

Chelmsford

Quality Report

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Date of inspection visit: 17 October 2017

Date of publication: 02/01/2018

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

We do not currently rate independent standalone substance misuse services.

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

- The ligature audit did not address whether risks could be further reduced or eliminated or state how the risks were managed. Staff told us that if any clients were at risk of using ligatures this would be addressed through individual risk assessments. However, individual risk assessments for clients with a history of self-harm or suicidal thoughts did not address this.

- Staff did not routinely complete blood borne virus assessments in full on admission.
- Staff did not have access to hand washing facilities within the clinic room. This was a risk to patients and staff; relating to the spread of infection.
- The service continued to be understaffed at weekends. Managers had attempted to recruit to additional posts to address this.
- The service had not ensured that all clients had a full physical health assessment on admission which was documented in clients' records.

Summary of findings

- Some care plans lacked detail and contained limited information including details of any treatment goals.
- Staff responses to issues raised by clients were inconsistent and poorly recorded.
- The provider did not have a clear definition of what constituted a serious incident or a clear framework in place to indicate how this would be investigated.
- The service did not record how staff learned from complaints and concerns and it was not clear how learning was fed back to the staff team.
- The provider did not have processes in place to ensure that people who did not speak English had easy access to information about the service.
- Conversations in the large meeting room could be overheard in the corridor and adjacent rooms.
- The service did not have targets or processes to monitor the performance of the team.
- There was no systematic follow up of clients leaving the service to monitor the effectiveness of the service or outcomes for patients.
- The provider did not have clear guidance for the requirements of compliance with mandatory training for all staff; which detail how often staff should repeat training.

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

- The clinic room was clean and tidy and contained a range of equipment used to carry out physical examinations with clients. The treatment centre and

the detoxification house, where clients lived during their detoxification programme had naloxone and resuscitation equipment with easy access. Naloxone is used to treat a narcotic overdose in an emergency situation.

- The doctor saw all clients on admission and could be contacted for advice and to visit the service if required, seven days a week and out of hours.
- There were safe processes in place for the management and administration of medication, including recording the use of homely remedies. Staff were trained in medicines management and administered medicines safely.
- A qualified nurse oversaw the detoxification programme, including blood pressure, urine testing and monitoring medication used during the detoxification programme and monitoring clients' physical health.
- The doctor completed medical assessments for all clients on admission, including physical health checks, to ensure they were suitable for the detoxification programme.
- The service followed good practice in prescribing medication in line with current guidance and best practice, and managing and reviewing medicines following British National Formulary (BNF) recommendations.
- Clients had access to psychological therapies and individual counselling sessions with an identified counsellor. There was a full range of treatment groups and activities throughout the week.
- Staff morale was high and staff were motivated to help clients in recovery.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Substance
misuse/
detoxification**

We do not currently rate independent standalone substance misuse services.

Summary of findings

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Chelmsford

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to Chelmsford

PCP Chelmsford is an independent substance misuse service for clients with an alcohol or substance addiction, providing treatment for up to 17 adults under 65. The location was registered with the CQC in July 2011. The service has a registered manager and a nominated individual. PCP (Luton) Limited is the registered provider.

Treatments offered at PCP Chelmsford include assisted withdrawal and detoxification programmes for clients addicted to alcohol or substances. The location offers one to one counselling and a range of therapy groups, including medication, the 12-step programme, art therapy, meditation, euphoric recall, relapse assessment and prevention, and harm minimisation.

The regulated activities at PCP Chelmsford are treatment of disease, disorder or injury and accommodation for persons who require treatment for substance misuse. Accommodation for the detoxification programme is not provided on site but at a nearby house.

PCP Chelmsford consists of a day treatment centre, where all clients go daily to receive treatment and therapy and four treatment houses where clients live and spend their evenings during treatment. One of these houses is used for clients requiring detoxification and is staffed 24 hours, seven days a week.

At the time of our inspection, 11 people were accessing the service for treatment. The service provides care and treatment for male and female clients. Most clients are self-funded but the service also takes admissions from local authority drug and alcohol teams.

The Care Quality Commission carried out a comprehensive inspection of PCP Chelmsford in January 2016. Breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified for regulation 12, safe care and treatment and regulation 19, fit and proper persons employed. The provider was required to take the following actions:

- The provider must adhere to a robust recruitment policy that ensures that staff are qualified and competent to work with clients, this includes ensuring that all staff, including volunteers have up to date DBS checks.
- The provider must ensure they have emergency medical equipment available on site both in the treatment centre and the detoxification house.
- The provider must ensure that accommodation for clients meets the required standard. The fire door in the detoxification house must be fixed or replaced as this is a breach of both health and safety, and fire regulations.
- The service must ensure that urine testing kits and medication is stored within the required temperature range and that it is logged and monitored daily.

The provider sent the CQC their action plans to address these. The provider is now compliant in these areas.

Our inspection team

The team that inspected the service comprised of a lead CQC inspector Andy Bigger; one other CQC inspector and a nurse specialist advisor with experience of working in substance misuse services.

Summary of this inspection

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment and observed how staff were caring for clients

- spoke with four clients
- spoke with three managers, including the registered manager
- spoke with three other staff members employed by the service including the nurse
- spoke with the doctor
- visited the detoxification house
- looked at five care and treatment records
- reviewed medicines records for clients and carried out a check of the medication management arrangements
- looked at seven staff personnel files
- reviewed policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke to four clients who were extremely positive about the service. Clients told us staff were extremely

caring, respectful and polite and that they listened to them. They said staff were available when they needed them. Clients told us they felt safe. However, two clients told us that they wanted more staff at weekends.

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 provider needs to improve:

- The ligature audit did not address whether risks could be further reduced or eliminated and how the risks were managed. Staff told us that if any clients were at risk of using ligatures this would be addressed through individual risk assessments. However, individual risk assessments for clients with a history of self-harm or suicidal thoughts did not address this.
- The service continued to be understaffed at weekends. Managers had attempted to recruit to additional posts to address this.
- There was no sink or facilities to dispose of waste water in the clinic room. Where staff needed to use urine testing equipment, this was done in the toilet area. Staff washed their hands in the adjacent toilet or used hand gels when preparing medicines. This was an infection control risk to patients and staff.

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

- The clinic room was clean and tidy and contained a range of equipment used to carry out physical examinations with clients.
- All the records we looked at contained clear discharge plans including plans in the event of clients discharging themselves from treatment. These plans contained contact details of family members.
- There were safe processes in place for the management and administration of medication, including recording the use of homely remedies. Staff were trained in medicines management and administered medicines safely.
- The service had developed protocols for opiate and alcohol detoxification and staff had received training to support clients undergoing detoxification.
- The doctor, who was a general practitioner, saw all clients on admission and could be contacted for advice and to visit the service if required, seven days a week and out of hours.
- The treatment centre and the detoxification house, where clients lived during their detoxification programme, now had naloxone and resuscitation equipment with easy access.

Summary of this inspection

Are services effective?

We do not currently rate standalone substance misuse services.

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

- Staff did not routinely complete blood borne virus assessments in full on admission.
- Some care plans lacked detail and contained limited information including details of any treatment goals.
- There was no systematic follow up of clients leaving the service to monitor the effectiveness of the service and outcomes.

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

- The doctor completed medical assessments for all clients on admission, including physical health checks, to ensure they were suitable for the detoxification programme.
- The service had employed a nurse to oversee the detoxification programme, including blood pressure, urine testing and monitoring medication used during the detoxification programme and monitoring clients' physical health.
- The service followed good practice in prescribing medication in line with current guidance and best practice, and managing and reviewing medicines following British National Formulary (BNF) recommendations.
- Clients had access to psychological therapies and individual counselling sessions with an identified counsellor.
- Clients had access to a range of treatments and therapies.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Most clients we spoke to felt involved in their care and were given copies of their care plan.
- We observed staff interacting with clients in a positive and compassionate way.
- Clients spoke positively about staff and said they were very caring, respectful and always there when they needed them.
- Staff understood clients' individual needs and spoke knowledgeably about the people they were working with and the issues they faced.

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

- There was limited information about client involvement in three of the five care records we looked at.

Summary of this inspection

Are services responsive?

We do not currently rate standalone substance misuse services.

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

- The service did not systematically follow up clients who were discharged early from the service to monitor their progress. Some follow-up advice and support was available if requested by clients.
- The service did not record how staff learned from complaints and concerns.
- It was not clear how staff responded to clients when they raised concerns at community meetings as this was not recorded.
- The provider did not have processes in place to ensure that people who did not speak English had easy access to information about the service.

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

- There was a clear admissions criteria and access to the service was quick. There was no waiting list and the doctor could see clients to undertake examinations and admit them at any time in an emergency.
- Clients had access to a locked area where their possessions could be stored securely.
- There was a full range of treatment groups and activities throughout the week.
- Clients knew how to complain and staff knew how to handle complaints
- The service had developed monthly family nights which were well attended.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- The service did not set targets or have systems in place to monitor the performance of the team.
- There were inconsistencies in relation to when staff should undertake refresher training for mandatory courses.
- The provider did not have a clear definition of what constituted a serious incident or a clear framework in place to indicate how this would be investigated.
- Managers had not ensured that the ligature risk audit was fully completed and that individual risk assessments were completed for those at most risk.

However, we also found areas of good practice:

Summary of this inspection

- The service had improved their recruitment processes since the last inspection.
- Staff morale was high and staff were motivated to help clients in recovery.
- Staff were well supported and received regular supervision.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff received training in the Mental Capacity Act. Overall 88% of staff had received training. The service had a policy in place and staff we spoke with knew where to go to get further advice when needed.
- The service did not accept clients who could not consent to their care and treatment, apart from periods when they were intoxicated. Capacity was checked on admission and there was a signed consent form on each of the care records we looked at. Staff said they did not record formal mental capacity assessments when clients were intoxicated.

Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse/detoxification services safe?

Safe and clean environment

- All areas of the centre were clean and well maintained. The environment was cleaned regularly and electrical equipment had been subject to portable appliance testing. There were alcohol gel packs available throughout the centre for hand hygiene.
- The clinic room was clean and tidy and contained a range of equipment used to carry out physical examinations with clients. There was a fridge but this was not in use at the time of the inspection and no medications needed to be stored at low temperatures.
- There was no sink in the clinic room or facilities to dispose of waste water. This was a risk to staff and patients as staff were unable to wash their hands immediately prior to handling or dispensing medication. Where staff needed to use urine testing equipment, this was done in the toilet area. Staff wore disposable gloves and washed their hands when testing had been completed. There was an examination couch in a separate room.
- Handwashing posters were visible in toilets, above the sinks.
- Interview rooms were not alarmed. There were alarms in the administrator's office and the clinic room, which staff used to summon help if needed. All staff carried personal alarms.
- Emergency equipment was provided at the centre and at the detoxification house. This included naloxone, used to reverse the effects of opioids, and a defibrillator. At the main centre, this equipment was kept in the foyer so clients outside the main entrance to the service who required treatment, also had easy access to this equipment.

- The service had identified ligature points throughout the service and evaluated these risks as high, medium or low. A ligature is the term used to describe a place or anchor point to which clients might tie something to in order to harm themselves. All ligature risks in the service had been classified as 'low' risk. However, the ligature audit did not address whether risks could be further reduced or eliminated and how the risks were managed by staff. Staff told us that if any clients were at risk of using ligatures this would be addressed through individual risk assessments.
- The detoxification house, where clients lived during their detoxification programme, now had naloxone and resuscitation equipment with easy access. The low fence noted during the last inspection was still in place and impacted on clients' privacy and dignity.

Safe staffing

- The service had estimated the number of staff it needed to offer a safe service. This consisted of a service manager, one qualified nurse, four counsellors, two administrative workers and two evening support workers. The service manager was also a qualified counsellor and carried a caseload.
- The doctor, who was a general practitioner, visited twice a week but could be contacted for advice and to visit the service if required, seven days a week and out of hours. Arrangements were in place with other GPs to cover for annual leave and other absences.
- The service was rarely short staffed and staff told us that activities were rarely cancelled. The service very rarely employed any agency staffing. There had been no staff sickness in the previous 12 months. At the time of inspection, there was one vacancy for a support worker post. However, two staff and two clients said there were not always enough staff, particularly at weekends. The service was trying to recruit an additional support worker to increase the number of staff at weekends.

Substance misuse/detoxification

- The service had thorough recruitment process in place to recruit new staff. Disclosure and barring service (DBS) certificates were present and in date. Risk assessments for staff had been carried out after these checks where this was appropriate. This issue had been addressed since the last inspection in January 2016.
- The service had just introduced a new mandatory training programme for new staff, which included safeguarding adults and children, consent and confidentiality, infection control, equality and diversity, fire safety, conflict management and lone working. The service did not provide compliance figures but stated that all staff were up to date with mandatory training. All seven personal files we looked at showed evidence that mandatory training was up to date.
- Staff received training in a number of different areas, including medication, fire safety, infection control, consent and confidentiality, mental capacity and safeguarding adults and children. Training was a mixture of on-line learning and face to face sessions. The service did not stipulate mandatory training compliance rates and did not have a target rate; however, all the files we looked at showed that staff had completed this training.
- Counsellors carried an average caseload of around four clients. Staff we spoke with told us this was manageable. The service did not have a waiting list for admission and clients did not have to wait to be allocated a counsellor. The manager monitored caseloads through staff supervision.

Assessing and managing risk to clients and staff

- We looked at five client records. Staff completed risk assessments for all clients and these were updated. However, one client's risk assessment was not updated after an incident where paramedics were called. Staff did not record how environmental risks, such as ligature anchor points, were to be managed for clients with a known risk of self harm or potential suicide.
- All the records we looked at contained clear discharge plans including plans in the event of clients discharging themselves from treatment. These plans contained contact details of family members.
- The doctor stated that he saw all clients on admission and assessed whether admission to a detoxification programme was safe. The doctor and nurse both stated that while information was requested prior to admission from the client's GP, they did not always get this information before the client was admitted to the service.
- There were no individual risk assessments relating to the use of ligatures in any of the care records we looked at. Three of the files we looked at referred to historical examples of clients having suicidal thoughts and one to past incidents of self-harm.
- All staff were trained in safeguarding adults and safeguarding children and were aware of how to make a referral to the local authority. The service had also designated a member of staff as safeguarding lead to assist staff. Staff reported they felt confident to report issues when appropriate. Safeguarding concerns were discussed during handover meetings and escalated to the safeguarding lead or the manager when required.
- The service responded to clients whose mental health deteriorated quickly. We saw examples of incidents where the service had involved other healthcare professionals, such as the GP and the emergency services. Medical support was available from the nurse and doctor when required.
- Support workers at the detoxification house worked alone overnight and the second support worker, who finished at 9pm was responsible for taking evening medication from the centre to the detoxification house and the rehabilitation houses. The service had policies and procedures for lone working, including informing managers where they would be and guidance on the use of mobile phones. However, the guidance was general and it was not clear how this was applied in relation to workers in the detoxification house.
- Medication was administered at the centre in the daytime and in the houses at night. There were safe processes in place for the management and administration of medication, including recording the use of home remedies. All staff had received medication training and medication records were available for all clients on the detoxification programme. However, client photographs had not been attached to medication records to help ensure medications were administered correctly. Clients were asked for their date of birth before being given medication. There was a risk that a client might not be given the medication that was prescribed for them.
- The service had developed alcohol and opiate detoxification protocols, including guidance for staff on

Substance misuse/detoxification

clients' detoxification regimes. The service held a Home Office licence for storage of medications which meant that the doctor could prescribe medication quickly for people with severe withdrawal symptoms.

Track record on safety

- The service had not reported any serious incidents in the previous 12 months. However, managers did not have a clear definition of what constituted a serious incident or a clear framework in place to indicate how this would be investigated.

Reporting incidents and learning from when things go wrong

- The service had an incident reporting policy and staff told us they reported incidents which were then reviewed by the manager. Staff recorded incidents in relation to drug taking, early discharge and clients who became unwell and required medical assistance. Incident forms we looked at contained brief information and actions where appropriate. However, we found one incident form where the information recorded was inaccurate which could mean that learning from this incident had not taken place.
- The manager told us that incident forms were sent to compliance managers and were discussed at quarterly clinical governance meetings for the whole company. Learning took place at these meetings and this was fed back to staff at the service. However, in clinical governance meeting minutes from January to October 2017, only one incident was discussed. Changes were proposed to the running of the service at the detoxification house as a result of this incident.
- Staff told us that learning from incidents took place at the weekly team meetings and this was a standing agenda item. However, recording lacked detail, and managers could not find the minutes of the meeting relating to the incident discussed at the clinical governance meeting.
- Staff attended daily morning meetings where they could discuss issues and concerns about clients or incidents within the service.

Duty of candour

- Managers and staff were aware of the duty of candour and were supported to be open and transparent with clients.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Assessment of needs and planning of care

- We looked at five client care records. All the records we looked at contained up to date assessments, including a detailed history of drug usage and injecting history where relevant. Case files contained pre-admission assessments and information from the GP. Staff told us that they sometimes had difficulty in obtaining information prior to a client being admitted.
- The doctor saw all clients before admission and completed medical assessments, including physical health checks to ensure they were suitable for the detoxification programme. The doctor said he would not accept clients if they felt they were unsuitable for the programme. The doctor prescribed medication for detoxification where appropriate.
- All the records we looked at indicated that the provider monitored clients' physical health throughout treatment. However, physical health assessments in four of the five records we looked at had not been fully completed with details of weight, height and body mass index missing on the assessment form.
- The nurse completed ongoing physical health checks, including blood pressure, urine testing and monitoring medication used during the detoxification programme.
- Staff reviewed clients' assessments and care plans weekly. Two of the five plans we looked at were holistic, recovery focused and contained clear goals for treatment. However, three plans lacked detail and one contained very limited information including details of any treatment goals.
- Information about clients recorded on paper based and electronic system. Paper records were kept securely in an office only accessible to staff.

Best practice in treatment and care

- The service followed good practice in managing and reviewing medicines including following British National Formulary (BNF) recommendations.
- The service had developed alcohol and opiate detoxification protocols in line with national guidance. The doctor told us that he followed Department of

Substance misuse/detoxification

Health guidance for drug misuse and dependence including the Severity of Alcohol Dependence Questionnaire. The service used the questionnaire and the treatment outcomes profiles to evaluate the effectiveness of the programme for clients. The doctor prescribed medication in line with current guidance and best practice.

- Clients had access to psychological therapies and individual counselling sessions with an identified counsellor.
- The service offered a variety of activities and group work, including life-story work, euphoric recall, relapse assessment, triggers and relapse prevention, art therapy and groups around the “12 step” recovery programme. The service also offered assistance around housing and employment issues, including assisting people into supported housing where appropriate.
- The service used the “12 step” programme used by alcoholic anonymous, narcotics anonymous and cocaine anonymous. Clients were required to attend meetings run by these organisations and encouraged to attend five meetings per week.
- Since the last inspection, the service had employed a full time nurse. The nurse, with the oversight of the doctor, undertook ongoing monitoring of clients’ physical health throughout the period of the programme. Clients were registered with the local GP if they were accessing treatment for more than 28 days. Staff referred clients to the local GP when needed.
- The service did not accept clients with severe mental health problems. However, they did support some clients with less complex mental health issues, including with medication.
- The service did not follow up on how clients had progressed after leaving the programme, including those exiting the programme early, unless individual clients chose to do so.
- The nurse undertook regular medication audits which were discussed with the service manager. Other managers undertook audits, such as environmental audits and ligature audits. The doctor was not involved in clinical audit.
- Staff did not routinely complete blood borne virus assessments in full on admission. In two out of five care plans we looked at, this information was missing. The

Drug Misuse and Dependence: UK guidelines on clinical management (2017) recommends that clients should be offered access to blood borne virus testing and vaccination for hepatitis B.

Skilled staff to deliver care

- The service employed a registered manager, one qualified nurse, counsellors, evening support workers, administrative staff and volunteers. They also had access to a prescribing doctor who specialised in substance misuse, whenever this was needed. The doctor made regular visits twice a week but would come when needed and was available for telephone support. Staff at the service were available for support when needed. However, there was no out of hours support for those living in the rehabilitation houses outside of centre opening hours.
- Staff received a structured induction which included face to face and e-learning in a variety of courses.
- All staff had completed specialist training including Royal College of General Practitioner courses in alcohol dependence, withdrawal and detoxification, management of alcohol problems in primary care, alcohol, brief identification and advice, suicide prevention, management of drug misuse and Royal Pharmaceutical College accredited medication training. They also received training in the use of the defibrillator and naloxone.
- Managers completed yearly appraisals for staff and ensured they received quarterly supervision in line with the provider’s policy.
- Staff had access to regularly team meetings. These had been weekly meetings but minutes indicated that since July 2017 they had reduced to monthly meetings. There were also daily morning meetings where issues could also be raised.
- There had no performance issues in the last 12 months. We were told that this would be addressed through supervision.

Multidisciplinary and inter-agency team work

- There were daily morning handover meetings so staff could pass on information in relation to planned activities for the day and to update staff about any client detoxification or treatment issues.

Substance misuse/detoxification

- There were weekly team meetings until the end of June 2017. Minutes of the meetings we looked at indicated that these meetings are now held monthly.
- There were good links with GPs and the local pharmacy.

Adherence to the Mental Health Act

- The Mental Health Act was not applicable to this service. Clients using the service were not detained. Staff were not in receipt of training in the Mental Health Act or Code of Practice.

Good practice in applying the Mental Capacity Act

- The service provided training in the Mental Capacity Act. Overall 88% of staff had received training. The service had a policy in place and staff we spoke to knew where to go to get further advice when needed.
- The service did not accept clients who could not consent to their care and treatment, apart from periods when they were intoxicated. Capacity was checked on admission and there was a signed consent form on each of the care records we looked at. Staff said they did not record formal mental capacity assessments when clients were intoxicated.

Equality and human rights

- The service had an equal opportunity and diversity policy and process. This stated the company's commitment to equality of treatment both to clients and to staff members.
- There were restrictions placed on clients during the initial period of treatment. This included not having visitors during the first four weeks. Clients on the detoxification programme did not have access to their mobile telephones in for the first week of treatment. After the first week, mobile telephones could be used outside of the daily treatment times. Clients signed a contract agreeing to these rules at the beginning of their treatment.

Management of transition arrangements, referral and discharge

- The service had clear admission and discharge policies and processes. Most referrals were self-funded by clients although the service also accepted referrals from local authority drug and alcohol teams.
- Clients completed a pre-admission questionnaire to determine their suitability for the detoxification programme. Senior managers, doctor and nurse were

also involved in the pre-admission assessment and if accepted the client could visit the service. The doctor completed a medical assessment on admission and prescribed detoxification medication after checking existing GP prescriptions. The nurse completed assessments on admission, including for physical health issues. There was no waiting list at the service and managers told us they rarely ran at full capacity.

- Clients completed feedback forms on discharge. Most of these were positive about the service.
- Some clients chose to leave the service or were discharged early and this was facilitated by staff. The service contacted their GPs but did not follow up the progress of these individuals.
- The service did offer some supported living accommodation to clients after discharge. However, there was no systematic follow up of clients after discharge to monitor the effectiveness of the service.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed staff interacting with clients in a positive and compassionate way.
- Clients spoke positively about staff and said they were very caring, respectful and always there when they needed them. However, two clients said that sometimes there were not enough staff to support clients, particularly at the weekends.
- Clients were happy with the treatment they were receiving.
- Staff understood clients' individual needs and spoke knowledgeably about the people they were working with and the issues they faced.

The involvement of clients in the care they receive

- Clients spoke positively about the service and were aware of what to expect. Clients were given a welcome pack on admission which contained information about the treatment programme, a copy of the treatment contract, local services, complaints procedure and advocacy.
- Clients we spoke to felt involved in their care and were given copies of their care plan. Records stated that

Substance misuse/detoxification

copies of care plans were given to clients. However, one client said that she had not received a care plan or discharge plan and had not yet been asked for her views.

- There were restrictions on family members visiting in the first four weeks after admission. After this, family could visit once a week on Sundays. Family members could also get updates from the service by phoning the centre.
- The service had developed monthly family nights which were well attended by family members of current clients and those who had been through the programme and discharged.
- Clients gave feedback about the service in their individual sessions with counsellors, in weekly community meetings and through the feedback form on discharge. These meetings were recorded but there was no record of actions being taken from the previous meetings.

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

Access and discharge

- The service offered quick access to treatment for clients following completion of the pre-assessment questionnaire. The doctor usually admitted clients on Tuesdays and Thursdays but could make arrangements to visit the centre and admit clients outside of those times. Less urgent referrals would be admitted on the next available day.
- The service considered ways to work with clients to keep them engaged in their programme. They made agreements with clients to look at how they wished to be supported.
- Staff completed discharge plans for clients, including plans in the event of an early discharge from the service. We found evidence of this in all the records we reviewed. However, we spoke to one client who said they had not received a discharge plan.
- Managers and staff told us that they rarely had to cancel activities due to staff shortages. However, some staff and clients said that there were not always enough staff, especially at weekends.

- The service discharged clients if they broke the primary treatment contract. Behaviour which could lead to clients being discharged included drug and alcohol consumption, refusing random urine or breath tests, violent or threatening behaviour and refusing to take part in the agreed "12 step" programme.
- Staff did not systematically follow up clients who discharged early from the service to monitor their progress. However, managers told us they liaised with GPs when clients were discharged early. We saw examples of letters sent in patient records. The service offered some additional support for clients after discharge and ran a support group for carers of clients, including those who had been discharged.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had sufficient treatment rooms available at the centre to enable the service to facilitate individual therapy sessions and larger groups. The rooms were not sound proofed and some conversations could be heard in adjacent rooms.
- There was a clinic room where clients could receive treatment such as medication. However, there was no running water in this room and urine testing was done in the toilet.
- The service had no dedicated outside space. The entrance to the centre was on a busy road and there was no outside space at the back of the building. Clients used the pavement if they needed to go outside to smoke or get some fresh air.
- Clients had access to a locked area where their possessions could be stored securely.
- Clients could make hot or cold drinks throughout the day at the centre. Clients brought their own food with them to the centre. The service provided a lunchtime meal for clients from Monday to Friday.
- The service offered a full range of treatment groups and activities during the day between Mondays and Fridays. At weekends, morning sessions were provided.
- The service provided information about local services, advocacy and activities to support the treatment programme.

Meeting the needs of all clients

- It was not clear how clients who did not speak English would receive information about the service. Managers told us that information was not readily available in

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different languages but could be provided on request. The service had not needed to use an interpreter in the past but told us that if this was needed they would arrange and fund this.

- The centre had disabled access and could accommodate people with mobility difficulties. However, the detoxification house did not have disabled access. All bedrooms were upstairs and there were no lifts.

Listening to and learning from concerns and complaints

- Clients knew how to complain. This was explained in the welcome pack which was given on admission. Staff were aware of how to handle a complaint from a client or family member.
- Clients raised issues in community team meetings which were held weekly. These concerns were mainly about practical issues in the house and staffing and support issues. Clients concerns included the lack of a support worker at the detoxification house between 12:00 and 16:00 hours, housing issues, inconsistent communication between therapists and a lack of feedback from the daily diary. Some responses were given at the meeting, for example that the company had advertised for additional support workers. However, actions arising from the previous meeting were not recorded at the next meeting. One client said she had raised an issue concerning there being no support worker one evening at the detoxification house, but had received no response. This issue was also mentioned in the community meeting.
- Data from the service stated that they had received six complaints and 100 compliments in the last 12 months. We saw large numbers of cards from clients who had completed treatment thanking staff for their time at the centre.
- It was not clear how learning was fed back to the staff team. Staff said that learning from complaints, incidents and training was discussed at the clinical governance meetings and at staff meetings. However, we found only one example of this being documented as discussed in the clinical governance meeting minutes and limited information about learning in the staff team meeting minutes.

Are substance misuse/detoxification services well-led?

Vision and values

- The provider did not have a statement of vision and values. However, the manager said that the organisational vision was that everyone had a right to a new beginning, to go through treatment in a fair manner and to be healthy without having to drink or use drugs. Not all staff used the same language to articulate this but all the staff we spoke to subscribed to this philosophy and way of working.
- Staff were aware of senior managers in the organisation and they visited the centre on a regular basis.

Good governance

- The service had improved their recruitment processes since the last inspection. We looked at seven staff files and there were appropriate disclosure and barring service (DBS) checks and references on each file. Risk assessments had been made where staff had criminal convictions in all but one of these files. New staff received a two week induction.
- The registered managers told us that all staff were up to date with mandatory training which included specialist training in alcohol and substance misuse, suicide prevention and medication. We saw evidence that this had been completed.
- The service did not have targets or a robust system in place to monitor the quality of the service. There were no key performance indicators to measure their performance against other services in the organisation to highlight strengths or risks. The manager used an electronic calendar to keep track of staff training, appraisals and supervision dates. This meant that information about compliance was not available or easily accessible within the service.
- The service did not have clear timeframes for staff to refresh mandatory training. Staff records and policies were inconsistent. The training policy stated that courses should take place at two year intervals unless otherwise stated, with the exception of medication training which should take place annually. However, individual staff files gave other information. In four of the staff files, training was stated to be every three years

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across all courses except medication, which was recorded as being every two years. There were gaps in some of the staff training records and one file contained no staff training information.

- Data from the service stated that 56% of staff had received an appraisal. This represented five staff out of nine. The four staff who had not received an appraisal had not been employed for 12 months and therefore were not due an appraisal.
- Overall, 100% of staff received regular, quarterly supervision in line with the service's policy. All staff, including the registered manager, also received monthly peer supervision from a counsellor.
- Managers ensured that medication, ligature and a range of environmental audits took place. However, managers had not ensured that this was completed fully.
- Staff reported incidents through a paper reporting system and staff reported safeguarding concerns about adults and children appropriately. However, the provider did not have a clear definition of what constituted a serious incident or a clear framework in place to indicate how this would be investigated.
- The registered manager said they had sufficient authority to undertake their role and sufficient administrative support.

Leadership, morale and staff engagement

- Data from the service stated that there had been no staff sickness over the past 12 months. Managers confirmed this. Two staff had left the service during this time.
- Staff told us they were aware of the whistleblowing policy and felt able to raise concerns without fear of victimisation.
- There had been no reported incidents of bullying or harassment over the past 12 months.
- The morale of staff was high. Staff we spoke to said they were very supported by the rest of the team and by senior managers. The registered manager said he was well supported by senior managers.
- Staff were able to develop their skills and interests in different areas of their work. Staff we spoke to said felt they were able to make a contribution to the development of the service and consider different strategies, systems and ways of working.
- There were some opportunities for progression within the service; the registered manager had recently been recruited from within the staff team.

Commitment to quality improvement and innovation

- The service did not participate in any national accreditation schemes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure all clients are screened for blood borne viruses.
- The provider must ensure that all clients have a full physical assessment on admission and that this is documented in clients' records.
- The provider must have processes in place to ensure that people who do not speak English have easy access to information about the service.
- The provider must have processes in place to monitor the effectiveness of the service.
- The provider must ensure that the ligature risk audit is fully completed and that individual risk assessments are completed for those clients at most risk.
- The provider must have processes for the identification, investigation and recording of all serious incidents.

- The provider must have clear guidance for the requirements of compliance with mandatory training for all staff; which detail how often staff should repeat training.

Action the provider **SHOULD** take to improve

- The provider should ensure staff administering medication or undertaking drug screening have access to handwashing facilities and appropriate facilities for the disposal of waste water within the clinic room.
- The provider should ensure there are sufficient staff available at weekends to support safe care and treatment.
- The provider should ensure that staff complete care plans for clients that clearly detail treatment goals.
- The provider should ensure the confidentiality of clients by ensuring private conversations within interview rooms cannot be overheard.
- The provider must ensure that processes are in place to learn from complaints.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

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

The provider had not ensured that it had information about the service easily available to clients who did not speak English.

This is a breach of Regulation 9

Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

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

The provider had not ensured that the ligature risk audit was fully completed and that individual risk assessments were completed for those at most risk.

The provider had not ensured that all clients had been screened for blood borne viruses.

The provider had not ensured that physical health assessments were fully completed and recorded for all clients, including details of weight, height and body mass index.

This is a breach of Regulation 12

Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have a clear definition of what constituted a serious incident or a clear framework in place to indicate how this would be investigated.

This section is primarily information for the provider

Requirement notices

The provider did not set targets or have systems in place to monitor the performance of the team.

The provider did not have clear processes detailing how often staff should repeat their mandatory training requirements.

This is a breach of Regulation 17