the service. The service did not use any agency or bank staff. Client groups were never cancelled due to a shortage of staff.

Assessing and managing risk to clients and staff

Substance misuse services

- When clients were referred to the service, the manager assessed the potential risks to the client and others. When a potential client had a history of serious violence further risk information was requested. When clients were referred from prison services, a video call with the client formed part of the risk assessment. Potential client risks were assessed on an individual basis. However, the service did not usually accept clients with a history of serious violence or sexual offences. Client risk assessments focussed on clients risks to themselves and others. However, risk assessments did not always identify clients who may be at risk of abuse from others. Two clients had health problems which may have placed them at risk of abuse. These areas were not assessed.
- Clients' risk assessments were reviewed every three months. Risk assessments were not updated following incidents where the level of risk may have changed. If a client left the service before their alcohol detoxification was completed the client would not receive consistent advice. This meant the client could be at risk of alcohol withdrawal seizures or delirium tremens, which can be fatal. However, this type of incident had not occurred in the service previously. Clients did not have early exit plans. When potential risks were identified, these were not included in clients' care plans. It was unclear how potential risks would be managed. There was no record that staff had discussed positive risk taking with clients.
- When clients were admitted to the service they signed a contract agreeing to a number of restrictions. Clients had limited contact with their family or friends during the early stages of treatment. They could not have mobile phones. Clients could not have money. Initially, clients could only leave the service with staff for specific reasons. Clients were supervised taking their prescribed medicines and had to provide urine samples for drug testing. If clients used alcohol or drugs whilst in treatment, they were required to leave the service. Clients were also expected to be in their room by ten thirty every night. As clients progressed through their treatment, restrictions were relaxed. The relaxing of restrictions was described as 'privileges'. There was no written explanation for this approach, and how this linked with clients risks or therapeutic needs.
- One staff member in the service had undertaken safeguarding adults training. The manager, staff and volunteers did not know there was a safeguarding adults team in the local authority. They did not have a good knowledge of safeguarding or the safeguarding referral process. An incident had occurred prior to the inspection which should have resulted in a safeguarding adult referral being made. No referral was made. None of the staff or volunteers in the service had undertaken safeguarding childrens training. On occasions, staff supervised clients having contact with their children off the premises. Staff in the service undertook checks with social services to ensure that clients could legally have contact with their children. However, staff were not aware of all of the signs which could indicate a child may have experienced abuse.
- Medicines were prescribed by other services such as general practitioners and the local substance misuse treatment service. The service stored clients' medicines and dispensed medicines to clients for them to take. Clients' medicine administration records (MAR) recorded the medicines prescribed to them and when the medicines were due to be taken. However, the MAR charts recorded how many tablets a client should have instead of the number of milligrams. As most medicines come in a range of different strengths, there was a risk that clients may receive the incorrect dose of medicines. The times that clients were due to take their medicines were recorded as 'breakfast', 'lunch' and so on. The actual times that clients took their medicine was not recorded. Best practice is for the time to be recorded. This is because for some medicines a minimum amount of time must pass by before a further dose is taken.
- The service stored the medicine methadone. This happened at weekends and bank holidays when clients could not be supervised taking the medicine in a chemist. Methadone is a controlled drug and it's storage and use must be recorded in a controlled drugs register. The service did not have a controlled drugs register and did not comply with the law.
- Medicines were stored in a locked cabinet in a staff office. One client entered the office at a time and the door was locked. This was to prevent distractions whilst the client took their medicine. This was best practice. Non refrigerated medicines must be stored at below 25 degrees centigrade to remain effective. However, the service did not record the temperature of the office. This meant the service could not ensure the medicines

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remained effective. The service did not undertake medicine audits and the medicine keys were labelled as such and could not be secured to clothing. This increased the risk of unauthorised persons accessing the medicines cabinet. One staff member had undertaken medicines training and had been assessed as competent to dispense medicines. This staff member worked at, or returned to, the service each time clients required medicines. In the event of staff sickness or accident, there could be no staff available who had undertaken medicines training. A second staff member was undertaking medicines training.

- Two full time volunteers in the service did not have a disclosure and barring service (criminal records) certificates (DBS). They did not have any references or a documented employment history. Three staff members had no written references. Their DBS certificates recorded that risks to children had not been checked. One of the staff members had a basic, rather than enhanced DBS check. A part time administrator and a sessional psychologist undertook voluntary work at the service. There were no staff files for these volunteers and no record of any pre-employment checks.
- The service did not have a list of mandatory training for all staff and volunteers to undertake. The employment records of four staff and volunteers did not contain any records of training undertaken. Clients in the service cooked meals during the week, and staff cooked for clients every Sunday. There was no record that any of the staff or volunteers had undertaken food hygiene training. This meant that staff and volunteers may not have the knowledge and skills to undertake their role.

Track record on safety

- There was no system for identifying the number of incidents in the service in the previous twelve months. The manager told us that there had been no serious incidents in the service during that time.

Reporting incidents and learning from when things go wrong

- The service had an accident book but did not have a system for recording incidents. When clients were involved in incidents, this was recorded in the client's notes. The staff team discussed incidents. However, there was no system for ensuring all staff and volunteers were aware of all incidents. There was no record of how

the service had learnt from incidents and reduced risks. There was no central record for incidents. This meant the type and range of incidents could not be reviewed and analysed over time.

Duty of candour

- The manager was aware that when a client could have been caused harm by the service this should be explained to the client. However, the manager did not know an apology must be provided, or that other actions were required. We did not identify any incidents which would have involved the duty of candour.

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

Assessment of needs and planning of care

- Potential clients could refer themselves to the service. The service also received referrals from prison and probation services, the local authority and housing associations.
- When clients were admitted to the service they had a comprehensive assessment. The assessment included their treatment, medical and social care needs. However, of the three care records we reviewed two of the assessments were incomplete. Information concerning benefits, debts and legal issues was not completed. One client did not have any medical information completed.
- Clients' care plans were not holistic and recovery orientated. They described clients' circumstances when they were admitted into the service. Care plans did not reflect details of the stage they were at in their treatment programme. The group programme was not reflected in care plans. Care plans did not contain any information about clients' cultural needs. Care plans were a description of clients' circumstances rather than a plan of care. Care plans were reviewed every three months. Clients met with a staff member, who was their keyworker, every month. Clients discussed the challenges of treatment. They worked with their keyworker to identify actions to address challenges. This information was recorded in individual keyworker records and was not incorporated into care plans. There were no records recording the day to day care of clients.

Substance misuse services

Records were completed when an incident or issue had arisen. On these occasions the records were very brief. This meant there could be no records of clients day to day care for several days.

Best practice in treatment and care

- The service provided a programme called 'seven step'. This was an adaptation of the recognised '12 step' substance misuse treatment programme. This model of substance misuse treatment came from another country. The seven step programme included specific group work and individual course work. Clients progressed through each stage, or step, of the treatment programme. There is no evidence base for the seven step treatment programme. However, previous clients of the service told us the programme worked, and that they had remained drug and alcohol free.
- Clients had to provide urine specimens for drug testing as part of their treatment. Drug testing was due to be undertaken every month. It could also take place if staff suspected a client had used drugs. Records showed that clients did not have a drug test every month. One client had a period of three months in between drug tests.
- Shortly after clients were admitted to the service they were registered with a local general practitioner (GP). The GP assessed all of the clients in the service. All of the clients in the service were also registered with a local dentist. When clients had hospital appointments the service had a system to ensure that a staff member or volunteer could escort the client.
- The service did not use any outcome scales to measure the effectiveness of treatment. The service attempted to contact clients one year after they had successfully completed treatment. Some ex-clients continued to visit the service.
- The service did not conduct any clinical audits.

Skilled staff to deliver care

- One staff member had successfully completed level three of the National Vocational Qualification in health and social care. A volunteer was also undertaking this course. The manager of the service was undertaking the same qualification at level five. Three staff members had certificates and records of skills based training they had undertaken. However, some of this training had not been undertaken recently. Two staff were first aiders.

There was no record that one staff member had undertaken any training. All of the staff and volunteers in the service had been exposed to substance misuse problems in their personal lives. Clients reported that this led to staff and volunteers having skills due to their personal experiences.

- Staff and volunteers had received little supervision in the previous year. The new manager had started supervision with staff several weeks before the inspection. Staff had not had appraisals in the previous year.

Multidisciplinary and inter-agency team work

- Staff handed over information about clients throughout the day. There was no formal handover, and this information was not recorded.
- When clients presented with mental health symptoms the staff team referred the client to the clinical psychologist. The psychologist was a volunteer and attended the service every two weeks. However, at the time of the inspection, the psychologist had not attended the service for several weeks. There was no system for mental health referrals during this time.

Working relationships with other agencies

- The service had a good working relationship with the local GP. The service also had regular contact with a staff member from the local substance misuse treatment service.

Good practice in applying the MCA

- The manager, staff and volunteers did not have an understanding of the Mental Capacity Act. The service did not have a policy concerning capacity or consent. Staff and volunteers had not undertaken Mental Capacity Act training.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Except for one client, all of the clients in the service praised the staff and volunteers. They described staff as understanding their substance misuse problems. Clients also described staff helping them in a number of different ways. For instance, staff helped clients address their health and benefits problems. Previous clients said

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that staff were the main factor in their successful recovery from substance misuse. We observed staff treating clients respectfully and providing assistance to them. Staff had an in-depth understanding of clients needs.

- One client had been asked to leave the service after a number of incidents. When the client had left, the manager maintained contact with the client's relative. The manager identified another rehabilitation service more suitable for the ex-client, and completed the referral form. The other rehabilitation service accepted the ex-client. A staff member then drove the ex-client more than 150 miles to the new rehabilitation service.
- After clients had successfully completed treatment and left the service, they could return to seek support. Staff in the service were able to provide ongoing support when previous clients needed it. There was no time limit for previous clients to return to the service for support.

The involvement of clients in the care they receive

- People who were not in prison and who were referred to the service could visit before admission. People could meet other clients and understand the group work programme before they started treatment.
- Clients own views of their circumstances were not evident in their care plans. Clients did not have copies of their care plans. However, keyworking sessions did highlight the challenges clients experienced. The records of these sessions also recorded how staff worked with clients to overcome these challenges.
- Clients often had relatives who had not been in contact with them for a long period due to their substance misuse. Following an initial period of treatment, staff contacted relatives. If the relatives agreed, staff supported clients to re-establish relationships.
- There was no formal system for obtaining client feedback. Clients had very limited involvement in decisions regarding the service.

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

Access and discharge

- The service did not immediately admit clients who had an active heroin or alcohol dependency. The client was required to start treatment at the local substance misuse treatment service. Only then would they be admitted to the service.
- The average length of stay in the service was six to 12 months. Before clients left the service, staff worked with some clients to obtain suitable housing. When some clients left they moved into flats owned by one of the trustees.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a large group room. This was also where client visits took place. The service also had access to its own outdoor space. Clients reported that they felt comfortable and safe in the service.
- Clients cooked group meals most of the week. Meals did not reflect a healthy, balanced diet. On occasions, there was a lack of fresh produce.
- Clients could make hot drinks for themselves at any time, except after ten thirty at night.
- Clients had their own bedrooms and were able to personalise them.

Meeting the needs of all clients

- The service did not have disabled access. The building was not suitable for people with mobility problems. However, adjustments were made for clients with disabilities. Clients who had difficulty writing were given additional time to complete 'seven step' course work.
- Clients were not excluded from the service on the grounds of race, sexuality or religion.
- There were no leaflets or information available to clients regarding community or health resources.
- The service had not required interpreters in the past. There was no system for obtaining interpreters should clients need them.
- At the time of the inspection, there were no clients with special dietary requirements. However, staff would source specific food if a client needed this.
- There were strong links with the local church. Clients attended church on Sundays, unless they chose not to.

Substance misuse services

The local reverend would also visit the service if requested to. The manager and staff told us that clients of all faiths and religions were welcome in the service. Clients were informed before admission that the treatment model was based on christianity.

Listening to and learning from concerns and complaints

- The service had not received any complaints in the previous year. The manager had individually asked clients to report and record complaints. Clients had chosen not to report complaints. Clients preferred to deal with any issues informally. The service had a complaints policy. This had last been reviewed in 2012. The policy did not identify how clients could appeal if they were unhappy with the complaint response.

Are substance misuse services well-led?

Vision and values

- The service had a clear vision of supporting clients to stop using illegal drugs and alcohol. All of the clients, staff and volunteers were aware of this vision. The service promoted values of truthfulness and christianity.

Good governance

- There was no list of the mandatory training staff and volunteers required for their role. Most staff had not undertaken any training regarding safeguarding adults, safeguarding children, medicines, health and safety, equality and diversity or infection control.
- Staff had recently started having supervision from the new manager. Staff had not had appraisals. Staff did not have job descriptions.
- The service did not have a medicines policy or a controlled drugs register. The drugs policy did not have a date or the name of the author. The policy indicated clients stored their own medicines. This did not reflect the practice in the service. The service did not dispose of clinical waste appropriately and in accordance with the law. The service did not have a sharps policy. The service did not have an infection control policy or cleaning schedule.
- The service did not have a policy concerning child visits or the supervision of child visits. The protecting adults

from abuse policy described a number of systems required to safeguard adults. These included a recruitment policy and effective management and monitoring systems. The service did not have these in place.

- The fire evacuation procedure had last been reviewed in 2004. Other policies had been last reviewed in 2012.
- There was no system for learning from incidents or monitoring incident themes and trends. The service did not have any incident recording system.
- The service did not undertake regular, effective audits. The care plan and risk assessment audit was not effective in measuring quality. There was no record of when audits had been undertaken. Risk assessments for the service were not comprehensive or accurate.
- Staff and volunteer records were not kept securely. Personal information was available to all staff and volunteers.
- Certain incidents require the provider to notify the Care Quality Commission without delay. This had not happened prior to the inspection when an allegation of abuse had been made.

Leadership, morale and staff engagement

- The registered manager had not been present in the service for almost a year at the time of the inspection. The new manager was undertaking management training.
- Staff morale was high. Staff felt able to discuss improvements in the service and able to raise concerns. However, the whistleblowing procedure did not describe the process to be taken if staff had concerns regarding the manager.
- Staff members each had their own roles in the service. For instance, one staff member wrote all of the clients care plans. Another staff member managed all of the issues regarding the building. This led to some tension within the staff team and delayed improvements to the service.

Commitment to quality improvement and innovation

- The service did not take part in any quality improvement programmes or research. During and after

Substance misuse services

the inspection, the trustees and manager accepted that improvements were needed in the service. They demonstrated a clear commitment to improving the quality of the service.

Outstanding practice and areas for improvement

Outstanding practice

- One client had to leave the service following some incidents. The service kept in contact with their relative and referred the ex-client to a different rehabilitation service. A staff member from the service then drove the ex-client more than 150 miles to the new service.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that client risk assessments include all potential risks to clients. Where risks are identified, clients must have risk management plans. Client risk assessments must be reviewed and updated following incidents.
- The provider must ensure that clients have early exit plans.
- The provider must ensure that client care plans describe the plan of care and clients' preferences. Care plans must be reviewed regularly as clients' needs change.
- The provider must ensure that an effective system is in place to prevent the abuse of clients. The provider must ensure that staff know how to recognise abuse and take appropriate action.
- The provider must ensure that staff who supervise client visits with children have undertaken safeguarding children training. There must be a policy or protocol for such visits.
- The provider must ensure that the management of medicines is safe. The service must have a controlled drugs register.
- The provider must ensure that the service has effective infection control and clinical waste procedures.
- The provider must ensure that the service has up to date policies on all aspects of the service which affect quality and safety. Policies must ensure that the provider can comply with the law.
- The provider must ensure that an effective system of monitoring and audits are in place.

- The provider must ensure that there is a central incident reporting system. Learning from incidents should be recorded and trends monitored.
- The provider must ensure that the service has comprehensive risk assessments regarding the operation of the service.
- The provider must ensure that notifications are made to the Care Quality Commission, without delay, for incidents which require notification.
- The provider must ensure that staff records are stored securely.
- The provider must ensure that a list of training for all staff and volunteers to undertake is developed. The provider must ensure that all staff and volunteers undertake such training.
- The provider must ensure that all staff and volunteers have the necessary pre-employment checks. Disclosure and barring certificates must contain all of the information required.

Action the provider **SHOULD** take to improve

- The provider should ensure that there is a consistent pathway for clients with mental health symptoms to be assessed.
- The provider should ensure that clients' cultural needs are assessed and met.
- The provider should ensure that the manager has a full understanding of the duty of candour.
- The provider should ensure that staff understand the Mental Capacity Act.

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	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Assessment of service users did not always include all relevant information. Care plans did not reflect service users' preferences.</p> <p>Regulation 9(1)(b)(c)(3)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The registered person did not notify the Commission without delay of any abuse or allegation of abuse in relation to a service user.</p> <p>Regulation 18(1)(2)(e)</p>

Enforcement actions

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

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

Service user risk assessments did not always assess all potential risks to the person. Service users did not have risk management plans. Service user risk assessments were not updated following incidents. Service users did not have early exit plans. The management of medicines was unsafe. There was a lack of procedures for infection control and clinical waste.

Regulation 12 (1)(2)(a)(b)(g)(h)

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

One staff member had undertaken safeguarding adults training. Staff did not know the process for making a safeguarding adults referral. An incident had occurred which should have resulted in a safeguarding adults referral.

Regulation 13 (1)(2)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Policies and procedures which should have been in place were not. Policies in the service had not been reviewed for four years. Some policies were incomplete or required amendment. There was a lack of audits, and

This section is primarily information for the provider

Enforcement actions

monitoring systems in place were not effective. There was no central incident reporting system. There were no comprehensive risk assessments regarding the operation of the service. The service did not have a controlled drugs register.

Regulation 17 (1)(2)(a)(b)(c)(d)(l)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not have list of mandatory training for all staff to undertake for them to be able to undertake their duties. Staff had not undertaken training considered necessary when providing care to people.

Regulation 18 (1)(2)(a)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

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

Most staff and volunteers did not have disclosure and barring service certificates, or had the wrong level of certificate, or the necessary information was not requested. Some staff and volunteers did not have references, an employment history, or an explanation of gaps in employment.

Regulation 19 (1)(a)(b)(2)(3)(a)