

# Chelmsford

## Quality Report

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Date of inspection visit: 20 January 2016  
Date of publication: 03/08/2016

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

## 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 provider needs to improve:

- Senior managers did not follow the service recruitment policy. Interviews were not appropriately recorded and risk assessments were not completed for workers with previous convictions. There were discrepancies in start dates and Disclosure and

Barring Service (DBS) checks for employed staff. Peer supporters had started working in the service without training and appropriate DBS checks and were not supervised appropriately by managers.

- The service was understaffed during the weekends, compromising staff and patient safety.
- Storage temperatures for medication and urine testing kits stored in the clinic room were not checked daily to ensure they stayed within the recommended temperature range, which could mean there was a risk to their effectiveness.

# Summary of findings

- The provider did not have a structured induction process for new staff members.
- The house where clients stayed during detoxification was not safe. The hinges on the fire door in were broken. This was a breach of both health and safety, and fire regulations. The low fencing in the back garden of the property did not promote privacy and dignity for the clients living there. Staff working in the detox house did not have access to naloxone (used to reverse the effects of opioids) or resuscitation equipment. Staff were trained in basic first aid and could call emergency services if required.
- The clinic room was not fit for purpose. The floor was carpeted and the room had soft furnishings, so staff could not wipe down surfaces, meaning there was an infection control risk. In addition, it was used as a staff office.
- Staff did not follow up on clients that had been discharged from treatment and the service had no information about clients remaining drug free after treatment, meaning the effectiveness of treatment was not being measured.
- Staff started to record incidents of harm or risk of harm on a log in October 2015, entries were poorly recorded and outcomes were not followed up.

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

- Staff completed timely and comprehensive assessments with all clients accessing treatment, including physical health, mental health and risk assessments.
- Doctors completed medical assessments within 24 hours of a client's admission for detoxification; this included a physical examination to ensure suitability for treatment.
- All employed staff were trained in safeguarding adults from abuse and knew how and when to make referrals to safeguarding teams.
- Staff had positive working relationships with external agencies such as local GPs and mutual aid groups whilst clients were in treatment.
- Clients spoke highly of the staff and said that they treated them with support and compassion.
- Staff employed by the service worked well together and were passionate when talking about their roles.
- PCP provided move-on accommodation for clients post treatment that were homeless or wanted to relocate to the area. Clients living in the move-on house could still access on-going support or become a peer mentor.

# 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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# Chelmsford

**Services we looked at**

Substance misuse/detoxification

# Summary of this inspection

## Background to Chelmsford

PCP Chelmsford is an independent residential 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 had 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, group therapy, 12-step groups, art therapy, medication and equine therapy. Staff are able to contact a specialised doctor when required.

The regulated activities at PCP Chelmsford are treatment of disease, disorder or injury and accommodation for persons who require treatment for substance misuse.

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 detox and is staffed twenty four hours, seven days a week.

Since the inspection, the provider has requested to remove three of the treatment house locations but the detox house at PCP Chelmsford will remain registered.

At the time of our inspection, 16 people were accessing the service for treatment.

The service provides care and treatment for male and female clients, most of whom are self-funded.

## Our inspection team

The team that inspected the service comprised CQC inspector Hannah Lilford (inspection lead), an inspection

manager and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

## Why we carried out this inspection

We inspected this service as part of our inspection programme to make sure health and care services in England meet fundamental standards of quality and safety.

## 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 we held about the service, and we asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the location to look at the quality of the environment and observe how staff were caring for clients
- met with eight clients

# Summary of this inspection

- interviewed one manager
- spoke with six other staff members, including peer supporters
- visited the treatment centre and detoxification house
- carried out a specific check of the medication management arrangements
- inspected five care and treatment records of clients who were receiving treatment and one record of a client who had been discharged
- looked at five staff personnel files
- collected feedback from seven comment cards completed before our inspection
- reviewed policies and procedures and other documents relating to the running of the service.

## What people who use the service say

Clients said they felt safe while using the service, and were happy with the treatment they were receiving. They felt staff treated them with respect and cared about their wellbeing. They said staff were always available at the treatment centre should they need additional support.

Clients said that staff went out of their way to help with problems and that they fully trusted the staff.

Clients said they enjoyed living in the houses close by and that the houses were well kept.

Clients knew how to complain and were provided with this information upon admission. Clients felt listened to and that staff were responsive if they felt they were struggling with cravings and needed additional support.

# 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:

- Staff did not record the temperature of the rooms that stored medication and urine testing kits.
- The service had no access to emergency medication or equipment at the treatment centre or at the detoxification house. The detox house where clients resided during detox needed the fire door replacing as hinges were broken or the door, this was breach of both health and safety, and fire regulations. The low fencing in the back garden of the property did not promote privacy and dignity for the clients residing there.
- The service was understaffed at weekends.
- The general incident log had only been started in October 2015, entries were poorly reported and outcomes were not followed up.
- No business contingency plan was in place to cover annual leave or staff sickness.

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

- The treatment centre was safe and clean.
- There was a cleaning record at the treatment centre, filled in daily upon completion of tasks.
- The service had consistent access to a qualified and specialised prescribing doctor.
- Telephone support was available from the doctor when not on site.
- Staff employed by the service had completed all mandatory training.

### Are services effective?

We do not currently rate standalone substance misuse services.

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

- Managers did not give all staff an induction at the start of their employment.
- No clinical staff were employed at PCP Chelmsford. This meant that the service was not complying with National Institute for Health and Care Excellence (NICE) clinical guidelines.



# Summary of this inspection

- Staff did not routinely check for blood borne viruses if a client was at risk of having one.
- Care plans were not holistic and did not focus on a client's mental, social and physical health.

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

- Comprehensive assessments took place within 24 hours of a client's admission for treatment.
- Each client had a nominated counsellor, who acted as their key worker during their treatment.
- The doctor completed physical health assessments of people on the day of admission.
- There was a good level of face to face and online training available.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients felt safe and said staff treated them with compassion and dignity.
- Staff were passionate about their roles within the service.
- Staff were caring and respectful when engaging with clients.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There was a minimal waiting list. The service had two days for admission during the week; these were days when the doctor was present.
- Clients knew how to complain and received this information on admission as well as being visible on notice boards.
- Clients had access to meaningful activities throughout the week, including weekends.
- Staff and peer supporters encouraged clients to access their spiritual needs in the local community.
- Peer supporters were in the treatment centre daily to give additional support to clients.

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

- The service treatment centre had no access to outside space; clients were required to smoke on the pavement outside.
- Staff did not follow up clients effectively upon discharge to identify if they had maintained abstinence.

# Summary of this inspection

## Are services well-led?

We do not currently rate standalone substance misuse services.

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

- Senior managers did not follow a robust staff recruitment process.
- Some staff commenced employment with PCP Chelmsford prior to managers receiving their Disclosure and Barring Service (DBS) document.
- Senior managers did not complete risk assessments for staff with previous convictions to ensure they were safe to work with people.
- Managers had not carried out sufficient checks on peer supporters prior to them starting in their position.

However, we also found areas of good practice, including that:

- Staff reported positive morale and good working relationships with each other.
- All staff spoke with passion about their jobs and shared a vision of recovery from substance use for clients.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff told us training in the mental capacity act enabled them to be confident in assessing whether or not a client had the ability to give consent about their care and treatment. Staff said they would not provide treatment if someone could not provide consent.
- Staff discussed and checked capacity with all patients on admission, a signed capacity document was visible in all files checked. Patients admitted to the service who were under the influence of substances did not have their capacity checked again.
- Staff said they rarely worked with clients who are unable to give informed consent, other than if someone was intoxicated upon admission. Staff told us that payment was taken from clients upon admission when they may have been intoxicated.
- The service provider did not provide compliance figures for staff MCA training data.

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse/ detoxification	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

# Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse/detoxification services safe?

### Safe and clean environment

- The treatment centre was safe and clean. Staff completed daily cleaning records upon completion of cleaning tasks, clients also took part in cleaning the treatment centre.
- The treatment centre and the detoxification house did not have access to emergency equipment. Staff did not have access to naloxone (used to reverse the effects of opioids) or resuscitation equipment.
- Interview rooms were not fitted with alarms and staff did not carry personal alarms.
- The furnishings in areas accessed by service users were clean and well maintained.
- The service did not have an examination couch in the clinic room.
- Staff used the clinic room for dual purposes; it was used as a clinic and office. The floor was carpeted and the room had soft furnishings, so staff could not wipe down surfaces.
- Hand washing posters were visible above all sinks at the treatment centre.
- On site managers completed and regularly reviewed environmental risk assessments.
- There was no fridge available in the clinic room.
- Staff had located a thermometer in the clinic room medications cabinet but temperature was not logged to ensure that medication stayed within optimum temperature.
- Staff kept urine testing equipment in a separate office with no thermometer to ensure that the testing kits stayed within recommended temperature.
- The detox house where clients resided during detox needed the fire door replacing as hinges were broken on

the door, this was a breach of both health and safety, and fire regulations. The low fencing in the back garden of the property did not promote privacy and dignity for the clients residing there.

- There was evidence of PAT (portable appliance testing) in both the detox house and the treatment centre.

### Safe staffing

- The service consisted of a service manager, two qualified counsellors, one administrator, one admission and medications administrator, two evening support workers and four peer supporters. The service manager also acted as an additional counsellor and had a case load of clients.
- The service was in the process of recruiting a nurse. Qualified counsellors and support workers were carrying out physical health checks for clients who were detoxing. The service had consistent access to a prescribing doctor. Twenty four hour seven day on call telephone support was available from the doctor on days when not on site. Staff had received Royal Pharmaceutical Company accredited medication training and withdrawal and detoxification training to identify when clients needed clinical intervention.
- Staff felt that the service was understaffed at weekends. One counsellor attended the treatment centre at weekends and peer supporters were available to offer any additional support, staff told us that they did not feel safe being the only employed member of staff attending the treatment centre at weekend.
- There were no incidents of restraint.
- There were enough staff present daily during week days to assist clients in managing symptoms of withdrawal from substances or alcohol, however this was compromised if staff were off work due to annual leave or sickness.

# Substance misuse/detoxification

- Managers had not considered cover for annual leave and staff sickness, on days with fewer staff members the remaining staff were required to carry out additional work.
- Key workers allocated regular time to complete one-to-ones with clients. Staff documented interactions with clients in treatment records.

## Detailed findings from this inspection

- The service was in the process of recruiting a full time nurse, there was no nurse employed by the service at the time of inspection and there had not previously been a nurse employed by the service.
- Employed staff had completed all mandatory training; peer supporters who were volunteers already working within the service had not completed any mandatory training.

## Assessing and managing risk to people who use the service and staff

- All employed staff were trained in safeguarding adults and said they knew how and when to make referrals to a safeguarding body if required.
- Staff completed a risk assessment with clients on admission which formed the comprehensive assessment.
- Crisis plans were completed in every client file with details of what the patient would do if they were discharged early from treatment; however these were not comprehensive and did not contain contact details.
- Staff said that if they noticed deterioration in a service user's health they would refer them to the local GP.
- Management advised us they did not have a waiting list and the service had never run at full capacity.
- The service did not give us any information on lone working. Staff said they felt it would be safer if they had more staffing provisions at the weekend. At the time of inspection the service had one employed member of staff working at weekends who was supported by peer supporters.

## Track record on safety

- There had been no serious incidents reported in the last 12 months; however an incident log was only started in October 2015. Prior to this the service was not keeping an incident log.

## Reporting incidents and learning from when things go wrong

- The service introduced a general incident log in October 2015, where they recorded all incidents. Staff recorded incidents and the registered manager reviewed the entries. No incidents were recorded prior to October 2015.
- The incidents found in the general incident log lacked detail and had inadequate actions. There was no evidence to show that learning from incidents had been followed up with staff or clients.
- Staff were able to describe the type of event that would require reporting as an incident and how they would report it.
- Staff said they had no serious incidents that required debriefing but they had a morning meeting daily and regular team meetings to discuss any difficulties with clients and any incidents or concerns.

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

## Assessment of needs and planning of care

- Staff carried out comprehensive assessments, taking in to consideration the client's addiction as well as their mental and physical health.
- Doctors completed medical assessments within 24 hours of a client's admission for treatment; this included a physical health examination to ensure suitability for detox.
- Staff had completed care plans for all clients. However, they were not holistic and did not focus on a client's mental, social and physical health. Care plans lacked detail on how clients could achieve and maintain recovery from substance misuse as well as make behavioural changes.
- Each client had a nominated counsellor who acted as their key worker during their treatment.
- Staff recorded notes about client's progress and presentation on electronic records when they were in treatment. Upon discharge, the notes were printed and stored in their file.
- Client files were kept securely locked in the counsellor's office and were available for staff when they needed to access them.

# Substance misuse/detoxification

## 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. A prescribing policy was in place which followed national guidance.
- The provider used nationally recognised treatment outcomes profiles (TOPS), opiate withdrawal scales and severity of alcohol dependence questionnaire (SADQ) to measure outcomes of people's treatment whilst in the residential setting. However, after clients were discharged from the service there was no follow up on the success of treatment.
- The "12 Step" methodology of narcotics anonymous (NA) and alcoholics anonymous (AA) was the base of treatment. Clients were required to attend NA and AA meetings whilst they were receiving treatment.
- Staff referred clients to the local GP where there was a general health care need.
- Staff did not routinely check for blood borne viruses if a client was at risk of having one. Clients could be referred to the local GP for information on blood borne virus testing and vaccination.
- No clinical staff were employed at the service, at the time of inspection the service was in the process of recruiting a full time nurse. Senior staff completed the clinical audits. Staff working at the centre had received training in alcohol dependence, withdrawal and detoxification, management of alcohol problems in primary care, alcohol brief identification and abuse, suicide prevention, management of drug misuse and Royal Pharmaceutical Company accredited medication training.

## Skilled staff to deliver care

- There was no structured induction process for new staff members starting at the service.
- The service provided opportunities for additional staff training; staff felt that there was enough training on offer with a good mix of online and face to face training opportunities.

## Multidisciplinary and inter-agency team work

- Counsellors had a caseload of around seven clients and acted as their key worker throughout treatment.
- Staff had positive working relationships with other teams outside of the organisation, such as trust mental health crisis teams, GPs, mutual aid groups and social services. Staff routinely referred clients to the local GP to register so they were able to access local health care.
- Counselling staff led staff handovers at the start of each day to ensure they were up to date with people's individual treatments.

## Adherence to the MHA

- Staff did not work with clients detained under the Mental Health Act and were not offered training in this.

## Good practice in applying the MCA

- Staff told us training in the mental capacity act enabled them to be confident in assessing whether or not a client had the ability to give consent about their care and treatment. Staff said they would not provide treatment if someone could not provide consent.
- Staff discussed and checked capacity with all patients on admission, a signed capacity document was visible in all files checked. Patients admitted to the service who were under the influence of substances did not have their capacity checked again.
- Staff said they rarely worked with clients who are unable to give informed consent, other than if someone was intoxicated upon admission. Staff told us that payment was taken from clients upon admission when they may have been intoxicated.
- The service provider did not provide compliance figures for staff MCA training data.

## Are substance misuse/detoxification services caring?

## Kindness, dignity, respect and support

- Staff were caring and respectful when engaging with clients. Staff knew the clients who were accessing treatment. We observed staff showing enthusiasm to support clients.
- Clients who used the service told us that staff treated them with dignity and compassion.
- Clients said they felt safe. They said they received all the information they needed to understand what to expect from treatment.

# Substance misuse/detoxification

## The involvement of people in the care they receive

- Staff ensured all clients received a welcome pack when they first arrived at the service with full details of their treatment and the rules of the service.
- Staff had placed a suggestions box for clients in the lounge area, any suggestions made by clients were discussed at community meetings.
- Clients told us that they were involved in developing their care plans.
- Clients told us their families could contact the service at any point to get updates on their progress and full details of visiting were discussed upon starting treatment, details of visits were also available in the welcome pack.
- There were restrictions on visitors for three weeks upon entering treatment, after the initial three weeks clients were allowed weekly visits on one day at the weekend.
- Staff facilitated daily check-ins and community meetings were also available for clients to provide feedback on the service they received. There was no formal agenda for these meetings.
- There was no evidence of clients being involved in the recruitment process.

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

## Access and discharge

- Staff assessed clients within 24 hours of referral and this could be completed over the phone or in person with the client. The registered manager told us admissions were accepted into the service twice weekly, on a Tuesday or Thursday. These were days when the doctor was onsite to carry out a full physical assessment on clients. Clients were admitted to the service on the next available admission day.
- Staff worked with clients to include them in their care and prevent them from disengaging in their treatment. This was reflected in the recovery plans and clients completed a disengagement form which listed ways in which staff could support them to stay in treatment.
- The service had a policy in place around unplanned exit from services, details were also seen in four out of the five files checked, however they were brief.

- There was no evidence of discharge planning or follow up on clients that had been discharged from treatment. Only one discharged clients file was available for us to view. The discharged file had an exit TOPS (Treatment outcome profiles) but it was not dated and there was no further discharge information to show if the client had maintained abstinence after exiting treatment. We saw no evidence that the service liaised with GPs upon a client's discharge.
- Staff discussed clients' progress daily in a morning meeting attended by all counsellors.
- The provider rarely cancelled appointments or groups due staff shortages or sickness. When staff were not available to give sessions, peer supporters were available.

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

- There was a range of treatment rooms available including group and smaller session rooms. They were not sound proof and discussions could be heard from outside the rooms.
- The service treatment centre had no access to outside space; clients were required to smoke on the pavement outside.
- The service had a mobile telephone policy, which clients agreed to at the start of treatment. The policy limited their access to telephones for the first week, after the first 7 days patients were allowed to use their phones outside of the treatment day.
- Clients had a secure area to store their possessions.
- Facilities were available at the treatment centre so that clients could make a hot or cold drink when they wanted to. Clients funded, prepared and ate their own meals in their houses and could choose what they wanted to eat.
- Clients had access to meaningful activities and therapy throughout the week, including weekends. These activities included equine therapy, emotional support and creative groups such as art.

## Meeting the needs of all people who use the service

- Staff said they supported clients to access their spiritual needs in the local community.
- The service manager advised us that they had not yet needed to access an interpreter, however they could discuss with senior management should the need arise.



# Substance misuse/detoxification

- There was no information available in other languages seen in the service. The service manager said that they could access literature in other languages if it was required.

## Listening to and learning from concerns and complaints

- The service received four complaints in the last year, none of these were upheld. We were given no information on what these complaints related to.
- Clients knew how to complain, and were also given this information in their welcome packs. There were noticeboards around the service, which had information on the services complaints process.
- Staff said they knew how to handle complaints, but they rarely received any.
- There were no clear systems in place to ensure discussions took place with staff around feedback or lessons learnt following a complaint.
- The service received 52 compliments from service users and their families in the last year.

## Are substance misuse/detoxification services well-led?

### Vision and values

- Staff were aware of who the most senior managers in the organisation were, these managers had visited the team.
- The team appeared to work well together. They based their approach on the organisations' value to treat each individual on their individual needs, respecting cultural, social and physical health needs.

### Good governance

- The systems and processes for staff to report incidents were not robust. The provider had developed an incident reporting log in October 2015 and was reporting all incidents.
- Senior managers did not follow the service recruitment policy. One staff file contained only one reference whereas the provider's standard was to gain two employment references. Some staff files contained two references, which were dated after the staff members start date.

- The provider did not record staff job interviews appropriately and it was not clear when staff had interviewed for the role. There were discrepancies in start dates, DBS dates and staff training dates.
- Senior managers did not complete risk assessments for staff with previous convictions. While convictions would not necessarily exclude someone from working in a substance misuse service, a risk assessment would identify and mitigate any risks to ensure that people using the service were kept safe.
- The compliance manager had recently started monthly clinical governance meetings.
- Staff received regular supervision from their named line manager, in line with the provider's supervision policy.
- The provider had not carried out sufficient checks on peer supporters prior to them starting in their position. The peer supporters had not completed DBS checks, had not received an induction or any training and they were not being supervised.

### Leadership, morale and staff engagement

- There were no reported incidents of staff bullying or harassment cases. Staff told us that they would feel comfortable raising any concerns with their line manager. All of the staff we spoke to said they knew how to raise any whistle blowing concerns.
- Information from the provider stated there was no staff sickness within the staff team for the last 12 months.
- The provider advised us that no staff had left the service in the last 12 months.
- Staff said they had good levels of job satisfaction and they enjoyed their jobs, Staff said that there could be opportunities for development but they enjoyed having client contact and the roles that they were in. 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.
- We observed staff interacting with clients in an open, caring and transparent manner.
- Staff said they felt able to give feedback on service and were able to support the development of the service with new ideas and groups. Staff told us that they all had different specialisms and diverse working styles and were able to bring their specialisms and expertise into the groups and therapy they facilitated.
- Staff told us that they got on well with the service manager and they felt supported in their roles.



# Substance misuse/detoxification

## **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 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.

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

- The provider should ensure there are robust procedures are in place for staff to report incidents; including learning that is fed back to the team.
- The provider should take consideration to staffing numbers and ensure that there is enough staff on duty at weekends to carry out all activities safely for clients and staff. The provider should develop a lone working policy to ensure staff safety.
- The provider should ensure that all staff working within the service in any capacity have a full corporate and local induction
- The provider should ensure that clients are followed up post discharge and steps are made to identify if clients previously using the service have remained abstinent.
- The provider should ensure that there is a clear blood borne virus testing pathway for patients who may be at high risk.

## 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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Recruitment processes were not robust. References were not appropriate and did not meet the service policy. We found an error on a DBS form and candidates with previous convictions were not robustly risk assessed.</p> <p>Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions above</p> <p>No qualified nurse was employed at the service to carry out physical health checks for patients during detox.</p> <p>Persons employed for the purposes of carrying on a regulated activity must be of good character, have the qualifications, competence, skills and experience, which, are necessary for the work to be performed by them.</p> <p><b>This was a breach of regulation 19 (1) (a)(b)(c) and (2) (a).</b></p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users. The things which a registered person must do to comply with that include ensuring that persons providing care of treatment to service users have the qualifications, competence, skills and experience to do so safely. Where equipment or medicines are supplied by the service provider, they should ensure there are sufficient quantities of these to ensure the safety of their service users to meet their needs.</p>

## Requirement notices

There was no resuscitation equipment on site in case of medical emergency.

There should be regular health and safety risk assessments of the premises (including grounds) and equipment. The finding of the assessments must be acted on without delay if improvements are required.

The detoxification house fire door hinges were broken and must be fixed or replaced as this is a breach of both health and safety, and fire regulations.

**This was a breach of regulation 12 (2) (c)(d)(e)(f).**