

Oxygen

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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.

Summary of findings

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- All clients had an initial risk assessment. Risk assessments were comprehensive and updated regularly and following incidents. Staff completed comprehensive admission assessments for each client.
- The service manager completed environmental risk assessments, including ligature audits.
- Key workers allocated weekly one-to-one time with clients. Staff documented interactions with clients in treatment records.
- All staff had completed a comprehensive induction. Staff had access to specialist training.
- Staff undertook physical health checks prior to client's starting detoxification, and regularly throughout. Clinical assessments, case notes and discharge summaries were comprehensive. Clients accessing treatment were temporarily registered with the local GP surgery and dentist for any healthcare needs.
- Care plans were reviewed and updated weekly. Care plans were holistic, personalised, recovery orientated and looked at a client's areas of strength.
- Staff had access to weekly team meetings and clinical meetings and daily handovers.
- Oxygen provided follow on support for clients who had completed their treatment programme. Clients who had completed treatment had the opportunity to live at move on housing and attend the service for additional support. All clients were contacted following discharge.
- We observed staff interacting with clients in a kind, considerate and caring manner. Clients we spoke with told us staff were interested in their wellbeing and that staff were respectful, polite and compassionate. Clients felt involved in their care.

- Families could be involved in treatment with client agreement.
- The provider rarely cancelled appointments or groups due staff shortages or sickness.
- We saw comfortable dining areas. Snacks and hot or cold drinks were available at all times. Clients were encouraged to take responsibility for therapeutic duties.
- The service had not received any formal complaints since June 2015, clients we spoke with knew how to complain.
- We saw thank you cards and letters displayed on the information board from clients who had successfully completed treatment.
- Staff turnover and sickness levels were low. Staff morale at the service was high. Staff told us that they felt valued and rewarded for the job they did. We saw evidence of recruiting from within the service. Staff felt able to contribute to developments within the service.

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

- The clinic room temperature was not recorded. The fridge in the clinic room was used for staff lunches and not as a clinic room fridge, there was no medication that required refrigeration at the time of inspection. We saw disposable cups in the sink within the clinic room that were being reused. Staff could not confirm if they were used for giving clients medication or for urine testing.
- The service had nine single bedrooms, all of which were unisex and risk assessments did not include the risk of shared sex accommodation. Bathrooms were not designated for males or females.
- Only one member of staff was allocated to an overnight shift which both staff and clients felt was unsafe. Clients we spoke with said if there was an issue with the staff member they would need to exit the building to summon help as clients did not have access to phones or alarm systems.

Summary of findings

- Staff did not transport medication to other sites in lockable transportation bags.
- The service did not have a standardised way of reporting incidents. We saw incidents reported on incidents templates, by email and on word documents.
- Staff were not being supervised regularly in line with the provider's supervision policy.
- Clients felt the house rules, confidentiality and information sharing should be revisited a week after admission as there is a lot of information given to them on admission and they may have been under the influence of substances on admission.
- There was a lack of 1:1 space available.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse/ detoxification		Inspected but not rated

Summary of findings

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Oxygen

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to Oxygen

Oxygen opened in June 2015 and is a nine bedded residential drug and/or alcohol detoxification and rehabilitation facility based in Hemel Hempstead, Hertfordshire. Oxygen provides ongoing abstinence based treatment, which includes group therapy, individual counselling and support in life skills. Clients who have completed treatment are also welcomed back to the service for ongoing aftercare support. Oxygen is registered to provide Accommodation for persons who require treatment for substance misuse and Treatment of disease, disorder or injury.

The location was registered with the CQC in June 2015. At the time of inspection, the service had a registered manager. Druglink, a charity which helps support people affected by addictions is the registered provider.

At the time of inspection six people were accessing the service for treatment; five people were accessing aftercare support.

The service provides care and treatment for male and female clients. Oxygen takes referrals from private individuals and drug and alcohol community teams.

This service has not previously been inspected by the Care Quality Commission.

Our inspection team

The team that inspected the service included CQC inspector Hannah Lilford (inspection lead) and one other CQC inspector.

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:

- looked at the quality of the environment, and observed how staff were caring for clients
- spoke with nine clients or people who were receiving aftercare support
- spoke with the service manager
- spoke with four other staff members employed by the service provider, including a senior practitioner, support workers and core team workers
- collected feedback using comment cards from nine clients

Summary of this inspection

- looked at five care and treatment records, including medicines records, for clients
- observed medicines administration at lunchtime
- looked at five staff supervision files, and
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

- We spoke with nine clients who were accessing the service or receiving aftercare support. All clients said that they were happy with the treatment they received. They felt staff treated them with respect and cared about their wellbeing. They said staff were always available should they need additional support. However, clients did feel that only having one staff member working overnight was unsafe as if there was an issue and the staff member was unavailable they would have to exit the building to summon for help.
- We collected information from nine comment cards. All comment cards were positive and said that staff treated all clients as individuals.
- Clients told us they felt well informed about their treatment, what was expected of them, and what they could expect from staff. They felt family were involved as much as they wanted them to be and staff always sought consent before contacting family members or other healthcare professionals.
- Clients reported that the aftercare support helped them to reintegrate into the community and receive additional support in finding employment or volunteering opportunities whilst living in a supportive environment.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

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

- The clinic room temperature was not recorded. The fridge in the clinic room was used for staff lunches and not as a clinic room fridge, there was no medication that required refrigeration at the time of inspection. We saw disposable cups in the sink within the clinic room that were being reused. Staff could not confirm if they were used for giving clients medication or for urine testing.
- The service had nine single bedrooms, all of which were unisex. Bathrooms were not designated for males or females. Risk assessments did not include mitigating the risk of mixed sex accommodation.
- Only one member of staff was allocated to an overnight shift which both staff and clients felt was unsafe.
- Staff did not transport medication to other sites in lockable transportation bags.
- The service did not have a standardised way of reporting incidents. We saw incidents reported on incidents templates, by email and by using word documents.

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

- All clients had an initial risk assessment. Risk assessments were comprehensive and updated regularly and following incidents.
- The service manager completed environmental risk assessments, including ligature audits.
- The provider had contingency plans to manage unforeseen staff shortages. There were cover arrangements in place for sickness, annual leave, and vacant posts. Bank staff or the core team could be used for any additional staffing requirement.
- Key workers allocated weekly one-to-one sessions with clients. Staff documented interactions with clients in treatment records.
- Clients told us activities and group sessions were rarely cancelled due to staff shortages.
- All staff had completed a comprehensive induction. We saw evidence of this in staff supervision files.
- Clinical assessments, case notes and discharge summaries were comprehensive.

Summary of this inspection

- Overall, 100% of staff were trained in safeguarding and knew when and how to make a safeguarding referral.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff completed comprehensive admission assessments for each client.
- Staff undertook physical health checks including blood pressure, breathalysing, and urine testing prior to starting detoxification and regularly throughout.
- Care plans were reviewed and updated weekly. Care plans were holistic, personalised, recovery orientated and looked at a client's strength areas.
- Clients accessing treatment were temporarily registered with the local GP surgery and dentist for any healthcare needs.
- All staff received appropriate induction and orientation.
- Staff had access to weekly team meetings, clinical meetings and daily handovers.
- Staff had access to specialist training such as motivational interviewing, group work skills, new psychoactive substances and emerging trends and mindfulness.
- The service had good links with the dispensing pharmacy, local GP surgeries, dentists, local faith groups, local mutual aid groups and the Druglink follow on housing scheme.
- Oxygen provided follow on support for clients who had completed their treatment programme. Clients who had completed treatment were able to live at move on housing and attend the service for additional support.
- All clients were contacted following discharge, all exit questionnaires reviewed were positive about the care and treatment received.

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

- Staff were not being supervised regularly in line with the provider's supervision policy.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- We observed staff interacting with clients in a kind, considerate and caring manner. Clients we spoke with told us that staff were interested in their wellbeing and that staff were respectful, polite and compassionate. Clients felt involved in their care.
- Staff knew all clients on a first name basis and were able to discuss clients in depth. Staff were aware of individual client's needs and preferences.
- Care plans offered interventions aimed at maintaining and improving the clients' social networks, employment and education opportunities, and provided support for people to attend community resources.
- Families could be involved in treatment with client agreement.

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

- Clients felt the house rules, confidentiality and information sharing should be revisited a week after admission as there is a lot of information given to them on admission and they may have been under the influence of substances on admission.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The doctor had flexibility and was able to see urgent referrals as needed. The service had no waiting list at the time of inspection.
- The provider rarely cancelled appointments or groups due staff shortages or sickness.
- We saw comfortable dining areas, snacks and hot or cold drinks were available at all times. Clients were encouraged to take responsibility for therapeutic duties such as cleaning, cooking, menu planning and shopping in order to aid them with their rehabilitation.
- The service had not received any formal complaints since June 2015; clients we spoke with knew how to complain.
- We saw thank you cards and letters displayed on the information board from clients who had successfully completed treatment, thanking staff for the support they had received.

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

- There was a lack of 1:1 space available.

Summary of this inspection

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All staff had completed safeguarding adults training. Staff who observed clients take medication had completed medication administration training.
- Staff turnover and sickness levels were low.
- Staff morale at the service was high. Staff told us that they felt valued and rewarded for the job they do, staff said they enjoyed their roles and that the team was supportive.
- We saw evidence of recruiting from within the service; staff we spoke with had been promoted internally.
- Staff felt able to contribute into developments within the service.
- All staff had completed required mandatory training.

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

- Staff were not being supervised in line with the provider's policy.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff discussed and checked capacity with all clients on admission, a signed capacity document was visible in all files checked.
- Overall, two members of staff had completed training in the Mental Capacity Act. Staff had basic knowledge

of capacity and the impact it could have on clients they were working with. All eligible staff were in the process of completing the Care Certificate which included awareness of the Mental Capacity Act.

Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse/detoxification services safe?

Safe and clean environment

- Interview rooms, 1:1 rooms, bathrooms and client bedrooms were not fitted with alarms. However, staff had access to pull pin sound activation alarms. The service did not have a staff response rota but had a procedure that staff followed if an alarm was raised.
- The service manager completed environmental risk assessments, including ligature audits. Ligature audits identify points where clients are able to tie something to if they intend to self-harm.
- The service did not have access to emergency equipment such as naloxone (used to reverse the effects of opioids) or resuscitation equipment. A process was in place to call emergency services if required.
- The furnishings in areas accessed by service users were clean and well maintained.
- Staff used the clinic room for dual purposes; it was used as a clinic and office. The floor was partially carpeted and the room had soft furnishings, so staff could not wipe down surfaces. Urine testing was completed in the adjoining toilet area.
- The clinic room temperature was not recorded. Staff did not know if the room temperature was too high which may have resulted in medication or equipment, such as drug testing kits being used when they should have been disposed of.
- The fridge in the clinic room was used for staff lunches and not used as a clinic room fridge. There was no fridge available should medication need to be stored within a fridge, at the time of inspection there was no medication that required refrigeration.

- A clinical waste disposal company contract was in place to collect and dispose of clinical waste weekly.
- We saw disposable cups in the sink within the clinic room that were being reused. Staff could not confirm if they were used for giving clients medication or urine testing.
- All communal areas of the service were clean and well maintained. staff and clients were expected to keep areas clean and tidy.
- The service had seven single bedrooms upstairs and two single detox bedrooms downstairs, all of which were unisex. Bathrooms were not designated for males or females. Clients did not object to this practice and told us they had plenty of space, and rooms, if they wanted privacy or quiet time. Risk assessments did not include risk of mixed sex accommodation.
- There was evidence of PAT (portable appliance testing) on all electronic equipment throughout the service.

Safe staffing

- Management had estimated the number, grade, and experience of staff required based on client need and the therapy programmes in place at any given time. Rotas showed Monday to Friday daytime staffing was adequate. However, only one member of staff was allocated to an overnight shift which both staff and clients felt was unsafe as if clients needed to raise an alarm they would need to leave the building to get help.
- Between January 2016 and September 2016, one member of staff left the service. At the time of inspection there were no staffing vacancies.
- At the time of inspection there was one staff member off work sick.

Substance misuse/detoxification

- There were enough staff present daily to assist clients in managing symptoms of withdrawal from substances or alcohol.
- The provider had contingency plans to manage unforeseen staff shortages. There were cover arrangements in place for sickness, annual leave, and vacant posts. The manager could use bank staff or the core team for any additional staffing requirement. The service was proactive in anticipating and managing any future staffing problems.
- Key workers allocated weekly one-to-one sessions with clients. Staff documented interactions with clients in treatment records.
- Clients told us activities and group sessions were rarely cancelled due to staff shortages.
- All staff had completed a comprehensive induction. We saw evidence of this in staff supervision files.
- Overall, 100% of staff had completed safeguarding adults training. All staff who observed clients taking medication had completed medication administration and awareness training. All staff were required to complete the care certificate which included equality and diversity, safeguarding adults, safeguarding children, basic life support and health and safety.
- We saw policies, procedures and training related to medication and medicines management including prescribing, detoxification, and assessing clients' tolerance to medication. However, when staff transported medication to other sites they did not transport them in lockable transportation bags.
- The manager and senior practitioner carried out medication audits weekly. Medications were stored safely at the service. Management advised us they very rarely used medications requiring refrigeration.
- The doctor reviewed all clients' medication on admission, introduced detoxification medication, and reviewed medication periodically during the clients stay at the service and on discharge. The doctor advised staff on medication administration and was available for consultation when needed. We saw comprehensive clinical assessments, case notes and discharge summaries.
- Staff monitored early warning signs of mental or physical health deterioration during daily contact with clients and during medication administration.
- Overall, 100% of staff were trained in safeguarding. Staff we spoke with knew when and how to make a safeguarding referral. The service manager was the safeguarding lead for the service.
- The service had a child protection policy in place, which included protecting any children that visited the service.

Assessing and managing risk to clients and staff

- We reviewed five care records during the inspection. All clients had an initial risk assessment and all risk assessments had been updated within the past month. Risk assessments were comprehensive. However, they did not include what process to follow for a client who unexpectedly exits treatment.
- Clients were expected to follow the rules and protocols in place, signed agreement forms indicating client's willingness to comply with the rules and protocols were present in all client files.
- Oxygen had introduced a safeguarding register, which was discussed at every team meeting and clinical meeting.
- Staff said that if they noticed deterioration in client's physical health they would refer them to the local GP or seek guidance from the doctor.

Track record on safety

- The service reported no serious incidents in the 12 months leading up to the inspection.

Reporting incidents and learning from when things go wrong

- Staff told us that following an incident a phone call would be made to the manager by telephone which would be followed up by email. Within three days an incident form would be completed and sent to the service manager and director.
- The service had an incident reporting folder which was kept up to date with any incidents that required reporting. However, the service did not have a standardised way of reporting incidents. We saw incidents reported on incidents templates, by email and on word documents.

Substance misuse/detoxification

- Staff told us that following investigations into incidents, the service manager and director looked at any lessons learned and any findings were disseminated amongst the team during team meetings.
- Following an incident in May 2016 staff had been booked on to a CPR refresher training course.
- Staff were fully supported and debriefed following incidents, both as a group and on a one to one basis.

Duty of candour

- Managers and staff of the service were aware of the duty of candour. Managers and staff told us they were supported to be candid with clients.

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

Assessment of needs and planning of care

- Staff completed comprehensive assessments for each client. Each assessment included a health assessment, drug use history, mental health history, an initial risk assessment, consent to treatment and assessment outcomes.
- The doctor completed medical assessments at the point of a client's admission for treatment; this included a physical health examination to ensure suitability for detox.
- Staff undertook physical health checks including blood pressure, breathalysing, and urine testing. The doctor verified these checks, before initiating a treatment and detoxification plan. This included appropriate medication regimes to support the first few days of the detoxification programme.
- Care plans were reviewed and updated weekly. All five care plans viewed were holistic, personalised, recovery orientated and looked at a client's strength areas.
- Staff kept client files in locked cabinets within their offices which were only accessible to staff. The service used paper recording systems.
- Key workers were assigned to clients at the point of admission. Leading up to discharge, clients formulated their own leaving plans and discussed these plans during therapy sessions.

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 told us that the doctor prescribed medication as described by Department of Health guidance, drug misuse and dependence: UK guidelines on clinical management (2007) for alcohol and opiate detox. An alcohol and opiate detox protocol was in place which followed national guidance.
- The service offered daily activities and therapies such as structured group work, auricular acupuncture, one to one key working and access to mutual aid groups.
- The service conducted a daily and weekly controlled drugs audit, which was held electronically and in paper form. The Service Manager and senior practitioner signed and countersigned the weekly audit.
- Staff used the Treatment Outcomes Profile to measure change and progress in key areas of the lives of people treated within the service. Staff also used the
- Staff referred clients to the local GP where there was a general health care need. All clients accessing treatment were temporarily registered with the local GP surgery and dentist for any healthcare needs.
- Staff were able to support clients in accessing the local sexual health or genitourinary medicine (GUM) clinic for information on blood borne virus testing and vaccination and advice or treatment for sexual health.
- Health screening was routinely conducted as part of clients care and treatment. This included titration and physical observation to help inform the client's treatment and detoxification regimes. Staff knew what early warning signs to be aware of when clients were on detoxification programmes. Staff explained how any concerns they observed or suspected were reported to senior staff and the doctor for further investigation.

Substance misuse/detoxification

- The manager and senior practitioner of the service were completing audits on supervision files, client files, weekly medication audits and weekly food safety checks.

Skilled staff to deliver care

- Oxygen did not employ any qualified nursing staff. The multidisciplinary team consisted of a manager, a team leader, a senior practitioner, core team workers, waking night workers, support workers, counsellors, volunteers and a complimentary therapy practitioner.
- Staff were always available at the service when required for support. The doctor attended the service twice weekly or more, dependent on need and was available for phone call support.
- Staff were experienced and skilled; all staff were required to complete a care certificate.
- All staff received appropriate induction and orientation; we saw evidence of this in staff supervision files where competencies had been signed off at the end of each staff member's probationary period.
- Staff were not being supervised and appraised regularly in line with the provider's supervision policy. However, the service manager had booked all staff supervision in following on from our inspection. We were advised that staff had not been appraised due to staff not being in the same position for one year as there had been several cases of internal promotion.
- Staff had access to weekly team meetings and clinical meetings. Meetings included client presentation, health and safety, safeguarding, client graduation, annual leave and training.
- Staff received specialist training in motivational interviewing, group work skills, new psychoactive substances and emerging trends and mindfulness.

Multidisciplinary and inter-agency team work

- Staff had access to weekly clinical meetings and team meetings.
- Staff told us they had good links with the dispensing pharmacy, local GP surgeries, dentists, local faith groups and local mutual aid groups.

- The service facilitated daily handovers between shifts. Handovers included discussion around any client issues or risks, feedback on the day, health and safety and any other business. Handovers minutes were located in a file in the staff office.
- The service had good links with the Druglink follow on housing scheme, where clients could live following on from treatment for ongoing support whilst also still attending Oxygen.

Adherence to the MHA

- The Mental Health Act was not applicable to this service; clients using the service were not detained.

Good practice in applying the MCA

- Staff discussed and checked capacity with all clients on admission, a signed capacity document was visible in all files checked.
- Overall, two members of staff had completed training in the Mental Capacity Act. All eligible staff were in the process of completing the Care Certificate which included awareness of the Mental Capacity Act.

Equality and human rights

- The service had an equality and diversity policy in place. Staff we spoke with were able to tell us about the policy and how it impacted on their work.
- There were restrictions on visitors for four weeks upon entering treatment, after the initial four weeks clients were able to have weekend visits. Clients had restrictions on personal phone calls made whilst they were in treatment. Staff monitored and listened to all personal phone calls clients made, clients we spoke with they were happy with this as it protected them and other clients.
- The service supported people with protected characteristics under the Equality Act 2010 and was accessible for people requiring disabled access.
- All staff were in the process of completing the care certificate which covered a module on equality and diversity.

Management of transition arrangements, referral and discharge

Substance misuse/detoxification

- The service had clear admission and discharge policies. Prospective clients were initially assessed by their local community drug and alcohol team to assess suitability, this assessment was then sent to Oxygen for consideration. Another assessment was then carried out by staff at Oxygen on admission. The provider did not have a waiting list for new admissions.
- New clients were allocated a buddy who had been at the service for a few weeks to offer them support.
- Referrals were accepted from community drug and alcohol teams and on a private basis for clients. An assessment was completed with clients to assess suitability prior to them being accepted to the service.
- Prospective clients were invited to visit the service before accepting a place.
- Clients formulated their own leaving plans as part of the treatment programme. Team meeting minutes showed discussion of these plans and support for clients to access local support groups on discharge.
- Oxygen provided follow on support for clients who had completed their treatment programme. Clients who had completed treatment were offered the opportunity to live at move on housing and attend the service for additional support.
- Overall, 100% of clients were contacted following discharge. We looked at eight exit questionnaires, all were positive about the care and treatment received.
- All client files contained a confidentiality and information sharing agreement, along with a signed copy of the house rules. Clients told us that they felt these should be revisited a week after admission as there is a lot of information given to them on admission and they may have been under the influence of substances on admission.

The involvement of clients in the care they receive

- All clients we spoke with said they were involved in and offered a copy of their care plan.
- We saw how care plans offered interventions aimed at maintaining and improving the clients' social networks, employment and education opportunities, and provided support for people to attend community resources.
- Clients told us they were encouraged and supported to take responsibility for their own recovery. Clients said staff gave them all the information they needed to make informed decisions and choices about their care.
- Families could be involved in treatment with client agreement. Clients told us the service ran mediation and family therapy sessions.
- There was no information about independent advocacy; clients said they did not have access to an independent advocate.
- All clients had a named key worker and clients knew who their key worker was, all clients in treatment received weekly 1:1 sessions with their named keyworker.
- Clients were able to give feedback on the service by using the comments box or during weekly house meetings.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed staff interacting with clients in a kind, considerate and caring manner.
- Clients we spoke with told us staff were interested in their wellbeing and that staff were respectful, polite and compassionate. Clients said they felt safe while using the service, and were happy with the treatment they were receiving. They said staff were always available should they need additional support.
- Staff knew clients' on a first name basis and were able to discuss clients in depth. Staff had an awareness of clients' individual needs and preferences.

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

Access and discharge

- Staff assessed clients upon admission. The manager told us admissions were generally accepted into the

Substance misuse/detoxification

service twice weekly, on a Tuesday or Thursday. These were days when the doctor was onsite to carry out a full physical assessment of clients. Clients were admitted to the service on the next available admission day.

- The doctor had flexibility and was able to see urgent referrals as needed. The service had no waiting list at the time of inspection.
- Staff worked with clients to include them in their care and prevent them from disengaging in their treatment.
- Oxygen was a standalone substance misuse service taking referrals from private individuals and referral agencies.
- The provider rarely cancelled appointments or groups due staff shortages or sickness. When staff were not available to give sessions, volunteers were available.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a range of treatment rooms available including group and smaller session rooms. However, there was a lack of 1:1 space available.
- Facilities were available so that clients could make a hot or cold drink when they wanted to. Clients prepared and ate their own meals and could choose what they wanted to eat with support from staff.
- Clients had access to outdoor space for relaxation and smoking.
- We saw comfortable dining areas and snacks available at all times. Clients were encouraged to take responsibility for therapeutic duties such as cleaning, cooking, menu planning and shopping. Clients chose their own menus, and special dietary requirements were catered for. There were weekly house meetings when all clients were encouraged to contribute to the daily running of the service.
- There were restrictions on phone calls for the first three weeks upon entering treatment, after three weeks clients were allowed up to three personal phone calls a week. Staff monitored personal phone calls; clients told us they were happy with this as it protected them and other clients.

Meeting the needs of all clients

- Staff said they supported clients to access their spiritual needs in the local community. Clients confirmed they felt their spiritual needs were being met.
- The service did not supply leaflets in any language other than English, although they were available on request.
- The service was able to make adjustments for people in response to meet their needs, such as faith support, and cultural needs. There was disabled access on the ground floor. However, management advised us they could not effectively accommodate clients who had communication difficulties, due to the verbal nature of the therapy offered.

Listening to and learning from concerns and complaints

- The service reported they had not received any formal compliments or complaints
- Clients knew how to complain; in addition information about making a complaint was displayed in the waiting area, along with a comments box. None of the clients we spoke with had made a complaint about the service and were not therefore able to reflect on how the service had handled their complaint. Staff knew how to handle complaints appropriately.
- We saw thank you cards and letters displayed on the information board from clients who had successfully completed treatment, thanking staff for the support they had received.

Are substance misuse/detoxification services well-led?

Vision and values

- Druglinks objectives and visions were prevention, recovery and reintegration. Staff were aware of the provider's visions and reflected the visions in their daily work. The provider visions placed client treatment as priority.
- Staff knew who the most senior members of staff were and said that they visited the team on a regular basis.

Good governance

Substance misuse/detoxification

- Overall, 100% of active volunteers and of substance misuse staff had a current disclosure and barring service (DBS) check.
- Overall, 100% of staff had completed safeguarding adults training. All staff who observed clients take medication had completed medication administration and awareness training. All staff were required to complete the care certificate which included equality and diversity,
- Staff were not being supervised in line with the provider's policy. However, the manager had plans to ensure that all staff were regularly supervised in line with Druglinks supervision policy. One staff member had a seven month gap in between supervision.
- Management had not completed appraisals with any staff at the time of inspection. However, we were advised that this was due to staff not being in the same position for one year as there had been several cases of internal promotion.
- The service did not have targets or key performance indicators.
- The service manager felt they had sufficient authority and administrative support.
- Between January 2016 and September 2016 one member of staff left the service. At the time of inspection there were no staffing vacancies and one staff member was off work sick.
- The provider had a whistle-blowing policy in place. Staff told us they knew the whistle-blowing process and said they felt able to raise concerns without fear of victimisation.
- None of the staff or managers we spoke with raised any concerns regarding bullying or harassment.
- Staff morale at the service was high. Staff told us that they felt valued and rewarded for the job they do, staff said they enjoyed their roles and that the team was supportive. We saw positive interactions between staff members. Staff said they all worked well together as a team and there was mutual support for each other.
- We saw evidence of recruiting from within the service; staff we spoke with had been promoted internally to new positions.
- Staff felt able to input into developments within the service. One member of staff we spoke with told us they had been able to develop and implement new groups with clients and take a lead on areas of interest they had such as managing stress.

Leadership, morale and staff engagement

Commitment to quality improvement and innovation

- The provider 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 that staff receive regular supervision in line with the provider's supervision policy.
- The provider must ensure medication is transported securely.
- The provider must ensure that there is a separate fridge available for medication that requires refrigeration.
- The provider must ensure disposable specimen pots are disposed of.

Action the provider **SHOULD** take to improve

- The provider should ensure that room temperature is monitored and recorded within the clinic room.
- The provider should consider increasing overnight staffing levels.
- The provider should ensure that risk assessments include shared sex accommodation. And that measures are in place to minimise any risks to safety, privacy and dignity.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none">• Staff were not transporting medication in secure and lockable transportation bags.• The service was not using the clinic room fridge for medication requiring refrigeration only• The service was not disposing single use specimen pots after use. This was a breach of regulation 12 (2) (f) (g)
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing <ul style="list-style-type: none">• Staff were not being supervised regularly in line with the providers supervision policy. This was a breach of regulation 18 (2) (a)