

Brevin Home Care

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 found the following areas of good practice:

- The provider was able to assess urgent referrals quickly and non-urgent referrals within an acceptable time. There was rapid access to a doctor when required and where a deterioration in a client's health was observed, staff responded appropriately.
- There were appropriate systems in place to manage medicines safely. There were effective handovers between nurses at the start and end of each shift. There was an effective handover between care teams when clients transferred into the care of the provider or out.
- The appointment of a registration and compliance consultant and introduction of file audit systems had led to improvements in the quality of care and treatment records from February 2016. All information needed to deliver care was stored securely and available to nursing staff when they needed it in an accessible format.
- The providers registration and compliance consultant with nursing background, was developing further governance processes to improve the quality and safety of services. Clients knew how to complain if they were unhappy with the service provided. Complaints were centrally logged and details of the investigation, its outcome, actions take and

Summary of findings

feedback to the complainant were readily available. Incident reporting procedures were in place and staff demonstrated an awareness and understanding of these. Staff were open and transparent and fed back to clients the outcome of incident investigations and complaints.

- Nurses were matched to clients according to their skills and experience and a suitably skilled nurse provided care on each shift. Appropriate pre-employment checks were completed prior to nurses taking up their positions. Staff were required to complete a range of mandatory training, including safeguarding. Take up of mandatory training was high. Staff were trained in and had a good understanding of the MCA 2005. Staff reported experiencing job satisfaction and good morale within the service.

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

- Staff did not undertake a risk assessment of every patient during initial assessment. For clients who had completed a home detoxification programme there were variations in the availability and quality of initial assessments. For one client an assessment addressing the risks to children living with them during a detoxification programme had not been completed. The provider had developed a standardised referral and assessment tool. However, this had not been completed for all clients and the quality of referral and assessment information varied between different independent doctors.
- Whilst staff had been able to access group supervisions in November 2015 and February 2016, staff did not receive one to one clinical supervision. Nurses supplied by the agency were not required to complete mandatory or specialist training relating to substance misuse.
- Independent translation and interpretation services were not always used when providing care and treatment to clients for whom English was not their first language.

Summary of findings

Our judgements about each of the main services

Service

Substance misuse services

Rating Summary of each main service

We found the following areas of good practice:

- The provider was able to assess urgent referrals quickly and non-urgent referrals within an acceptable time. There was rapid access to a doctor when required and where a deterioration in a client's health was observed, staff responded appropriately.
- There were appropriate systems in place to manage medicines safely. There were effective handovers between nurses at the start and end of each shift. There was an effective handover between care teams when clients transferred into the care of the provider or out.
- The appointment of a registration and compliance consultant and introduction of file audit systems had led to improvements in the quality of care and treatment records from February 2016. All information needed to deliver care was stored securely and available to nursing staff when they needed it in an accessible format.
- The provider's registration and compliance consultant with a nursing background, was developing further governance processes to improve the quality and safety of services. Clients knew how to complain if they were unhappy with the service provided. Complaints were centrally logged and details of the investigation, its outcome, actions taken and feedback to the complainant were readily available. Incident reporting procedures were in place and staff demonstrated an awareness and understanding of these. Staff were open and transparent and fed back to clients the outcome of incident investigations and complaints.
- Nurses were matched to clients according to their skills and experience and a suitably skilled nurse provided care on each shift. Appropriate pre-employment checks were completed prior to nurses taking up their positions. Staff were required to complete a range of mandatory

Summary of findings

training, including safeguarding. Take up of mandatory training was high. Staff were trained in and had a good understanding of the MCA 2005. Staff reported experiencing job satisfaction and good morale within the service.

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

- Staff did not undertake a risk assessment of every patient during initial assessment. For clients who had completed a home detoxification programme there were variations in the availability and quality of initial assessments. For one client an assessment addressing the risks to children living with them during a detoxification programme had not been completed. The provider had developed a standardised referral and assessment tool. However, this had not been completed for all clients and the quality of referral and assessment information varied between different independent doctors.
- Whilst staff had been able to access group supervisions in November 2015 and February 2016, staff did not receive one to one clinical supervision. Nurses supplied by the agency were not required to complete mandatory or specialist training relating to substance misuse.
- Independent translation and interpretation services were not always used when providing care and treatment to clients for whom English was not their first language.

Summary of findings

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Brevin Home Care

Services we looked at

Substance misuse services

Summary of this inspection

Background to Brevin Home Care

Brevin Home Care provides nursing care at home to clients who are experiencing substance misuse and/or mental health issues. Nurses supplied by the provider work jointly with independent doctors who make referrals to the service. Support can be provided during a period of crisis, as part of aftercare following an inpatient admission or on a long term basis. Some clients receive long term nursing care whilst being treated following a harm reduction model, other clients may be supported whilst being treated at home with a gradually reducing medicines regime. Some clients receive nursing support from the provider whilst undergoing detoxification from alcohol or drugs at home. Patients or their families fund the costs of services provided by Brevin Home Care.

Brevin Home Care is registered to provide the regulated activities:

- personal care
- diagnostic and screening procedures
- treatment of disease, disorder or injury

The service provides care and treatment to between four and six patients at any one time. During this

inspection Brevin Home Care was providing services to one client. Services are provided to clients living in central London, although the provider would consider providing services to patients outside of this geographical area if they assess that the client's needs could be safely and appropriately met.

We last inspected the service on the 11 May 2015. This inspection identified that the provider was in breach of regulation 16 and regulation 17 as they were not centrally recording and reviewing complaints, did not have systems in place to effectively monitor and improve the quality of services, did not have systems to effectively assess, monitor and mitigate potential risks and did not hold comprehensive care and treatment records. During this inspection we found that these breaches had mostly been addressed or were subject to ongoing improvement plans. Since the last inspection a registered manager and a registration and compliance consultant with nursing background had been appointed.

Our inspection team

The team that inspected the service comprised of a CQC Inspector and a CQC inspection manager.

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?

Summary of this inspection

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

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

During the inspection visit, the inspection team:

- visited the location and looked at the quality of the physical environment
- spoke with the registered manager and the registration and compliance consultant

- spoke with two other nurses employed by the service provider
- spoke with one client and one carer
- looked at six care and treatment records for clients, five of whom had completed a treatment episode within the previous five months, one of whom was receiving ongoing care and treatment
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Reports by clients of how staff behaved towards them were positive. They commented that nurses understood their needs and were kind and caring.

Clients were treated with compassion and their dignity and privacy were respected.

The provider had recently introduced a survey for patients to feedback on the service provided.

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 areas of good practice:

- Nurses were matched to clients according to their skills and experience and a suitably skilled nurse provided care on each shift.
- The provider conducted appropriate pre-employment checks prior to nurses taking up their positions.
- There was rapid access to a doctor when required. Where a deterioration in a client's health was observed, staff responded appropriately.
- Staff were required to complete a range of mandatory training, including safeguarding. Take up of mandatory training was high.
- The provider had developed personal safety protocols including lone working practice.
- There were appropriate systems in place to manage medicines safely.
- Incident reporting procedures were in place and staff demonstrated an awareness and understanding of these.
- Staff were open and transparent and fed back to clients the outcome of incident investigations and complaints.

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

- Staff did not undertake a risk assessment of every patient during initial assessment.
- For one client, there was no comprehensive assessment available in their care and treatment records.
- One client who had received a service was living with children at the time of their home detoxification programme. Examination of their care and treatment records showed that a child risk assessment considering the risks to young children had not been undertaken during the initial assessment.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Records for the client receiving a service contained up to date, personalised, holistic, recovery-oriented care plans.
- All information needed to deliver care was stored securely and available to nursing staff when they needed it in an accessible format. An electronic records system had been introduced and the quality of care and treatment records had improved.
- The provider had established effective links with a range of other independent providers and was able to refer clients to these, for example counselling.
- There were effective handovers between nurses at the start and end of each shift. There was an effective handover between care teams when clients transferred into the care of the provider or out.
- Staff were trained in and had a good understanding of the MCA 2005, in particular the five statutory principles. Care and treatment records demonstrated that nurses considered whether a client lacked capacity when carrying out assessments.

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

- The provider had developed a standardised referral and assessment tool. However, this had not been completed for all clients and the quality of referral and assessment information varied between different independent doctors. .
- Whilst staff had been able to access group supervisions in November 2015 and February 2016, staff did not receive one to one clinical supervision.
- Nurses supplied by the agency were not required to complete specialist training relating to substance misuse.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Reports by clients of how staff behaved towards them were positive. They commented that nurses understood their needs, were kind and caring and took time to listen to them.
- Staff demonstrated a sound understanding of client's needs and were compassionate and committed to treating clients with dignity and respect.
- Client records were securely stored and staff demonstrated a good understanding of the provider's confidentiality protocols.

Summary of this inspection

- Clients were involved in developing their care plans and had access to copies of these.
- Clients were able to participate in the selection of nursing staff to support them in the provision of their care and treatment.
- Clients were able to feed back on the care they received as the provider had recently introduced a feedback survey.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider was able to assess urgent referrals quickly and non-urgent referrals within an acceptable time.
- The provider had developed a comprehensive range of policies and procedures for its services
- Clients were given flexibility in the times of appointments.
- Clients were provided with information on how to make a complaint.

Clients knew how to complain if they were unhappy with the service provided. Complaints were centrally logged and details of the investigation, its outcome, actions take and feedback to the complainant were readily available.

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

- Within the previous five months one client had received a service for whom English was not their first language. The client's family provided some interpretation, but no formal arrangements were put in place to facilitate communication during the period the service was provided.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found areas of good practice, including that:

- Staff knew who the most senior managers in the organisation were and these managers had contact with office and nursing staff.
- Staff reported experiencing job satisfaction and good morale within the service.

Summary of this inspection

- The registered manager had sufficient authority and administrative support. A registration and compliance consultant with nursing background had been appointed to provide clinical management and to develop governance structures.
- Appropriate fit and proper person checks had been conducted for the nominated individual, who was also the company director.

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

- The service had not developed formal structures to receive feedback from nursing staff, for example a regular staff survey.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All nurses had completed training in the Mental Capacity Act.

Staff demonstrated a good understanding of MCA 2005, in particular the five statutory principles. Nurses understood that capacity should be assessed on a decision-specific basis with regards to significant decisions, and that clients should be given every possible assistance to make a specific decision for themselves before they were assumed to lack mental capacity.

Care and treatment records demonstrated that nurses were considering whether a client lacked capacity when carrying out assessments.

Deprivation of Liberty Safeguards can only be applied for in hospitals and residential care settings and do not therefore apply to the services provided by Brevin Home Care.

Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse services safe?

Safe staffing

- The provider had estimated the number and grade of nurses required for the service. A database of available nurses was maintained. Nurses were matched to clients according to their skills and experience at the time of initial referral. A suitably skilled nurse provided care on each shift. The allocation of specific staff to clients ensured that there was consistency and continuity of care. Appropriate cover arrangements were in place to cover sickness and annual leave.
- The provider conducted appropriate pre-employment checks prior to nurses taking up their positions. Two staff personnel records were reviewed. These demonstrated that the provider obtained disclosure and barring service (DBS) checks, carried out nursing and midwifery council (NMC) registration checks and obtained references prior to nurses starting their employment. Copies of certificates and training certificates were also available in staff personnel records.
- There was rapid access to a doctor when required.
- Staff were required to complete a range of mandatory training. This included basic life support, health and safety, managing violence and aggression, lone working, infection control, safeguarding, information governance and manual handling. The provider did not facilitate this training and required nurses to undertake this in other employment or independently. Nurses were required to submit training certificates to the provider to demonstrate compliance. The provider maintained a spreadsheet for each nurse with the date mandatory training had been completed and was due for renewal.

Prior to commencing a treatment episode the nurses mandatory training record was checked for compliance and the nurse was only allowed to work when they had demonstrated compliance with mandatory training.

Assessing and managing risk to clients and staff

- At a previous inspection in May 2015 incomplete records were held for some clients. In addition some clients had not had potential risks associated with their care and treatment appropriately assessed. Since the last inspection the provider had made changes to how care and treatment records were maintained, moving to a computer based system that could be accessed by nurses, the registered manager and administrative staff. In addition, a registration and compliance consultant with nursing background had been appointed and from February 2016 file audit system had been introduced. For some patients who completed their treatment episode prior to January 2016 some issues regarding comprehensive assessment and risk assessments were identified during this inspection. Clients currently receiving a service had been subject to a file audit and their risk assessments were comprehensive and up to date.
- Services provided included nursing support to clients who were undergoing home based detoxification from drugs and/or alcohol. No clients were receiving care and treatment for home detoxification at the time of this inspection. Three clients had completed a home detoxification in the previous five months.
- The provider had developed and implemented protocols for home detoxification. Overall, these were comprehensive and complied with appropriate guidance. For the majority of the six clients a comprehensive initial assessment was available - completed by either the referring doctor, the providers nurse or both - prior to care and treatment

Substance misuse services

commencing. However, for one client there was no comprehensive assessment available in their care and treatment records. No record of physical health status (including blood pressure, pulse and respiratory rate) was available in the nurses care and treatment records to demonstrate that these were monitored and recorded at regular intervals during the treatment period for this client.

- Each client had completed documentation consenting to treatment from nurses supplied by the provider. Nurses demonstrated the knowledge and ability to recognise signs of deterioration in people's physical and mental health during detoxification or withdrawal and knew how to seek or provide help. Nurses worked within their qualification or competency level and, when necessary, appropriately referred clients for medical input or to specialist services. Appropriate arrangements were in place to respond to clinical emergencies for clients treated at home for drug and/or alcohol detoxification.
- Staff did not undertake a risk assessment of every patient during the initial assessment. The care records of six clients were examined. One of these clients was currently receiving a service and five clients had completed a treatment episode within the previous five months. For the client currently receiving a service a comprehensive risk assessment had been completed and updated regularly. For three clients who had previously received a service a risk assessment had been completed. However, for the remaining two clients who had previously received a service no risk assessment had been completed at the initial assessment. The care and treatment records for one of these clients demonstrated that where a potential risk had been identified whilst care and treatment was being provided the nurse had responded appropriately.
- Where appropriate, the provider had created and made use of crisis plans. For one client who had previously received a service, a crisis plan addressing their early exit from treatment during a period of home detoxification had been developed with them during the initial assessment.
- Where a deterioration in a client's health was observed, staff responded appropriately, by raising the concerns immediately with a doctor.

- Staff were trained in safeguarding and knew how to make a safeguarding alert. No safeguarding concerns had been identified for the clients whose records we examined. One client who had previously received a service was living with children at the time of their home detoxification care and treatment. Examination of their care and treatment records showed that a child risk assessment had not been undertaken during the initial assessment.
- The provider had developed personal safety protocols including lone working practice.
- There were appropriate systems in place to manage medicines safely. A range of medicines management and medicines administration policies and procedures had been developed by the provider. Staff were aware of these and followed them. Medicines were prescribed by the referring doctor. These were either collected by staff or delivered to the client's home. Nurses ensured that medicines were safely stored and monitored their administration. Medicines management and administration were appropriately assessed and plans to mitigate any potential risk put in place. A policy and procedure to dispose of unused medicines was followed by staff.

Track record on safety

- No serious incidents had occurred within the service in the previous 12 months.

Reporting incidents and learning from when things go wrong

- Incident reporting procedures were in place and staff demonstrated an awareness and understanding of these. Two incidents in the previous 12 months were logged, both of which related to medicines management. Available records demonstrated that each incident had been investigated and appropriate actions taken. Learning from incidents had been shared with the nurses involved. As a result of one of these incidents a handover sheet between nursing shifts had been introduced.

Duty of candour

- Staff were open and transparent and feedback to clients the outcome of incident investigations and complaints.

Substance misuse services

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

Assessment of needs and planning of care

- A number of independent doctors made referrals to the service. The provider had developed a standardised referral and assessment tool. However, this had not been completed for all clients and the quality of referral and assessment information varied between different independent doctors. For the majority of clients where gaps in referral and assessment information were present nurses supplied by the provider gathered this information and recorded it in the client's care and treatment records prior to the service starting. No clients were receiving care or treatment for detoxification for drugs or alcohol during this inspection.
- Care records for the client currently receiving a service contained up to date, personalised, holistic, recovery-oriented care plans.
- All information needed to deliver care was stored securely and available to nursing staff when they needed it in an accessible format. Whilst an electronic records system had been introduced and the quality of care and treatment records had improved, for some clients who had received a service prior to January 2016, not all information relating to their care and treatment was available on the electronic records system.

Best practice in treatment and care

- The provider did not have systems in place to review the prescribing practice of referring independent doctors to their service to ensure compliance with NICE and other guidance. Independent doctors who referred clients to the service had longstanding relationships with the provider. The nominated individual stated that referring doctors were known to have appropriate skills, knowledge and training regarding substance misuse and mental health and that the provider did not require them to provide information demonstrating their knowledge, skills and training in substance misuse. The provider had discretion to decline to provide services should they assess that the independent doctors prescribed treatment did not comply with guidance.

- The provider offered nursing support only. Where clients were assessed as requiring additional support such as psychological therapies, they could be referred to the independent sector or NHS to access these.

Skilled staff to deliver care

- Whilst staff had been able to access group supervisions in November 2015 and February 2016, staff did not receive one to one clinical supervision.
- The provider had introduced a policy whereby staff would be appraised after 15 weeks of employment. No staff had received an appraisal at the time of this inspection. However, the provider subsequently advised us that two staff had reached had been appraised after the inspection had been completed.
- Nurses supplied by the agency were suitably skilled and experienced in mental health issues. Some nurses had previous or current experience of working with clients with substance misuse issues. Nurses supplied by the agency were not required to complete mandatory or specialist training relating to substance misuse. In February 2016 the provider had organised a training session for nurses regarding detoxification and other in house continuous professional development training was planned.

Multidisciplinary and inter-agency team work

- Regular meetings took place between the independent doctor and nurses supplied by the agency. Where other professionals were involved they were included in these meetings.
- There were effective handovers between nurses at the start and end of each shift. A tool to support this process had recently been introduced by the provider.
- The provider had established effective links with a range of other independent providers and was able to refer clients, for example counselling.

Good practice in applying the MCA

- All nurses had completed training in the Mental Capacity Act 2005. Staff were trained in and had a good understanding of the MCA 2005, in particular the five statutory principles. Staff demonstrated an understanding that capacity should be assessed on a decision-specific basis with regards to significant

Substance misuse services

decisions, and that clients should be given every possible assistance to make a specific decision for themselves before they were assumed to lack the mental capacity to make it.

- Care and treatment records demonstrated that nurses considered whether a client lacked capacity when carrying out assessments.

Equality and human rights

- No blanket restrictions were in place for clients using the service.
- The service aimed to provide bespoke packages of care and treatment that took account of client's individual and diverse needs.

Management of transition arrangements, referral and discharge

- There was an effective handover between care teams when clients transferred into the care of the provider or out. For example, the care of one client had transferred to nurses supplied by the provider after an inpatient admission to an independent hospital. Appropriate assessment information, including a discharge summary had been obtained prior to the nurse commencing care and treatment. Similarly, where a home based detoxification broke down, the provider liaised with the client, their family and other stakeholders to arrange an emergency admission to an independent hospital.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Reports by clients of how staff behaved towards them were positive. They commented that nurses understood their needs, were kind and caring and took time to listen to them.
- Staff demonstrated a sound understanding of client's needs and were compassionate and committed to treating clients with dignity and respect.
- Client records were securely stored and staff demonstrated a good understanding of the provider's confidentiality protocols.

The involvement of clients in the care they receive

- Clients were involved in developing their care plans and had access to copies of these. Clients were encouraged to maintain independence whilst receiving care and treatment at home. Where appropriate, carers and family members were involved in the assessment and care planning processes.
- Clients were able to participate in the selection of nursing staff to support them in the provision of their care and treatment.
- Clients were able to feed back on the care they received as the provider had recently introduced a feedback survey.

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

Access and discharge

- The provider was able to assess urgent referrals quickly and non-urgent referrals within an acceptable time, usually on the same or the next day. Staff responded promptly and appropriately when patients phoned them.
- The provider had developed a comprehensive range of policies and procedures for the services provided. The provider was in the process of developing clear criteria to identify which clients would be appropriate to receive a service. Care and treatment records indicated that services were only provided to clients whose needs could be appropriately met.
- Staff took a proactive approach to re-engaging with people who did not keep appointments. Clients were given flexibility in the times of appointments. Appointments were only cancelled when absolutely necessary and when they were people received an explanation. Appointments ran on time and people were kept informed when they did not.

The facilities promote recovery, comfort, dignity and confidentiality

- Clients received care and treatment at home.
- The provider was in the process of developing a guide for people who used the service. Clients were provided with information on how to make a complaint.

Substance misuse services

- Within the previous five months one client had received a service for whom English was not their first language. A 12 hour crisis service was provided for this client by a nurse who did not speak their first language. The client's family provided some translation, but no formal arrangements were put in place to facilitate translation/interpreting services during the period the service was provided.

Listening to and learning from concerns and complaints

- Clients knew how to complain if they were unhappy with the service provided. In the previous 12 months, one complaint had been received. This had been appropriately investigated and action taken to resolve the issue raised. The person making the complaint received feedback regarding their complaint.
- Staff knew how to handle complaints appropriately. Complaints were logged on a central spreadsheet and details of the investigation, its outcome, actions taken and feedback to the complainant were readily available.

Are substance misuse services well-led?

Vision and values

- Staff values reflected the organisation's values and objectives. Staff knew who the most senior managers in the organisation were and these managers had contact with office and nursing staff.

Good governance

- The provider had developed some processes to ensure that effective governance systems were in place. These included a central log of complaints that was regularly reviewed to identify themes and issues. Nurses received appropriate mandatory training and compliance rates were high. Some specialist training addressing detoxification had been provided. Incidents were reported, appropriately reviewed and learning and changes in practice were implemented as a result of this. A range of clinic audits had been introduced including, care and treatment records, complaints and

incidents. Staff demonstrated a sound understanding of safeguarding and MCA procedures and were required to complete mandatory training in these areas. However, whilst staff received quarterly group supervision from the provider, individual clinical supervision was not provided. Additionally, whilst the provider had developed an appraisal policy and procedure no staff had received an appraisal.

- The provider was using information to measure performance, including audit and feedback from clients. This information was accessible to office staff and could be shared with nurses at quarterly group supervisions.
- The registered manager had sufficient authority and administrative support. A registration and compliance consultant with nursing background had been appointed to provide clinical management and to develop governance structures.
- Appropriate fit and proper person checks had been conducted for the nominated individual, who was also the company director.

Leadership, morale and staff engagement

- Staff spoke positively of their employment experiences with the provider. The service had not developed formal structures to receive feedback from nursing staff, for example a regular staff survey.
- Sickness and absence rates were low. No bullying or harassment issues were identified during the inspection. Some staff were not aware of the providers whistleblowing protocol, however staff felt able to raise concerns without fear of victimisation. Staff reported experiencing job satisfaction and good morale within the service. They additionally reported being able to access peer support and out of hours support.

Commitment to quality improvement and innovation

- No improvement methodologies were in use by the provider at the time of this inspection. The provider did not participate in 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 for all clients a risk assessment is completed during initial assessment.
- 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 patient is receiving care and treatment for home detoxification or substance misuse issues.
- The provider must ensure that for clients undergoing treatment for substance misuse issues potential risks to any children living at home with the client are appropriately assessed.

Action the provider **SHOULD** take to improve

- The provider should ensure that staff and clients are able to access appropriate translation and interpreting services.
- The provider should ensure that nurses receive appropriate specialist training to support them in their work with clients who are experiencing substance misuse issues.
- The provider should ensure that nurses are able to access regular one to one clinical supervision.
- The provider should ensure that standardised information of an appropriate quality is received from referrers prior to a service commencing.

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>Care and treatment must be provided in a safe way for service users.</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.</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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) and to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>The provider was not meeting this regulation because:</p> <p>Some service users who were receiving detoxification treatments had children living with them. Where this was the case, an assessment of risk relating to the child had not been completed.</p>

This section is primarily information for the provider

Requirement notices

This was a breach of regulation 17(1)(2)(a)(b)