

Brighton Oasis Project

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

Overall summary

We do not currently rate independent standalone substance misuse services.

This was a focused inspection just to follow up some areas for improvement from the previous inspection.

We found the following areas of good practice:

- Staff members informed their colleagues when they were due to meet with a client with a history of aggression in the building. This meant that they ensured other staff members could monitor outside their meeting room door in case they needed assistance.
- There were up to date disclosure and barring services checks in place for all staff, volunteers and trustees of the service to allow them to work with vulnerable adults and children.
- The service had a clear incident reporting process which all staff we spoke with understood and had used to record incidents. The process also meant that managers were able to review the reported incidents, debrief team members of review outcomes, and make relevant changes to practice to show learning from incidents. Staff had completed training in and understood the Mental Capacity Act.
- Changes had taken place to the environment to improve the privacy for clients taking part in therapeutic groups.

Summary of findings

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Summary of this inspection

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Summary of this inspection

Background to Brighton Oasis Project

Brighton Oasis Project is a drug and alcohol charity. It became a registered provider for community based drug and alcohol services in Brighton and Hove on 12 March 2014.

Brighton Oasis Project works in partnership with other organisations in the city to provide drug and alcohol treatment and recovery services to women living in Brighton and Hove. Within the partnership, the role of Brighton Oasis Project is to coordinate the care and

treatment and provide individual and group support sessions for female clients with substance misuse support needs. Other organisations within the partnership provide different support such as the provision of medical assessments and community and inpatient detox services.

The service is registered for the treatment of disease, disorder and injury. There was a registered manager in post at the time of the inspection.

Our inspection team

The team that inspected the service comprised of CQC inspector Linda Burke (inspection lead), and one other CQC inspector.

Why we carried out this inspection

We undertook this inspection to find out whether Brighton Oasis Project had made improvements to their service providing substance misuse support to women living in Brighton and Hove since our last comprehensive inspection in November 2016.

Following the November 2016 inspection, we told the service it must take the following actions to make improvements:

- The provider must ensure appropriate pre-employment checks are undertaken and verified before staff are employed in the service to ensure care and treatment is provided by suitable staff.
- The provider must ensure that risks to staff of not using personal alarms is assessed and reviewed.
- The provider must ensure that the risks of cross-contamination and cross-infection in the use of the toilet area for drug test screening is assessed and reviewed.
- The provider must ensure that records of incidents and reportable events are maintained and monitored.

We also told the provider that it should take the following actions to improve:

- The provider should ensure that staff have adequate guidance and are trained on the principles of the Mental Capacity Act 2005 so that they could adequately support a client who may lack capacity.
- The provider should ensure that arrangements are made on the ground floor to maintain client confidentiality.

We issued the provider with the following requirement notices under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 17 Good governance

Regulation 19 Fit and proper persons employed

During our inspection in July 2017 we determined that the provider had carried out sufficient improvements to meet the requirements of the regulations they had breached in November 2016.

Summary of this inspection

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 responsive?
- Is it well led?

For this inspection, we were looking specifically at the safe, effective, responsive and well led domains.

Before visiting, we reviewed a range of information we held about Brighton Oasis Project. We carried out an unannounced inspection on 4 July 2017.

We looked at information provided to us on site and spoke with staff members on duty that day.

During the inspection visit, the inspection team:

- spoke with four recovery support staff
- spoke with the service manager
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We did not speak with any service users on this inspection. However, at the last inspection in November

2016 we did not receive any concerns from clients or their carers relating to their care and treatment. Since that inspection, we have not received any information that would cause us to re-inspect this aspect.

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:

- When we inspected in November 2016 the provider did not ensure that staff used personal alarms to ensure their safety in the building and not all staff had valid disclosure and barring checks in place. Furthermore, the service did not have a cohesive incident reporting process in place. During this inspection the provider demonstrated that they had taken actions to improve these issues.
- Staff members informed all colleagues when they were due to meet with a client in the building who had a history of exhibiting aggressive behaviour. This meant that they ensured other staff members could monitor outside their meeting room door in case they needed assistance.
- There were current disclosure and barring services (DBS) checks in place for all staff, volunteers and trustees of the service. DBS checks provide information to approve people to work with vulnerable adults and children.
- The service had a clear incident reporting process in place which all staff we spoke with understood and had used to record appropriate incidents. This process meant that managers were able to review reported incidents, debrief team members of review outcomes, and make relevant changes to practice to show learning from incidents.
- The director developed a comprehensive environmental risk assessment relating to cross infection risks in the toilet area which was also used for client drug screening.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following area of good practice:

- When we inspected in November 2016, staff had not received training and guidance on the principles of the Mental Capacity Act 2005 to ensure they could adequately support a client who may lack capacity.
- The provider took action following our last inspection and ensured that all staff received training in the Mental Capacity Act 2005.

Summary of this inspection

Are services caring?

We do not currently rate standalone substance misuse services.

At the last inspection in November 2016 we did not find any concerns relating to the caring domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following area of good practice:

- During our last inspection we noted that the group room on the ground floor was an extension to the back of the building. Due to glass window and doors there was a clear line of vision into this group room. This arrangement undermined clients' confidentiality.
- Following our last inspection, the provider took steps to obscure the window into the group room by putting posters on the window. This offered enough privacy for clients whilst also maintaining safety for staff to observe behaviour in the room from outside if required.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- During our inspection we reviewed the service's incident reporting system which demonstrated that incidents were recorded, reviewed, learnings were shared across the staff team, and changes were made in response to feedback.

Detailed findings from this inspection

Mental Health Act responsibilities

Staff told us they did not see any clients who lacked capacity and in the event that a client attended whilst intoxicated they would not be provided with any group or one to one interventions. Staff had received training in the principles of Mental Capacity Act 2005.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- At the last inspection, the service received a requirement notice under regulation 17, good governance. This was issued in response to a lack of assessment of risks from cross-contamination and cross-infection in the use of the toilet area for screening, and for staff not using personal alarms for their safety.
- There were no fitted alarms in the interview and group rooms and staff did not use personal alarms. Staff told us that they supported their safety by informing the wider team including reception staff when clients who may present with aggressive behaviour were due to attend for appointments. This meant that all staff were prepared in the event of a violent or aggressive incident. Staff members informed all staff on duty if they were due to meet with a client with a history of aggression in the building to ensure that other staff members could monitor outside their meeting room door in case they needed assistance. The service manager told us that staff were scheduled to attend managing violence and aggression training the week after our inspection to support newer members of the team when working with clients who may be distressed or aggressive in the building. All staff we spoke with reported that incidents of violence and aggression were rare in the service and the CQC had not received any notifications concerning serious incidents in the last 12 months.
- In an action plan, following our last inspection, the provider committed to carrying out a comprehensive environmental risk assessment relating to cross infection risks which they noted would be carried out by 1 April 2017. The provider took action to ensure the risk review was put in place. The review addressed the use of

the toilet area for drug test screening, which had now reduced following a change in services the provider was commissioned to deliver. This resulted in most screening being carried out a partner agency.

- Staff told us that two receptionists were recruited following our inspection in November 2016 and they monitored the cleanliness of the toilet area three times daily as part of their duties. We saw the cleaning records displayed in the toilet area which were up to date and demonstrated that the regular checks and cleaning were carried out.

Safe staffing

- At the last inspection, the service received a requirement notice under regulation 14, fit and proper persons employed. This was issued because the provider had not ensured that all staff had disclosure and barring (DBS) checks in place before they were employed to ensure care and treatment was provided by suitable staff.
- During this inspection, paperwork we reviewed demonstrated that there were current DBS checks in place for all staff, volunteers and trustees of the service. DBS checks provide information to approve people to work with vulnerable adults and children.
- The service used an electronic recording system which sent the service manager an email reminder two months before any staff members' DBS checks were due for renewal. This meant that the service ensured all staff had appropriate clearance checks in line with their recruitment policy. The service manager showed us examples of a reminder email. Additionally, the service set up an electronic spreadsheet to list the DBS status for all staff. This provided an extra check to ensure all staff had current and appropriate DBS clearance.

Substance misuse services

- All managers attended recruitment training in February 2017 to ensure they had up to date knowledge about the requirements of appropriate clearance before staff could begin work at the service.

Reporting incidents and learning from when things go wrong

- At the last inspection, the service received a requirement notice under regulation 17, good governance. This was issued because the provider had not established an effective incident recording system by which to assess, monitor and improve the service. Not all staff we spoke with knew, with confidence, which incidents they should record.
- Following our last inspection, the service manager attended incident reporting training and shared this training with staff to develop their recording skills.
- During this inspection, staff we spoke with had good knowledge about what and how to report. Staff told us they reported incidents using an electronic incident recording system. They reported incidents relating to client deaths, safeguarding concerns, reported high drug strengths in the community, client drug overdoses and incidents involving their clients receiving detoxification or rehabilitation treatment in other services.
- The service manager told us that they were responsible for quality reviewing all incidents raised by staff. They did this to ensure that only appropriate incidents were logged and not less serious incidents such as a client not attending their appointment. If the service manager felt the incident report required further detail, they amended and completed the incident report with the staff member to support the staff member's skill development around incident reporting.
- Incidents which were approved by the service manager were sent to the main partnership provider's incident co-ordinator who reviewed the incident to ensure its content was adequate to constitute an incident report. All incidents which were approved by the incident co-ordinator were reviewed at the partnership's six-weekly quality assurance meetings, and monthly incident review meetings. The team leaders and service manager at the service also reviewed incidents in the Oasis monthly management meeting.

- Staff told us they received feedback from investigations into incidents at a range of meetings including weekly multi-disciplinary meetings, fortnightly adult services meetings and monthly team meetings.
- The service made changes as a result of feedback from investigated incidents. For example, following a series of incidents involving aggressive behaviour of clients in the community, the recovery support workers gave full descriptions of these clients to the reception staff when they were due to attend for appointments. This meant that reception staff were better prepared to manage difficult behaviour when one of these clients attended the service. The service also ensured that all relevant clients received a Prenoxad injection pen and training on how to use it following a series of drug related deaths in the community due to high strength heroin. Prenoxad is a trade name for Naloxone which is used in an emergency to reverse the effects of opiate overdose.
- Staff we spoke with told us that incident reporting improvements made since our last inspection had given them a clear and joined up way of understanding how incidents affect the work they do in relation to safeguarding their clients and themselves.
- We reviewed recent team meeting minutes which detailed discussions staff held regarding recent incidents and relevant risks regarding clients.
- The local authority also emailed information to the staff team about relevant local incidents which staff incorporated into their incident reporting, for example high strength drugs in circulation which had contributed to a number of service user deaths.

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

Good practice in applying the Mental Capacity Act

- When we inspected in November 2016, staff had not received training and guidance on the principles of the Mental Capacity Act 2005 to ensure they could adequately support a client who may lack capacity.
- The service took action following our previous inspection and ensured that all staff received training and guidance on the principles of the Mental Capacity Act 2005 to ensure they could adequately support a client who may lack capacity.

Substance misuse services

Are substance misuse services caring?

At the last inspection in November 2016 we did not find any concerns relating to the caring domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

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

The facilities promote recovery, comfort, dignity and confidentiality

- During our last inspection we noted that the group room on the ground floor was an extension to the back of the building. Due to glass window and doors there was a clear line of vision into this group room. This arrangement undermined clients' confidentiality.

- Following our last inspection, the provider took steps to obscure the window into the group room by putting posters on the window. This offered enough privacy for clients whilst also maintaining safety for staff to observe behaviour in the room from outside if required.

Are substance misuse services well-led?

Good governance

- At the last inspection, the service received a requirement notice under regulation 17, good governance. This was issued because the provider had not established an effective incident recording system by which to assess, monitor and improve the service.
- During our inspection we reviewed the service's incident reporting system which ensured that incidents were recorded, reviewed, learnings were shared across the staff team, and changes were made in response to feedback.