

# Brevin Homecare

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

### Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Clients were positive regarding staff in the service. They felt listened to, understood, supported and safe.
- Clients were prescribed medicines in accordance with National Institute of Health and Care Excellence (NICE) guidance.
- Validated tools were used for the assessment and monitoring of clients undertaking alcohol detoxification.
- There were appropriate incident reporting procedures. Staff knew the types of incidents to report and changes were made following incidents.
- The service had a complaints system and clients knew how to complain. Staff knew how to deal with complaints and there was learning from complaints.
- The service had working links with a number of other professionals. These included a nutritionist, physiotherapist and a sleep specialist.

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

# Summary of findings

- Staff worked excessive hours without a day off. In some cases, a nurse would remain at the client's home for seven days without a day off. Nursing staff had not had individual supervision since early 2016.
- A nurse had not undertaken mandatory training and a doctor had undertaken one type of mandatory training.
- There was no record that clients received a medical review during alcohol detoxification.
- Some staff working in the service did not have appropriate pre-employment checks.
- Clients' care plans were not always specific and detailed.

# Summary of findings

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# Brevin Homecare

## Services we looked at

Substance misuse services

# Summary of this inspection

## Background to Brevin Home Care

Brevin Home Care provides treatment and nursing care to clients who have substance misuse or mental health problems, in their own home. Care and treatment is provided on a short or long term basis, including community alcohol detoxification. Some clients who no longer receive nursing care continue to receive care from a psychiatrist or have therapy. The service provides nursing care to a maximum of three clients at any one time. Clients or their families fund the cost of services provided by Brevin Home Care. At the time of this inspection, Brevin Home Care was providing treatment to seven clients, one of whom also received nursing care.

Brevin Home Care is registered to provide the regulated activities: Personal care; Diagnostic and screening procedures; Treatment of disease, disorder or injury

There was no registered manager at the service. A new manager started in the service two weeks before the inspection. They were applying to become the registered manager.

We have inspected Brevin Home Care twice since 2010. At the last inspection in March 2016, Brevin Home Care was in breach of Regulation 12 safe care and treatment, and Regulation 17 good governance. These breaches concerned the absence of risk assessments for every client, and not assessing the circumstances of one client's children. An action plan was in place and was due to be completed on 28 February 2017, one month after this inspection.

## Our inspection team

The team that inspected the service comprised a CQC inspector, a CQC assistant inspector and a specialist advisor, who was a consultant psychiatrist in addictions.

## 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. This inspection was unannounced.

## How we carried out this inspection

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

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

- Is it well led?

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

During the inspection visit, the inspection team:

- spoke with two clients
- spoke with the new manager and the medical director

# Summary of this inspection

- spoke with four other staff members employed by the service provider, including nurses and doctors
- looked at five care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with two clients using the service. Both clients were positive regarding staff in the service. Clients felt

listened to and understood. They reported that nursing staff were considerate and that they felt supported and safe. Clients said that the medical director provided a practical approach to their treatment needs.

# 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:

- Clients did not always have a comprehensive risk assessment when they were assessed for the service. This was an area for improvement from the inspection in March 2016. The provider had an action plan to address this issue by 28 February 2017.
- Staff worked excessive hours without a day off. In some cases, a nurse would remain at the client's home for seven days without a day off.
- A nurse had not undertaken any mandatory training. A doctor had undertaken one of the types of training which were mandatory.
- Clients undergoing alcohol detoxification did not have early exit plans.
- Some staff working in the service did not have appropriate employment references. One nurse had one reference and one doctor had no references. The details of a doctor's criminal records check were not available.

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

- There were appropriate incident reporting procedures. Staff knew the types of incidents to report. Changes were made following incidents.
- Clients' consent forms included the possibility of breaching confidentiality relating to safeguarding adults and safeguarding children.
- There were appropriate systems for medicines management in the service. There were separate procedures for specific areas of medicines management.

### **Are services effective?**

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were prescribed medicines in accordance with National Institute of Health and Care Excellence (NICE) guidance.
- Some clients in the service had undergone alcohol detoxification. Validated tools were used for the assessment and monitoring of these clients.

# Summary of this inspection

- The service had working links with a number of other professionals. These included a nutritionist, physiotherapist and a sleep specialist.

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

- The assessment of clients for alcohol detoxification was not comprehensive. We identified this as an area for improvement at our inspection in March 2016. The provider had an action plan to address this issue by 28 February 2017.
- There was no record that clients had a medical review during alcohol detoxification.
- Clients' care plans were not always specific and detailed. For example, one client's care plan simply stated they were to have psychotherapy.
- Nursing staff had not had individual supervision since early 2016.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were positive regarding staff in the service. They felt listened to, understood, supported and safe.
- Staff clearly understood clients' needs. Clients' daily progress notes demonstrated that nurses developed an empathic, supportive therapeutic relationship with clients.
- Clients were able to select the nursing staff providing care for them.
- Staff took appropriate steps to provide discreet and confidential care and treatment to clients.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had a clear referral pathway. A new referral document had been developed. This advised referrers of the minimum necessary information required to refer a client.
- Clients were given flexibility in the times of appointments
- The service had a complaints system and clients knew how to complain. Staff knew how to deal with complaints and there was learning from complaints.

## Are services well-led?

We do not currently rate standalone substance misuse services.



# Summary of this inspection

We found the following areas of good practice:

- The provider had a clear vision of providing the most person-centred care and treatment to clients as possible. Staff in the service knew, understood and demonstrated this.
- A range of policies and a clinical governance framework were in place. A new manager had been recruited specifically for their clinical and governance experience.
- Staff reported feeling supported by the service and were able to seek support at any time. Nursing staff reported a high level of job satisfaction and had good morale.
- The service had a clear action plan for improving governance.

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

- The service's risk register had not been updated. It did not reflect operational risks at the time of the inspection and the measures in place to mitigate them.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

One member of staff was recorded as having undertaken Mental Capacity Act (MCA) training. There were no records that any other staff had undertaken MCA training. However, all staff had an understanding of the Mental Capacity Act (MCA). One client had an MCA assessment as

their capacity to make a decision had been in doubt. Most clients did not require an assessment of their capacity. However, one client was intoxicated during their medical assessment. Their capacity to decide to have an alcohol detoxification was not assessed.

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

- Clients of the service were provided with care and treatment in their own homes.
- Staff took a secure case to client's homes. The case contained a range of equipment, including syringes, needles and drug testing kits. All of these items were within their expiry date. The case also contained an alcohol breathalyser and an electronic sphygmomanometer, to measure client's blood pressure. There was no record that this equipment had been calibrated, or when calibration was due. This meant that the equipment may not measure accurately. The new clinical service manager was made aware of this and planned to address it. The case did not include disposable alcohol wipes to clean equipment.

### Safe staffing

- Staff worked excessive hours without a day off. When clients required nursing care, a nurse would stay at the client's home address all of the time. In some cases, a nurse would remain at the client's home for seven days without a day off. This meant that a nurse would be at work for more than 80 hours in a week. When clients were having an alcohol detoxification, this would involve the nurse monitoring the client regularly throughout the day and night. It was not safe for nurses to work such excessive hours and for so many days without a break.
- Five nurses worked in the service when required. This meant that nurses undertook other work with other providers. To increase the number of available nursing

staff, the service was planning to recruit two more nurses. There had been no occasions when the provider was not able to obtain a nurse to support clients. The service did not use agency nurses.

- There were three psychiatrists in the service, including a psychiatrist being 'on-call' at all times.
- Staff were required to undertake six types of mandatory training. The overall completion rate for mandatory training was 81%. Mandatory training included equality and diversity, moving and handling, infection control and basic life support. The percentage of staff having undertaken each type of training ranged from 77% to 86%. The service did not have any record that one nurse had undertaken any of the mandatory training. One doctor had undertaken one type of mandatory training. During the inspection, the new manager developed a system to monitor staff mandatory training. This recorded when staff were due to attend a training update.
- The provider carried out pre-employment checks on staff before they began working in the service. These also applied to doctors with practising privileges at the service. This means, for CQC purposes, they are considered to be employed by the service. We reviewed nine staff employment records. One nurse had only one employment reference. Another nurse and the new manager had two employment references. However, these references were not on headed paper, and did not have an official stamp or compliment slip attached. This meant that there was no confirmation that the references were authentic. One of the doctors practising in the service had no employment references. The results of their Disclosure and Barring service (criminal records) check were not available. Another doctor had a character reference from a colleague and a reference with only their dates of employment. These references were not sufficient to ensure the doctor was of good

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character. The service did not follow the provider's recruitment policy. However, the service conducted annual checks to ensure nurses remained registered with their regulatory body.

## Assessing and managing risk to clients and staff

- Clients' potential risks were assessed when clients were referred to, and assessed, for the service. Client risk assessments included the potential risk of suicide. However, risk assessments did not record that potential risks from or to others had been assessed. For clients having alcohol detoxification, there was no record that two clients were asked about previous alcohol withdrawal seizures. There was no record one client had been asked about delirium tremens. Alcohol withdrawal seizures and delirium tremens are risks during alcohol detoxification and, in some circumstances, can cause death. However, we were told that clients were asked about these but this had not been recorded. The risks to these clients were reduced by 24 hour nursing care and use of a validated withdrawal tool during alcohol detoxification. During the inspection a person referred to the service for alcohol detoxification had not been accepted. This was due to the high risks of undertaking alcohol detoxification in the community with this person. Comprehensive and consistent assessment of client risks before alcohol detoxification was part of the provider's action plan. The action plan was due to be completed on 28 February 2017. The service was working to develop comprehensive risk assessments for clients.
- The risk assessments for clients not requiring nursing care were incorporated into the initial medical assessment. Whilst clients' potential risks were reviewed, the records of the review were not detailed. This meant it was unclear why risks had increased or decreased. When clients received nursing care, potential risks were updated in the clients' daily progress notes. A member of the team would need to read all of the daily progress notes to identify the latest risk assessment. This could be time consuming. There was no central record in clients' clinical records where all risk information was recorded and updated.
- Clients did not have crisis plans. Clients were aware of how to contact the service if they required urgent assistance. Clients undergoing alcohol detoxification did not have early exit plans. This meant if clients stopped

detoxification early, they may not be given consistent advice. When people abruptly stop alcohol detoxification they are at increased risk of withdrawal seizures and delirium tremens.

- Staff undertook safeguarding adult and safeguarding children training. Seventy nine per cent of staff had undertaken safeguarding adults training and 86% of staff had undertaken safeguarding children training. Clients signed a consent form at the start of treatment. The consent form clearly stated that client confidentiality may not be maintained if safeguarding issues arose. The service had made no safeguarding referrals since the previous inspection. At the inspection in March 2016 we identified that the service did not make appropriate enquiries regarding a client's child. Since that inspection, the service had not treated any clients with children. However, we were told there was now a clear process for making enquiries about client's children. The service had comprehensive safeguarding adults and safeguarding childrens policies.
- The service had a lone working policy. This included a procedure whereby a nurse could inform the service they felt at risk. This is a common lone working procedure. However, the nurses working in the service were not aware of this procedure. This meant nurses would not know the procedure to contact the service regarding risks to their safety. However, nurses described what other actions they would take to keep safe in such circumstances. There had been no incidents in the service where staff safety had been at risk.
- There were appropriate systems for medicines management in the service. Medicines were prescribed by doctors in the service. Nursing staff supervised or dispensed clients' medicines. The service had several medicines procedures. These included procedures for administration, storage, medicine errors and disposal of medicines. Nursing staff understood and used the procedures.

## Track record on safety

- There had been no serious incidents since the last inspection in March 2016.

## Reporting incidents and learning from when things go wrong

# Substance misuse services

- There had been one reported incident since the last inspection in March 2016, which was a medicine error. This error had been appropriately reported and an incident form had been completed by the nurse. The incident form also provided details of the causes for the error and action to reduce the risk in future. A new handover template was developed to ensure information regarding clients' medicines formed part of the handover.
- Nursing staff understood the range of incidents which required reporting. Staff reported that they received feedback following incidents.

## Duty of candour

- Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. The provider had a duty of candour policy. The medical director knew the requirements of the duty of candour. Nursing staff were not aware of the duty of candour. However, nursing staff knew they should be open and transparent with clients.

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

### Assessment of needs and planning of care

- We reviewed the clinical records of five clients who had received treatment from the service since the previous inspection. Clients were assessed by a doctor before receiving care and treatment. This assessment included the client's previous history of mental health problems and their current needs. Three clients had received alcohol detoxification treatment. Clients undergoing alcohol detoxification were assessed by a doctor with specialist training in substance misuse. As part of that assessment, clients were assessed using the Severity of Alcohol Dependence Questionnaire (SADQ). This was in accordance with best practice (Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence, National Institute for Health and Care Excellence [NICE], 2011). Clients did not have a physical examination before starting alcohol detoxification. This is important to identify if the client has liver problems which could affect treatment.

However, two clients had a blood test to identify liver problems before, or at the start of, their treatment. Assessments were not undertaken in accordance with the service clinical guidelines for alcohol detoxification. Assessment of clients had been an area identified for improvement during our last inspection. The service had developed an action plan due to be completed by 28 February 2017. The provider was working to ensure assessments of clients were comprehensive and standardised.

- Clients care plans were not always detailed and specific. For example, one client's care plan simply stated they were to have psychotherapy. One client did not have a care plan as staff did not consider the client needed one. When clients did not require nursing care, care plans often consisted of the client's diagnosis and the treatment plan. These care plans lacked detail. When clients had nursing care, care plans were not specific or detailed. This meant that if different nurses cared for clients, they may not know clients specific care needs.
- Clients' clinical records were stored on a computer system. Different parts of clients' records were stored in different places on the system. This made it difficult to review all aspects of a client's assessment and care. The computer system was faulty and some records were difficult to access at times. The computer system was not fit for purpose. The provider had identified this and was purchasing a more suitable system. The transition of clients' records to the new computer system was being planned in a safe way. Clients' records would be transferred to the new computer system before the service started using it. When nursing staff were working in clients' homes they used the provider's laptop to document client records. The laptops had security measures to ensure client information remained confidential.

### Best practice in treatment and care

- Clients were prescribed medicines by the service doctors. The medicines prescribed included anti-depressants, mood stabilisers and medicines for alcohol detoxification. These medicines were prescribed in accordance with the relevant NICE guidelines. Clients undergoing alcohol detoxification were prescribed medicines in accordance with best practice. They were also monitored using the Clinical Institute Withdrawal Assessment – Alcohol revised (CIWA-Ar). This followed

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best practice guidance (NICE, 2011). However, the alcohol detoxification protocol did not record when clients would be medically reviewed during alcohol detoxification. Clients' clinical records did not record that medical reviews of clients undergoing detoxification were consistently undertaken. This meant there was no record of a doctor reviewing the client's treatment.

- The service did not directly provide psychological therapies. However, the service had six psychologists they would refer to. Care plans reflected mindfulness, cognitive behavioural therapy and schema-focussed therapy being offered to clients. These treatments were offered, in accordance with NICE guidelines. The service also arranged for clients to receive assessment and advice from a sleep specialist.
- The service liaised with clients' general practitioners regarding their physical health. For instance, one client on a mood stabiliser had regular blood tests for that medicine. When clients were undergoing alcohol detoxification they were prescribed medicines for unpleasant physical health symptoms. However, these medicines were not included in the service clinical guidelines for alcohol detoxification. In some cases, the service arranged for other professionals to provide aspects of clients' care. This included the service arranging for nutritionists, physiotherapists and remedial massage therapists to see clients.
- The service did not measure client outcomes. This meant that the service could not measure how effective care and treatment was.
- Clients' clinical records had been audited weekly by the previous manager. The manager provided individual feedback to staff regarding the audits. Since leaving the service two months before the inspection, no audits had taken place. The new manager intended to review and revise the clinical records audit.

## Skilled staff to deliver care

- Doctors working in the service were consultant psychiatrists. One of the consultants was an addictions specialist and another was a specialist in autism and related disorders. All of the nurses working in the service were experienced. One of the nurses had experience providing alcohol detoxification to clients. The other

nurses in the service had received comprehensive training on nursing care for clients undergoing alcohol detoxification. This training had been a recommendation from our inspection in March 2016.

- Staff were able to attend quarterly group supervision, although this was not mandatory. There were no records of the content of this supervision. Nursing staff had not received individual supervision since early 2016. The new manager clearly understood the importance of individual supervision and was planning to commence this as soon as possible. During the last inspection, we recommended nursing staff should have individual supervision. All of the nursing staff had received appraisals in the previous year. However, these appraisals had been undertaken by the previous manager who was not a nurse. This meant the previous manager may not have had the knowledge to appraise the nurses performance. The new manager had an extensive background in mental health nursing and would be completing appraisals in the future.

## Multidisciplinary and inter-agency team work

- The medical director and nurses regularly met or discussed clients' care by phone. When other professionals were involved in clients' care, meetings were arranged. Professionals attended the meetings or via internet video conferencing.
- When nurses were unavailable to care for a client they provided a detailed handover to the nurse taking over. A revised handover record was used. This record had been revised based on learning following an incident.
- The service had developed effective working links with a range of other professionals. When clients' needs could not be met by these professionals, the service searched for the particular professionals required to meet clients' needs.

## Good practice in applying the Mental Capacity Act

- One member of staff was recorded as having undertaken Mental Capacity Act (MCA) training. There were no records that any other staff had undertaken MCA training. However, staff had an understanding of the Mental Capacity Act (MCA). One client had an MCA assessment as their capacity to make a decision had been in doubt. Most clients did not require an assessment of their capacity. However, one client was

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intoxicated during their medical assessment. Their capacity to decide to undergo alcohol detoxification was not recorded as having been assessed. The service could not be sure the client had the capacity to understand and agree to treatment.

## Are substance misuse services caring?

### Kindness, dignity, respect and support

- We spoke with two clients using the service. Both clients were positive regarding staff in the service. Clients felt listened to and understood. They reported that nursing staff were considerate and that they felt supported and safe. Clients said that the medical director provided a practical approach to their treatment needs.
- Staff clearly understood clients' needs. Clients' daily progress notes demonstrated nurses developed an empathic, supportive therapeutic relationship with clients. Nursing staff spoke with warmth and enthusiasm regarding the clients.
- Staff clearly understood the importance of client confidentiality. Staff took appropriate steps to provide discreet and confidential care and treatment to clients.

### The involvement of clients in the care they receive

- Clients were involved in developing their care plans. However, care plan documents did not reflect this. There was little evidence of their involvement, or preferences, in care plan documents. Clients were given a copy of their care plan. Clients were also able to select the nursing staff providing care for them.
- Clients were encouraged to maintain their independence. Clients' families and carers were involved in their assessment, treatment and care where appropriate.
- Clients would give feedback directly to their nurse or the medical director. Feedback forms were available for clients. Clients who were receiving only medical care were asked to give feedback by e-mail and post. Of 20 clients asked for feedback, seven or eight clients had responded. Client feedback was not analysed over time to identify regular issues and was not regularly discussed amongst staff. However, staff were contacted individually by the medical director when feedback was received about them.

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

### Access and discharge

- The service had a clear referral pathway. Clients were referred to the service by psychiatrists and general practitioners. Clients or their families could also self refer. Since the previous inspection a new referral document had been developed. This advised referrers of the minimum necessary information required to refer a client. The service was able to assess clients quickly, often the same day.
- The service did not have any clear criteria for accepting clients in the service. However, the medical director reviewed all referrals to the service. They reported the service would only accept clients if the service could meet clients needs and it was safe to do so. During the inspection a referral to the service was refused on the grounds of risk.
- Clients' assessment appointments were undertaken during the day and evening. Appointment times were flexible. Staff kept to appointment times.

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

- Clients received care and treatment in their own homes. The service did not have an information pack for clients regarding the service and treatment provided. However, the service did have a brochure available to download from its website. The brochure described the different types of care and support the service offered.

### Meeting the needs of all clients

- Clients who did not have a reasonable understanding of the English language were not accepted in the service. The service did not use any other criteria to refuse clients being treated by the service. However, referrals were assessed and clients were not accepted if they could not be safely and effectively treated. The service had policies regarding equal opportunities and equality and diversity for clients.



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- The service did not stock any 'easy read' information for clients. This is information for clients who have a learning disability or reading difficulties. The service had not treated any clients with these difficulties since the previous inspection.

## Listening to and learning from concerns and complaints

- The service had a complaints system and clients knew how to complain. The service had received one informal complaint since the last inspection. This complaint had been investigated and action was underway to change systems to remedy the issue.
- Staff knew how to manage complaints. Informal complaints were made verbally to the nurse or medical director. Formal complaints were made in writing and recorded. Both informal and formal complaints were investigated. All feedback, including feedback from complaints, was provided to individual staff members.

## Are substance misuse services well-led?

### Vision and values

- The provider had a clear vision of providing the most person-centred care and treatment to clients as possible. Staff in the service knew, understood and demonstrated this.
- Staff knew who the most senior managers in the organisation were. Staff had regular contact with the medical director.

### Good governance

- The service had developed a range of policies and procedures. In addition to operational procedures, the provider had policies on gifts, conflicts of interest and social media. The service had a clinical governance framework. There were effective systems for incidents and complaints. Staff undertook mandatory training, however, this was not monitored or consistent. Overall, staff understood safeguarding procedures and the Mental Capacity Act. Clinical records audits had been undertaken by the previous manager. However, these focussed on documents being present, rather than the quality of documents. Since the manager had left there had been no audits undertaken. Nursing staff had not

received individual supervision. The service did not use key performance indicators. The previous manager and medical director had weekly business meetings. In addition to reviewing the current client caseload, complaints, incidents and client feedback were reviewed in the business meeting. Since the manager had left no business meetings had taken place.

- The service risk register was not up to date. Some areas of risk related to the service's previous premises. The service had moved approximately six months before the inspection. Staff stress was recorded as a risk on the risk register. However, minimising this risk did not include consideration of staff working hours.
- The service had two administrative staff to support the operation of the service.
- The service had a clear action plan for improving governance. The appointment of the new manager had been delayed. The new manager had been recruited specifically due to their clinical and governance experience. They explained how quality areas would be monitored. Business meetings would recommence and a comprehensive governance system would be developed. The action plan was due to be completed by 28 February 2017, one month after the inspection. The new manager was confident the governance system structure would be in place by 28 February 2017.

### Leadership, morale and staff engagement

- The previous manager had developed a staff survey. However, this had not been used due to the absence of a manager.
- Staff reported feeling supported by the service and able to seek support at any time. There were no reports of bullying or harassment. Staff felt able to raise any concerns with the medical director.
- Nursing staff reported a high level of job satisfaction and had good morale. The new manager's role included providing leadership to nursing staff.

### Commitment to quality improvement and innovation

- No improvement methodologies were in use by the provider at the time of the inspection. The service did not participate in any national quality improvement programmes.



# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure that nursing staff do not work excessive hours. Nursing staff must have days off during the week. Nursing staff must have individual supervision.
- The provider must ensure that staff working in the service have undertaken mandatory training.
- The provider must ensure that all of the pre-employment checks required for staff are completed prior to staff working in the service.
- The provider must ensure that for all clients a risk assessment is completed during initial assessment.
- The provider must ensure that clients have a medical review during alcohol detoxification.

- The provider must ensure that for each client a comprehensive assessment is completed prior to their treatment commencing. This assessment should include the client's current and past substance misuse and physical health histories where the client is receiving care and treatment for substance misuse issues.

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

- The provider should ensure that all staff undertake Mental Capacity Act training and understand when and how to use the Mental Capacity Act.
- The provider should ensure that all clients have care plans which are detailed and specific.
- The provider should ensure that the service risk register is regularly updated. The risk register should reflect operational risks at any given time.

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
Diagnostic and screening procedures Personal care Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment must be provided in a safe way for service users.</b></p> <p>The provider was not meeting this regulation because:</p> <p>One service user was not comprehensively assessed prior to commencing care and treatment.</p> <p>Staff did not undertake a risk assessment of every patient during the initial assessment, including where appropriate details of the service user's current and past substance misuse and physical health histories. There was no record that clients had a medical review during alcohol detoxification.</p> <p>This was a breach of regulation 12(1)(2)(a)(b)</p>
Diagnostic and screening procedures Personal care Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>The service did not deploy a sufficient number of nurses. Staff worked excessive hours and days without a day off. Staff did not receive individual supervision. One nurse had not undertaken any mandatory training. A doctor had undertaken one type of mandatory training.</b></p> <p>This was a breach of Regulation 18(1)(2)(a)</p>
Regulated activity	Regulation

This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures

Personal care

Treatment of disease, disorder or injury

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

**Staff did not have all of the pre-employment checks required in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

**This was a breach of Regulation 19(1)(a)(b)(2)(a)(3)(a)**

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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