

# Lifeline Leicester Young People's Service

## Quality Report

5 Hill Street  
Leicester  
LE1 3PT  
Tel: 0116 308 7800  
Website: [www.lifeline.org.uk](http://www.lifeline.org.uk)

Date of inspection visit: 26/11/2015  
Date of publication: 20/04/2016

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 ask the same five questions of all the services we inspect: are they safe, effective, caring, responsive to people's needs and well led? We normally rate each aspect of a service then give an overall rating. However, we do not yet rate substance misuse services.**

We identified a number of areas of good practice within Lifeline Leicester young people's drug and alcohol service.

- The service was clean and well laid out. The provider created areas for young people to relax and express themselves. This included a graffiti garage where young people could undertake supervised graffiti. The one-to-one rooms were quiet and confidential.
- The staff updated notice boards to show service information such as sexual health testing, smoking cessation and local activities, groups and volunteering opportunities.
- There were enough staff available daily to support service user's needs. The service provided a duty

# Summary of findings

worker to see young people who required additional support outside of their appointment time or who attended the service requiring support or assessment on the day.

- Staff had good links and worked well with other local agencies, such as child and adolescent mental health service (CAMHS), youth offending service, local schools, and social care teams. The service provided the majority of support as outreach and was accessing 33 venues across Leicester City centre where they could meet with young people.
- The service offered one to one and group support for families and carers of service users. This helped them to support the young people in reducing or managing their drug use.

However,

- Staff had not completed the cleaning log for the clinic room; the last recorded entry was April 2015 and historical clinical audits prior to November 2015 had been removed from the clinic room. There was no room temperature thermometer in place to ensure that STI tests and condoms were kept within the recommended storage temperature. The clinic room was left unlocked when not in use.
- Staff had not received all mandatory training outlined by the provider. Staff had also received no formal training in cannabis, alcohol or cocaine use to support young people in managing or reducing their use. Patients' care plan goals were not holistic or specific and were not routinely updated.
- Supervision was not being carried out with staff monthly as outlined in the provider's supervision policy.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		<a href="#">See Overall Summary</a>

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Lifeline Leicester Young People's Service	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8

### Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	11
Outstanding practice	17
Areas for improvement	17
Action we have told the provider to take	18

# Lifeline Leicester Young People's Service

**Services we looked at**

Substance misuse services

# Summary of this inspection

## Background to Lifeline Leicester Young People's Service

Lifeline is a national provider of drug and alcohol services established in 1971. Lifeline currently employs 850 members of staff, 230 volunteers and has over 80 services across England.

Lifeline provides young people's services, adult services, family support, criminal justice services, recovery services and harm reduction services.

Lifeline Leicester is a community based young people's drug and alcohol service regulated to provide treatment

of disease, disorder or injury and support substance misuse problems for young people up to 18 years of age within Leicester. At the time of inspection, 59 young people were accessing treatment.

Support and interventions offered included one-to-one sessions, brief advice and support, group work, physical health support and referral, sexual health services, and referral or signposting to other agencies. The staff worked from the central Leicester office and 33 outreach locations across the city centre.

The registered Manager of the service is Katherine Wood.

## Our inspection team

The team that inspected the service was three CQC inspectors and one expert by experience who had experience of using drug and alcohol services.

## Why we carried out this inspection

We inspected this service as part of our on going comprehensive mental health inspection programme.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- 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, asked a range of organisations for information and sought feedback from service users.

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the environment and observed how staff interacted with service users
- spoke with two young people who were using the service
- spoke with the registered manager and the service manager
- spoke with two young people's workers
- spoke with one parent/carer of a service user
- spoke with one nurse and one clinical lead
- collected feedback from six service users using comment cards
- looked at seven service user care and treatment records

# Summary of this inspection

- Looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

People using the service said that they felt staff were helpful, caring and respectful. Service users felt that staff took them seriously, they felt listened to and staff responded with the right care.

Service users said that the environment was clean, hygienic and welcoming and they would recommend the service to family and friends.

# 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 substance misuse services

- Mandatory training records showed that none of the staff were compliant with mandatory training set out by the provider.
- Staff had not completed the cleaning log for the clinic room, the last entry recorded was April 2015.
- The clinic room audit for November 2015 was available, but the previous months records were not available in the clinic room.
- A contracted company had been arranged to collect and dispose of clinical waste. However, the service did not have clinical waste bins or appropriate clinical waste bags. Staff were using general waste bins for clinical waste, meaning the service was not meeting infection control standards.
- There were no thermometers for checking the room temperature to ensure that condoms and STI tests stayed within the recommended storage temperature.
- The clinic room was unlocked when not in use.

However,

- The service operated a duty rota, this meant staff were able to see young people on the day that they attended the service or if they required additional support.
- All files examined had completed comprehensive assessments and risk assessments located within both electronic and paper files.
- Risk assessments were thorough, detailed and were reviewed and updated regularly, in line with service policy.
- The provider maintained an internal database to record incidents or near misses.

### Are services effective?

#### We do not currently rate substance misuse services

- Staff completed assessments for all new referrals to the service. Young people were assessed within the three weeks specified in the service's key performance indicators (KPIs).
- Staff provided treatment that included one to one support through regular key work sessions with a named young people's worker, additional group work and activities were also available for young people to participate in.



# Summary of this inspection

- Staff offered all young people an appointment with a harm reduction nurse. The nurse routinely tested and vaccinated high-risk service users against blood borne viruses.
- Staff offered young people a range of treatment options. These included low-level interventions for harm minimisation advice, or up to 12 one to one sessions alongside group work and activities.
- The service offered evidenced based family and carer support; this included a five-step programme which ran fortnightly and brief advice sessions. Families were also sent service information and a welcome pack with the young person's agreement.
- The service had provided training on new psychoactive substances (NPS) to give staff the skills to work with emerging trends in NPS use with the client group.
- The service had developed a timetable of in-house activities and groups for young people, these included substance misuse groups and activities around young people's interests.

However,

- All service users had a care plan, however, goals were not specific, care plans lacked detail and staff did not routinely update them.
- Staff had not completed all mandatory training that was required by the provider. This included no formal training in supporting service users' with cannabis, alcohol or cocaine use.

## Are services caring?

### We do not currently rate substance misuse services

- The service was running a parent/carers group fortnightly, which was well attended and used the five-step framework (Copello et al, 2011). This framework clearly focuses on the family members experiencing addiction at home with a family member.
- Service users, parents and carers were involved in the young people's treatment journey, if the young person had consented.
- Staff were caring and respectful when engaging with service users. We observed staff showing enthusiasm to support service users.
- Service users were involved in their care planning and were aware of their personal care plan goals. Service users and staff signed all care plans.
- A suggestions box had been located in the reception area for service users to fill in. The service compliments and complaints policy and procedure was displayed on information boards in the reception area.

# Summary of this inspection

## Are services responsive?

### We do not currently rate substance misuse services

- Staff asked the young person on their first appointment how they could encourage them to re-engage should they exit treatment early.
- Service users said staff asked them on their first appointment where they would like to be seen and what time would be most suitable for them. This was then incorporated into their care plan.
- The service had a policy to support young people who were reaching the age of 18 to be transferred to adult services if required. This included joint working with the adult drug and alcohol team to ensure a smooth transition.
- Discharge planning commenced at the first appointment with a young person and included referral and signposting to external agencies.

However;

- Forty six percent of appointments offered were not attended from September 2014 to September 2015.

## Are services well-led?

### We do not currently rate substance misuse services

- Staff told us that morale at the service was high and they enjoyed their roles and supporting service users. Team working and mutual support was evident within the service, staff advised us that there was a good team spirit and the team could discuss any challenging service users with each other.
- The service was recently awarded the 'sportivate' funding by Leicestershire and Rutland sports partnership service for a new activity programme for young people engaging with the service. The funding will be used to facilitate a ten-week programme of activities.

However;

- Managers did not supervise staff in accordance with the provider's supervision policy which stated that, as a minimum staff should be supervised monthly for workers with a caseload. We found gaps in supervision of up to five months and supervision notes had not been signed by staff.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff we spoke to were aware of the Mental Capacity Act and how it relates to their roles.

We did not receive any data from the provider for Mental Capacity Act training.

Staff showed understanding of Gillick competency and Fraser guidelines when working with service users who were under 16.

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

- Interview rooms were clean, spacious, and well maintained. Staff kept extra assessment forms available in each interview room so that service users were not left alone. All interview rooms had been fitted with an alarm.
- Staff had not completed the cleaning log for the clinic room for seven months. The last entry recorded was April 2015. However, the clinic room was visibly clean.
- Staff did not lock the clinic room when it was not in use, which meant it was not secure.
- Staff recorded the daily temperature of the fridge and checked the expiry date of vaccines.
- The clinic room audit for November 2015 was available, but the previous months records had been removed from the clinic room.
- The service arranged for a contracted company to collect and dispose of clinical waste. However, the service did not have clinical waste bins or appropriate clinical waste bags. Staff were using general waste bins for clinical waste, meaning the service was not meeting infection control standards.
- There were no thermometers for checking the room temperature to ensure that condoms and STI tests stayed within the recommended storage temperature.
- Records and stickers showed that the general areas of the service, including toilets, were cleaned regularly and electrical equipment had been PAT tested.
- Staff ensured that hand washing posters were visible by every sink within the service.
- Staff had not provided a cleaning rota to ensure that the children's toys were regularly cleaned.

### Safe staffing

- The service consisted of a service manager, five substance misuse young people's workers, one harm

reduction nurse, a doctor, a community development worker and two volunteers. They worked a combination of part time and full time. Staff had an average of 15 young people on their caseload (whole time equivalent). One person had left their role in the last 12 months, which meant the service had a staff turnover of 13%.

The provider reported 21% permanent staff sickness in the past 12 months, this equated to two staff members.

- Staff utilised a duty rota, which made sure they could see young people on the day that they attended the service or if they require additional support outside of their appointment time. The service ensured that there was always a minimum of five staff members on duty at any one time.
- Mandatory training records showed that none of the staff were compliant with mandatory training set out by the provider. Seventy-five percent of staff had completed strength based assessment, care planning and review, NPS (new psychoactive substances) and MAPPA (multi-agency public protection arrangement) training. Sixty-three percent of staff had completed mental health awareness training, 50% of staff had completed safeguarding/ child sexual exploitation training, 38% of staff had completed fire marshal and motivational interviewing and 25% of staff had completed brief solution focussed therapy training.

### Assessing and managing risk to patients and staff

- Seven service users' files that we examined all had a completed assessment and a risk assessment located within their electronic and paper files.
- The service risk assessments were comprehensive, detailed and were reviewed and updated regularly in line with service policy.
- Staff described how to make a safeguarding referral and demonstrated good links with the local safeguarding team.

# Substance misuse services

- Staff were invited to attend CPA (care programme approach) meetings and updated social care with any changes in a young person's circumstances or presentation.
- The provider had policies to ensure service user and staff safety. This included a safeguarding policy and lone working policy, which staff adhered to. The safeguarding policy was updated in September 2015 to reflect local changes.

## Track record on safety

- The service reported no serious incidents (SIs) in the twelve months prior to the inspection.

## Reporting incidents and learning from when things go wrong

- Staff demonstrated knowledge of what constituted an incident and how to report it. Lifeline used an internal database to log and monitor incidents and near misses that did not need to be reported to the CQC. Staff confirmed that they discussed and learned from these incidents during team meetings and clinical supervision.
- The provider gave us data that showed 24 young people had been added to the internal database as an incident or near miss between 1st January and 30th September 2015. The most commonly reported incident was self-harm, which included actual self-harm and thoughts of self-harm or suicide.
- Staff told us when they added an incident or near miss to the database they updated risk management plans, offered additional support and made referrals to the appropriate service for those young people.

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

### Assessment of needs and planning of care

- Staff completed assessments for all new referrals to the service. Seven files checked showed that young people were assessed within the three weeks specified in the service's key performance indicators (KPIs).
- Staff had not completed or had only partially completed further ITEP maps (International Treatment Effectiveness Project) including the 'me today' map,

'goals' map and the weekly planner. These maps were not part of the comprehensive assessment although clearly showed a benefit identifying how the young person was feeling and what their future goals were.

- All service users had a care plan and we looked at six care plans. However, the goals were not specific, care plans lacked detail and staff did not routinely update them.
- All service user information was stored on the organisation's electronic database system. Staff were able to access records in a timely manner.

### Best practice in treatment and care

- Staff provided treatment that included one to one support through regular key work sessions with a named young people's worker. Staff signposted service users to education, training and activities and offered free gym passes. Staff engaged in multidisciplinary team working with the youth offending team, social care, police and child and adolescent mental health services.
- Staff regularly completed young people's outcome records (YPOR), which they used to measure changes and progress in young people. YPOR is a monitoring instrument developed by the National Treatment Agency to be used at the start of treatment and in care plan reviews; it asks a series of questions about alcohol and drug use.
- Staff offered all young people an appointment with a harm reduction nurse. The nurse routinely tested and vaccinated high-risk service users against blood borne viruses.
- Staff offered young people a range of treatment options to choose from. These included low-level interventions of one to three sessions for harm minimisation advice, or up to 12 one to one sessions alongside group work and activities.
- Staff discussed goal setting, harm minimisation, signposting to other services and health and wellbeing during their one to one sessions with young people.
- The service offered evidenced based family and carer support; this included a five-step programme which ran fortnightly and brief advice sessions. Families were also sent service information and a welcome pack with the young person's agreement.
- The service had provided six staff members with new psychoactive substance (NPS) training in April 2015 to give staff the skills to work with emerging trends in NPS use with the client group.

# Substance misuse services

- The service had developed a timetable of in-house activities and groups for young people to attend, these included a cannabis group, mindfulness group, beauty group, alcohol group and a sexual health and wellbeing group.

## Skilled staff to deliver care

- Staff had lead roles in youth offending, schools, accident and emergency, harm reduction/ health and wellbeing, family work, youth centres and hostels/homelessness.
- We looked at eight staff records and found that staff had not completed all mandatory training that was required. This included no formal training in supporting service users' with cannabis, alcohol or cocaine use.
- The service provided staff with a two-week induction upon commencement of employment. This included shadowing other staff members, reading policies and health and safety.
- The service provided staff with group clinical case supervision fortnightly with Lifeline Leicester's clinical partner, Inclusion. The service manager held team meetings regularly. Team meetings were used to share information and good practice, identify areas of concern, plan service development and learn from incidents.

## Multidisciplinary and inter-agency team work

- During a staff interview, one staff member explained that they were based at the local youth offending team. Staff were involved with social care and attended social care meetings for the young people they were key working, as well as school meetings and child and adolescent mental health meetings where the young person has consented for information to be shared. We observed a well-integrated team and were told that all staff helped each other within their roles.
- The service worked with external agencies including YMCA, local schools, and lesbian, gay, bisexual and transgender groups and were in the process of developing a joint working agreement with CAMHS.

## Are substance misuse services caring?

### Kindness, dignity, respect and support

- Staff were caring and respectful when engaging with service users. Staff knew the young people who entered

the service on a first named basis and were seen having conversations with the young people who came into the service. We observed staff showing enthusiasm to support service users.

- Staff discussed confidentiality with young people and recorded this in case notes.

## The involvement of people in the care they receive

- Service users were involved in their care planning and were aware of their personal care plan goals. Service users and staff signed all care plans.
- During the tour, we identified that staff had located a suggestions box in the reception area for service users to fill in. The service compliments and complaints policy and procedure was displayed on one of the information boards in the reception area.
- The service asked young people to feedback about the treatment they received for a three-month period from July 2015 to September 2015. Twenty seven young people accessing the service took part in the study. All young people who took part in the study said they had made the changes to their drug or alcohol use they wanted to make, 98% felt they were more in control of their drug use and 80% felt their health had improved.
- Service user's, parents and carers were involved in the young people's treatment journey, if the young person has consented. Staff allocated family members or carers to a different key worker from the young person so there was no conflict of interest.
- The service was running a parent/carer group fortnightly, which was well attended and used the five-step framework (Copello et al, 2011). This framework is clearly focused on the family members experiencing addiction at home with a family member.

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

### Access and discharge

- Referrals to the service came from mental health services, families and friends, self-referrals, youth justice referrals and education.
- The service assessed all young people within three weeks of referral. This met their contractual target.

# Substance misuse services

- The service was actively engaging with commissioners through commissioning meetings to ensure services were planned, developed and delivered to meet the needs of the local population.
- Staff operated a duty rota so one young people's worker was always available to complete assessments for clients entering the service. Staff could see any urgent referrals quickly and any young people needing immediate support. The service operated an out of hour's phone line with useful numbers to call such as child and adolescent mental health services and social care.
- Duty workers ensured that young people were seen when staff were absent through sickness or when taking holiday. Managers would re allocate caseloads if staff were absent from work for longer periods. Young people told us appointments were never cancelled.
- Forty six percent of appointments offered were not attended from September 2014 to September 2015. To address this, the service developed a DNA (did not attend) policy and were monitoring the impact of this during the following quarter.
- The service DNA (did not attend) policy included identifying if the unexpected exit had the potential to cause harm to the young person and liaising with any external agencies that the service user had given consent to be contacted. The policy also identified if the young person had been given a suitable and accessible appointment time and location, the level of the young person's understanding and if the young person had been sent a reminder text message on the day of their appointment.
- Staff asked the young person on their first appointment how they could encourage them to re-engage should they exit treatment early.
- Service users said staff asked them on their first appointment where they would like to be seen and what time would be most suitable for them. This was then incorporated into the care plan.
- The service had a policy to support young people who were reaching the age of 18 to be transferred to adult services if required. This included joint working with the adult drug and alcohol team to ensure a smooth transition.
- The service had an average time in treatment for service users of 13 weeks, which was evidenced through the

service KPIs (key performance indicators). Discharge planning commenced at the first appointment with a young person and included referral and signposting to external agencies.

## **The facilities promote recovery, comfort, dignity and confidentiality**

- The service layout was young people friendly and included a games room with a pool table and table tennis, there was access to children's toys and a range of books. The reception area had comfortable chairs and refreshments were available. All areas were clean and well maintained
- The service users had access to a large garage area where they were able to carry out graffiti under the supervision of a volunteer. Young people that we spoke to said that they enjoyed attending the service to take part in the graffiti group. The service provided Safety equipment for the young people.
- Interview rooms were spacious, bright and had well maintained furniture in them. Staff advised us that the rooms were sound proof and frosted glass was on the windows to promote dignity and confidentiality.
- Staff ensured that notice boards in the service had a wide range of information about the service and the local area. This information included sexual health information, smoking cessation, local training courses and volunteering opportunities and five-a-side football information. Literature was available in different languages.

## **Listening to and learning from concerns and complaints**

- The service had not received any formal complaints in the last 12 months. All staff described how a service user or family member/ carer could make a complaint and what actions the service would take if they received a complaint.
- Service users told us that they knew how to complain if they felt that they were not receiving the right care or treatment.
- The service received three compliments in the last 12 months, one from a service user and two from parents or carers. This was fed back to staff during team meetings.



# Substance misuse services

- The compliments received by Lifeline Leicester included a parent thanking staff for the support they had given both her and her child and acknowledging the positive changes in the family's relationship since they had received support from the service.

## Are substance misuse services well-led?

### Vision and values

- During staff interviews, staff were able to demonstrate they were aware of and understood the vision and values of the organisation and what their role was in achieving them.
- Staff were aware of who the senior managers within the organisation were but said they did not visit the service regularly.

### Good governance

- The service used key performance indicators (KPIs) and activity indicators to identify outcomes, gauge team performance and feed back to the service commissioners.
- The service manager had sufficient authority to make decisions and had enough administrative support.
- The service manager completed audits on a regular basis, including case file audits, an electronic recording system audit and an equality impact assessment to ensure service users are receiving the best care.
- Of the eight staff members at Lifeline Leicester, seven had had DBS checks undertaken between May and September 2015, and the remaining staff member had submitted a DBS form.
- Staff files checked showed that all permanent non-medical staff had an annual appraisal in 2015.
- Managers did not supervise staff in accordance with the provider policy, which stated that, as a minimum staff should be supervised monthly for workers with a caseload. We found that staff had gaps in supervision of up to five months. Supervision notes were unsigned by staff.
- Managers addressed poor staff performance in a timely way and this was recorded in staff files.

### Leadership, morale and staff engagement

- One staff member had left their role in the last 12 months, which meant the service had a staff turnover of 13%. The provider reported 21% permanent staff sickness in the past 12 months. This equated to two members of staff.
- Information provided by the service showed there had been no bullying or harassment cases. Staff interviewed were able to describe the bullying and harassment policy.
- Staff described the whistleblowing policy and felt able to raise any concerns to management without fear or victimisation.
- Staff described morale at the service as high and said they enjoyed their roles and supporting service users. Staff said that there could be opportunities for development but they enjoyed having client contact and the roles that they were in, young people's workers said that they had been able to give input to the service and their lead areas. Team working and mutual support was evident within the service, staff advised us that there was a good team spirit and the team could discuss any challenging service users with each other.
- Staff felt able to give service feedback and discuss new ways of working within team meetings and individual supervision. Staff said that they felt they were listened to.

### Commitment to quality improvement and innovation

- The service was recently awarded the 'sportivate' funding by Leicestershire and Rutland sports partnership service for a new activity programme for young people engaging with the service. The funding will be used to facilitate a ten week programme of activities and will also involve the local leisure centres, YMCA, youth offending service, relate (relationship counselling) and local transport services.
- The provider had a business continuity plan for the service to ensure desired outcomes were being met and to support in improving the service.



# Outstanding practice and areas for improvement

## Outstanding practice

Lifeline Leicester carries out work with parents or carers who have a young person engaging with the service, they are not commissioned to provide this service but have continued to work on a one to one and group basis with parents and carers due to the positive effect that it has.

This work has had a positive impact identified by the young people that are using the service and has improved relationships within families.

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that staff have received all mandatory training.
- The provider must ensure that staff training is updated to include cannabis, alcohol and cocaine awareness.
- The provider must ensure that clinical waste is disposed of in line with NICE guidelines.
- The provider must ensure that clinical audits are carried out and recorded in order to enable staff to

learn from results and make improvements to the service. This should include keeping the fridge temperature log and ensuring thermometers are installed in the clinic room.

- The provider must ensure that the clinic room remains locked when not in use so that it remains secure.
- The provider must ensure that staff are supervised monthly in accordance with the providers safeguarding policy.

### Action the provider **SHOULD** take to improve

- The provider should ensure that service user care plans are specific, holistic, have more detail and are regularly updated.

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
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p><b>Staffing</b></p> <p>The provider had not ensured that staff had received the necessary in depth training required to provide cannabis, alcohol and cocaine interventions necessary for the safe care and treatment of clients.</p> <p>The provider had not ensured that all staff had completed all mandatory training.</p> <p>The provider had not ensured that staff were receiving supervision in line with the provider's supervision policy.</p> <p><b>This was a breach of regulation 18 (2) (a)</b></p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p><b>Premises and equipment.</b></p> <p>The provider had not provided suitable materials to ensure that clinical and hazardous waste and materials were managed and disposed of in line with current legislation and guidance.</p> <p><b>This was a breach of regulation 15 (1) (a)</b></p>