

The BAC O'Connor Rehabilitation Centre - Burton Upon Trent

Quality Report

126 Station Street
Burton on Trent
DE14 1BX

Tel: 01283 537280

Website: www.bacandoconnor.co.uk

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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:

- The centre offered a clean, pleasant and homely environment and a range of facilities conducive to recovery.
- The centre offered a holistic recovery pathway that included detoxification, rehabilitation and aftercare services. The centre adopted a psychosocial approach to understanding clients' addiction with access to a range of therapies, mutual aid, and other support services.
- Staff followed evidence-based practice and guidelines when treating and monitoring clients during their detoxification and rehabilitation. This included consideration of Wernicke's encephalopathy.

Summary of findings

- The centre had a dedicated staff team that showed passion and genuine commitment to their work and their clients' progress. The centre had a strong, qualified therapy team that provided a range of evidence-based therapies that they tailored to meet individual clients' needs.
- Staff received the appropriate mandatory and specialist training for their roles, and had access to a range of training and development opportunities. Staff received supervision regularly and managers kept detailed, good quality supervision records.
- The centre had a strong person-centred focus with good client and family involvement. Staff held a graduation ceremony to celebrate a client's successful completion of their recovery programme. The service supported clients with protected characteristics appropriately. The centre also responded to requests from the local community for help to set up support groups, for example, the lesbian, gay, bisexual and trans community, and the Muslim and Polish communities.
- Staff spoke highly of the new registered manager and said he was visible, proactive and supportive. Staff described an improvement in staff morale and operational management since he joined the organisation.
- Staff kept clients' records up-to-date and in good order. Staff stored confidential records securely. The centre had robust incident reporting processes and shared lessons learnt with staff.

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

- Staff did not always store medicines at the correct temperature, which affected the usefulness of the medicines. Staff recorded fridge temperatures daily but took no action when they were outside the accepted range. The provider had no protocol on how to deal with affected medicines.
- Staff did not destroy controlled drugs on the premises as required by legislation, and there was no reference to this in the controlled drugs policy. Staff did not check clients' prescribed medicines before giving homely remedies, which presented the risk that staff might administer an incorrect dose. The provider did not stock an emergency medicine for rapidly reversing opioid overdose, for example, naloxone.
- Some clinical and medicines-related policies lacked standard operating procedures and protocols to help staff carry out clinical tasks. Some clinical and medicines-based audit tools and checklists were not sufficient for their purpose of ensuring compliance and highlighting issues.
- The centre did not have integrated care records along its care pathway. Each part of the service kept separate client records. The service did not have an integrated multidisciplinary team approach to reviewing clients' care. Each part of the service conducted its own reviews.
- Some Disclosure and Barring Service (known as DBS) checks were more than three years old. Some of the provider's policies were out-of-date.

Summary of findings

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The BAC O'Connor Rehabilitation Centre - Burton Upon Trent

Services we looked at

Substance misuse services

Summary of this inspection

Background to The BAC O'Connor Rehabilitation Centre - Burton Upon Trent

The BAC O'Connor Rehabilitation Centre is provided by The Burton Addiction Centre Limited. The BAC O'Connor Centre offers medically supervised detoxification services and residential rehabilitation to people with substance misuse problems.

The centre is located on a site comprised of four adjacent houses or units (126 to 130 Station Road). Unit 126 has the main reception, offices, and therapy rooms. Units 127 and 128 house the residential rehabilitation unit, which has 24 bedrooms. Unit 129 houses the detoxification unit with eight beds. Unit 130 has 12 bedrooms and contains residential rehabilitation for more independent clients.

The centre offers a seven-day inpatient detoxification programme and a 12-week residential therapy-based rehabilitation programme. Clients can be admitted directly onto either programme depending on their needs. Most clients admitted for detoxification continue onto the 12-week therapy programme.

Staffordshire County Council is the main commissioner of the service. It commissions 22 residential rehabilitation and three detoxification beds. Stoke City Council commissions individual rehabilitation placements when required. Any remaining capacity is open to other commissioners to purchase or self-funders.

Other services attend the unit weekly to provide services, for example, alcoholics anonymous (AA), narcotics anonymous (NA) and self-management and recovery training (SMART).

The provider is registered to provide the following regulated activities at this location:

- accommodation for persons who require treatment for substance misuse
- diagnostic and screening procedures.

The location has a registered manager and an accountable controlled drugs officer.

We have inspected this location on four occasions since January 2013. We undertook the last inspection on 30

November 2016. This was an unannounced focused inspection that looked at the key questions of safe, effective and well led. We found a number of issues that the service provider needed to improve.

We told the provider that it must:

- ensure that staff receive the appropriate and sufficient mandatory training to carry out their roles safely and effectively.
- ensure that medication is maintained at correct temperatures and take action if temperatures are outside of the correct range.
- ensure staff actively exclude Wernicke's encephalopathy before they decide not to administer vitamin B parenterally.
- ensure nurses receive anaphylaxis training to support the administration of intramuscular vitamin B to clients.
- ensure all clinical staff receive regular supervision.
- ensure all clinical records are stored securely.

We also told the provider that it should:

- ensure that only authorised staff have access to the keys to medication cabinets.
- evaluate the effectiveness of prescribing off licence medication.
- review its incident reporting procedures.
- review how it shares lessons learned from incidents to the wider staff team.
- review its responsibilities, under the regulated activity, for providing specialist and personal care.
- work with the local pharmacist to implement a programme of regular medicine reviews and staff training.

We issued the provider with three requirement notices:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 17 HSCA (RA) Regulations 2014 Good governance
- Regulation 18 HSCA (RA) Regulations 2014 Staffing.

On this inspection, we found that the provider had addressed these issues.

Summary of this inspection

Our inspection team

The team that inspected the service comprised CQC inspector Si Hussain (inspection lead), two other CQC inspectors, one assistant inspector, one specialist

professional advisor (doctor), and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for information.

During the inspection visit, the inspection team:

- visited all the units at this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with six clients

- spoke with the registered manager, a senior manager, a clinical manager and a unit manager
- spoke with 12 care staff including two nurses, seven support workers, one therapist, one medical staff, one assessment worker and one housing officer
- spoke with other staff members employed by the service provider including reception staff, Human Resources (HR) staff and catering staff
- received feedback about the service from three care co-ordinators or commissioners
- attended and observed one handover meeting, five medical appointments and two therapy sessions
- collected feedback from 80 comment cards (55 from clients, 22 from relatives, three from staff)
- looked at the care and treatment records of 13 clients
- reviewed medicines management practices and 12 medicines administration charts
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with six clients and two relatives. We reviewed 77 comments cards completed by current and former clients (55), and relatives and carers (22). We also reviewed the findings from the provider's client feedback survey.

Clients and relatives gave positive feedback about the service. Relatives spoke highly of the family group that helped them deal with the impact of a relative's addiction on family life.

Clients praised the staff and the detoxification and therapy programme. Clients described the staff as caring,

Summary of this inspection

supportive and non-judgemental. Clients felt staff listened to them and showed them dignity and respect. Many clients said that the service had saved or significantly improved their lives. Clients described the environment as safe, clean and comfortable. In particular,

clients placed high value on the therapy they received after detoxification and the aftercare they received following their discharge. They said this helped them maintain their recovery, develop life skills and improve their lives.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

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

- Staff did not always store all medicines at the correct temperature and check if they were fit for use.
- Staff did not take any action to deal with fridge temperatures when they were outside the accepted range or consider the impact on the medicines stored in the fridge.
- Staff did not check clients' prescribed medicines prior to the administration of homely remedies.
- The centre did not hold emergency medicine for rapidly reversing opioid overdose, for example, naloxone.
- Staff did not destroy controlled drugs on the premises as required by legislation.
- The provider did not have adequate clinical and medicines-related operating procedures and protocols to support clinical staff to carry out clinical tasks.
- The provider's clinical and medicines-related audit tools and checklists did not support staff to meet safety standards adequately, for example, staff had not noticed that defibrillator pads were out-of-date during 36 days of checks.
- The centre had a high staff turnover rate, experienced difficulties with recruitment and retention, and relied heavily on agency and bank staff.

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

- The centre had secure entry and access to each of the houses and safe working protocols for staff who worked in reception.
- The centre had blind spots and ligature points that the provider mitigated with closed-circuit television cameras (CCTV), individual client risk assessments and staff presence.
- The manager ensured that shifts comprised enough skilled staff to meet clients' needs safely. This included the use of agency or bank staff who were familiar with the unit.
- The provider had significantly improved its mandatory training programme and increased attendance rates.
- The provider had robust incident reporting processes and shared lessons learnt with staff.

Summary of this inspection

- Clients had comprehensive risk assessments and risk management plans that staff developed with them. These included an exit strategy that covered early unexpected exit from the service and a personal evacuation plan.
- The centre was staffed 24 hours a day. Staff observed and monitored clients based on their clients' needs and risks, in line with the provider's observation policy.
- Staff monitored and responded promptly to warning signs and sudden deterioration in clients' health. In particular, staff monitored clients receiving medical detoxification closely.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients received comprehensive assessments. Clients' care and recovery plans took into account their physical, psychological and social needs, and identified their goals for recovery.
- Medical staff followed evidence-based good practice and guidelines when treating and monitoring clients during their detoxification and rehabilitation. This included consideration of Wernicke's encephalopathy.
- The centre offered clients a structured, 12-week, therapy-based recovery programme that promoted a sustainable recovery.
- The centre had a team of well-trained and experienced therapists who offered the most appropriate therapy to meet the client's specific needs.
- The centre had a wide range of staff to support effective treatment and care. Staff were suitably experienced and qualified for their roles, and has access to the appropriate training.
- The therapy team included a complementary therapist who offered a range of therapies that included reiki, acupuncture, reflexology, meditation, massage, and crystal holistic therapy. Clients spoke positively about these activities.
- The provider had improved its supervision structure. Staff received regular supervision, and supervision records showed detailed discussions and actions.
- The service ensured safe and effective storage of all care records.
- Staff employment records were in good order, up-to-date and contained the appropriate documentation.
- Good, holistic recovery pathway with access to a range of therapies, mutual aid, and other support services.

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- Staff received training in the Mental Capacity Act and had a good understanding of capacity issues in the context of substance misuse.
- The service supported people with protected characteristics appropriately. Staff assessed clients' individual needs, and aimed to provide tailored support to meet those needs.
- The centre offered discharged clients a two-year aftercare programme to help them sustain their recovery.

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

- The different parts of the service kept separate client files, which meant that care records were not integrated.
- Clients received separate reviews for each component of their care and treatment rather than a multidisciplinary team review.
- Disclosure and Barring Service (DBS) checks for some staff and managers were more than three years old.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff showed a strong commitment to person-centred care that they showed in their interactions with clients.
- Staff celebrated a client's success when they completed the recovery programme. Staff referred to the clients as 'graduates' and held a graduation ceremony.
- Clients and carers gave very good feedback about the staff and the service. They described caring, respectful staff, and a service built on dignity and mutual respect.
- Staff involved clients and their carers, where appropriate, in planning treatment and developing recovery plans specific to the clients' needs and circumstances.
- The service gave clients and their carers and relatives opportunities to feed back to the service and influence improvements.
- The provider ran structured, therapy-based family groups throughout Staffordshire. These were open-ended and highly valued by relatives and carers.
- The provider had confidentiality policies that staff understood and adhered to. Staff received training on confidentiality and signed a confidentiality statement as part of their employment contract.

Are services responsive?

We do not currently rate standalone substance misuse services.

Summary of this inspection

We found the following areas of good practice:

- The centre had clearly documented referral, acceptance and admission criteria. It accepted self-referrals as well as referrals from a range of local agencies and professionals.
- Staff completed a comprehensive initial assessment of a client's needs to determine whether the centre could meet the clients' needs safely.
- Before admission, clients received a tour of the service and attended a pre-rehabilitation group to prepare them for the recovery programme.
- The service offered aftercare services, for example, access to weekly recovery groups, to discharged clients for two years to help them sustain their recovery.
- The centre had a good standard of residential accommodation and facilities. Clients described their accommodation as homely and comfortable and felt that it helped their recovery.
- Alongside their structured therapy programme, clients accessed to a wide range of social and leisure activities, which helped support their re-integration into the community.
- The centre maintained appropriate gender separation for clients' safety, and facilitated access to single gender groups and activities to meet the needs and preferences of its clients.
- Staff had a good awareness of the needs of local population and of groups with protected characteristics. They supported clients with their specific needs and made adjustments, where necessary.
- Staff recognised the impact of clients' personal and social circumstances on their addiction and recovery and offered them appropriate support.
- The provider offered clients access to education, training, volunteering and employment through its charitable arm, The O'Connor Gateway Trust.
- Clients spoke positively about the catering staff and the food offered. Clients had access to food that met their personal, dietary and religious preferences.
- Information on how to make a complaint was widely available at the centre. Clients and their carers knew how to make complaints and felt confident to do so.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The centre defined recovery in the widest sense that took into account clients' personal and social circumstances and needs.

Summary of this inspection

- The centre had a dedicated and highly motivated staff team that were genuinely committed to their clients' recovery.
- The registered manager was approachable, proactive and supportive, and had improved staff morale.
- The provider had a clear organisation structure that set out managers' roles and responsibilities and a well-defined governance structure that oversaw clinical, operational and corporate functions.
- The provider had improved its incident reporting systems and processes. This included the promotion of a 'no-blame' culture and learning lessons.
- The provider maintained a live risk register that included the full range of corporate and operational risks.
- The centre regularly adopted new therapeutic interventions that benefited its clients, for example, psychodrama, art therapy and dance therapy.
- The provider had a number of reward and recognition schemes for staff and clients that motivated them and made them feel valued.

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

- There was a lack of operating procedures and protocols to support clinical staff with medicines-related practice.
- Some clinical and medicines-based audit tools and checklists were not sufficient for their purpose to ensure compliance and highlight issues.
- Some of the centre's policies were out-of-date.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received training on mental capacity as part of their mandatory training. We found that the staff we spoke with had a good understanding of capacity in context of substance misuse services.

Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse services safe?

Safe and clean environment

- The BAC O'Connor Rehabilitation Centre was made up of four adjacent houses (126, 127/128, 129 and 130). One unit (126) had the main reception for the centre, offices for managers and administrative staff, and therapy rooms. The other three units were set up as clients' accommodation but also had clinic rooms, therapy rooms and staff offices.
- The layout of the units meant there were blind spots throughout, which the provider mitigated with closed-circuit television cameras (CCTV) and staff presence. None of the bedrooms doors had locks. This was deliberate to support recovery and abstinence and prevent secret consumption. The provider was aware of the associated risks and managed them through the allocation of gender-segregated corridors and landings, staff presence, CCTV, and safe and well checks.
- All the units had ligature points present both indoors and outdoors. Staff considered suicidal and self-harm history or intent when they assessed a client to help determine whether the client was suitable for the service. Although the service was unlikely to accept a client with known high risk of ligature, the provider was aware that clients' risks and vulnerabilities changed throughout their recovery. The provider managed ligature risks through the use of CCTV, safe and well checks, staff presence as well as individual client risk assessments and risk management and monitoring.
- The provider had recently commissioned an external review of the environment to identify and assess any health and safety risks and ligature points. This had informed the provider's environmental ligature and self-harm risk assessment policy, which was in draft at the time of our inspection. The provider had then started to develop ligature reduction plans that listed all

the known ligature risks and the actions it took to mitigate them. We saw a draft plan for the main residential rehabilitation unit (127/8) that showed the ligature risks on the ground floor and specific actions to reduce their risk. The provider had also bought ligature cutters for allocation to unit managers to help manage ligature risks.

- The residential rehabilitation unit had a small clinic room that staff used mainly to store and dispense medicines. The detoxification unit had a well-equipped clinic room with a range of equipment to carry out physical examinations, for example, a thermometer, a blood pressure monitor. The clinic had emergency medicine for anaphylaxis, which staff checked daily. However, at the time of the inspection the provider did not stock an emergency medicine for rapidly reversing opioid overdose, for example, naloxone. The provider planned to introduce it in the coming months once staff had received the appropriate training. The clinic room had an automated external defibrillator (AED). Records indicated that staff checked the equipment daily but there were no detailed instructions on exactly what staff needed to check. We found out-of-date AED pads that staff had not noticed during 36 days of checks.
- The units had a number of accessible interview rooms across the site suitable for clients' appointments.
- In all the units, the reception areas, the clinic and interview rooms, the communal areas and clients' bedrooms were clean and well maintained. Clients described the environment as safe, clean and comfortable. The centre employed two cleaners. We reviewed the cleaning records for the month of November 2017 and found them fully completed and signed. The registered manager completed walkarounds and then signed off the records.

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- Staff adhered to infection control principles including handwashing. The service had an up-to-date infection control policy that included the disposal of clinical waste.
- The service had up-to-date health and safety and fire risk assessments. The provider had an action plan to address any issues identified.
- Staff kept the front doors of each unit locked. Visitors entered the centre at the main reception (126), which had a buzzer and intercom. The reception area was locked from the rest of the unit. There were always two staff on reception who had panic alarms. There were closed-circuit television cameras (CCTV) situated at the entrance of the building and in the reception area, corridors, stairs and landing. All visitors received a copy of the fire procedure when they signed in at reception.

Safe staffing

- As of October 2017, the centre had a total staffing complement of 56 staff that comprised a range of skilled staff including one medical staff, one non-medical prescriber, five registered nurses, six therapists and 19 recovery workers. The service was supported by team of administrative, catering, and domestic staff. The medical staff comprised a GP with a special interest (GPSI) who attended the unit one day every week. The centre had two assessment workers and a housing officer that it shared with the provider's local supported living service. The service had a new registered manager who had been in post six months at the time of our inspection. The service received additional support from five volunteers who helped with a range of activities that included detoxification, therapy, assessment and housekeeping.
- In the year to 29 September 2017, 28 staff left the service, which equated to a staff turnover rate of 50%. The average vacancy rate for the same period was 12%, and the average staff sickness rate was 1.5%. The provider recognised that recruitment and retention was its main challenge. Human resources staff completed exit interviews after people left the service to help the provider understand and address any issues identified. While some staff left to progress their careers or go back to study, the provider acknowledged that the absence of a registered manager in the past had also had an impact on operational management and staff morale. The provider also found there was not a ready supply of suitable workforce to recruit. The provider hoped to develop a potential workforce, for example, by recruiting and training volunteers.
- The manager ensured that shifts comprised enough skilled staff to meet clients' needs safely. During our inspection, we found that the number and type of staff matched planned shift requirements. The provider relied on suitably qualified bank and agency staff to fill shifts, cover vacancies, sickness and annual leave and help ensure safe staffing levels. In the three months to 19 September 2017, qualified agency or bank staff filled 67 out of 182 (37%) shifts in the detoxification unit. No shifts were left unfilled. Where possible, the provider used temporary staff who were familiar with the service or block-booked staff for long periods to help ensure consistency of care. The provider planned for known changes to staffing levels, for example, maternity leave, annual leave and long-term sickness absence.
- The residential units were staffed 24 hours a day, seven days a week. The GPSI was on-call out-of-hours, seven days a week. Staff used local health services in emergencies, including A&E and clients' own GPs. Managers had an out-of-hours on-call rota.
- At our last inspection, we found that training was not sufficient for staff to carry out their roles safely and effectively, the centre had low compliance rates for some mandatory training, and there was poor recording and monitoring of training compliance. On this inspection, we found that the provider had significantly improved its training programme and increased attendance rates. The provider had installed a new electronic people management system that was not fully operational at the time of our inspection. In the interim, the provider used a training spreadsheet to help it record and monitor training compliance.
- All staff, including agency staff and volunteers, received mandatory training for their roles. This included training on mental capacity, moving and handling people, safeguarding adults and children, health and safety, infection control, fire safety, equality and diversity, first aid and confidentiality for all staff. In addition, clinical staff and residential support workers received training on control of substances hazardous to health (known as COSHH), cardiopulmonary resuscitation, basic life support, defibrillation, search, self-harm and suicide,

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managing confrontation, and medicines administration. Qualified clinical staff also received training in managing anaphylaxis, and residential support workers received training in food handling and safety.

- As of 30 September 2017, the average compliance rate for mandatory training for all staff was 83%. Training rates were low for some courses:
 - health and safety, 47%
 - equality and diversity, 53%
 - infection control, 71%
 - anaphylaxis shock, 43%
 - medicines administration, 69%
 - search, 52%.

However, many residential support staff were waiting for training on health and safety, equality and diversity and infection control, as part of their care certificate qualification. The provider had staff booked to attend anaphylaxis and search training in October and November.

Assessing and managing risk to clients and staff

- We reviewed the care records of 13 clients. Staff identified risks during the assessment process and then completed comprehensive risk assessments on the day of the client's admission. Staff developed thorough risk management plans in collaboration with clients and their relatives or carers, where appropriate. Staff gave all clients a statement of the risks associated with detoxification, for example, decreased tolerance after a period of abstinence, health risks of sudden withdrawal. Staff discussed clients' risks daily at handovers and weekly at medical reviews and recovery reviews, and updated plans as required. Each client had a personal evacuation plan in case of emergencies and an exit strategy that covered an early unexpected exit from the service. Staff in each unit (the residential rehabilitation unit and the detoxification unit) had daily handover meetings to share information on risks and issues.
- The provider had good observation procedures. The centre was staffed 24 hours a day, and clients told us that there was always a staff member around. Staff monitored high-risk clients every 15 minutes, and other clients hourly. Staff nursed high-risk detoxification clients in the observation room located next to the nurses' office in the detoxification unit. Staff carried out safe and well checks throughout the day and night to ensure the safety and comfort of clients. Staff screened clients regularly for signs of substance misuse during treatment and rehabilitation.
- All nursing and residential support staff completed search training as part of their mandatory training. The provider had a search policy that set out the code of conduct for clients, and when searches might be required. Clients agreed to the conditions upon admission. Staff searched clients and their baggage on admission and based on risk thereafter. For example, a positive drug or alcohol screen resulted in a personal and/or room search. Two staff of the same gender as the client conducted the searches.
- Staff made clients fully aware of the risks associated with continued substance misuse and discussed harm minimisation and safety planning as part of the client's recovery plan.
- Staff monitored and responded promptly to warning signs and sudden deterioration in clients' health. For example, in the detoxification unit, staff completed physical observations four times a day using recognised tools such as the clinical institute withdrawal assessment for alcohol (CIWA) or the clinical opiate withdrawal scale (COWS). Clients' care records included details of physical and mental health issues, and warning signs of deterioration.
- The service maintained waiting lists for access to assessment and post-assessment treatment. Staff monitored people on the waiting list to identify changes in their level of risk.
- The provider had effective joint-working arrangements and information-sharing protocols with other agencies that promoted safety. The agencies the provider worked with most often were primary care, secondary care and social services. Staff gave us several examples of concerns they had shared with the police or social services.
- Staff had prompt access to care records. The care records we reviewed were accurate and up-to-date.
- Where appropriate, newly referred clients received medical assessments from the GPSI, and existing clients undergoing detoxification received medication reviews with the GPSI. Keyworkers for the clients undergoing detoxification attended the reviews. We attended five appointments. We observed that clients were treated respectfully. Keyworkers updated the GPSI on the

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client's progress and advised of any issues or concerns. The GPSI discussed the client's substance misuse and treatment plan, and took into account their physical and mental health, and any social issues.

- Staff and volunteers received mandatory safeguarding training and had a good understanding of safeguarding issues. The staff and volunteers we spoke with dealt with safeguarding issues on a regular basis in their work and felt confident to report concerns. The provider had a safeguarding lead who worked closely with the local safeguarding teams and attended multi-agency safeguarding meetings. Clients received information about safeguarding at their pre-rehabilitation group and during their treatment at the centre. The provider displayed information about safeguarding on noticeboards in the centre.
- At our last inspection in November 2017, we found some issues related to medicines management. On this inspection, we found the provider had addressed most of these issues, for example, the service had engaged a pharmacy to do six-monthly audits; the provider had a range of up-to-date policies and procedures on prescribing and specific treatments. However, we also found new areas of concern.
- Staff stored medicines securely in both clinic rooms and administered medicines to clients in line with local policies. However, there was a lack of standard operating procedures or protocols to support staff in administering medicines safely. The provider relied on the knowledge and experience of a few staff to ensure safe management of medicines, which was not sufficient.
- The provider had appropriate arrangements for recording the administration of prescribed medicines. These records were clear and fully completed. Staff recorded clients' allergies on their prescription charts. The records showed that clients received their medicines when they needed them. However, staff did not check the client's medicine administration chart immediately prior to giving a homely remedy (that is, an over the counter medicine such as cold remedies, aspirin and paracetamol). Although the provider had a homely remedy policy, this did not include this requirement. This posed a risk that staff could fail to take into account the impact of any homely remedies on the prescribed medicine they administered.
- Staff stored prescription pads securely. Staff recorded the numbers of the prescription sheets. Records included destruction information, which required signatures from two staff (witnesses).
- Staff completed a medicines reconciliation process by using the clients' medicines and information from their GP. Staff passed this information to the prescriber (GPSI or non-medical prescriber) to inform prescribing.
- The provider encouraged self-medication, where possible, to help maintain clients' independence. This covered medicines for diabetes and asthma, and topical preparations. Staff completed risk assessments and evaluations of the client's self-medication.
- During our inspection, we saw records that showed that the fridge temperature had gone below the accepted range on 23 occasions during the previous four months. Staff had not taken any action to address the impact on the medicines stored in the fridge. The procedure for checking the storage temperatures did not include what action to take if the temperature was outside the accepted range for the medicine. We found a topical cream stored in the fridge and not at room temperature, as required. In the case of three inhalers, staff had not realised that when they removed them from the fridge, the expiry date had changed. These issues meant that staff risked administering medicines that were no longer effective.
- Staff labelled and stored waste medicines securely before they returned them to the dispensing pharmacy for disposal. Staff kept comprehensive records that detailed these returns. These included controlled drugs, which were subject to restrictions and controls under the misuse of drugs regulations. Staff returned these to the pharmacy without first denaturing them (that is, destroying their effectiveness) on the premises, as required by legislation. The provider did not have any disposal kits on the premises and the provider's controlled drugs policy did not include a requirement to destroy the drugs before disposal.

Track record on safety

- The provider had no serious incidents reported in the last 12 months. The provider reported nine incidents during the 12 months to 31 August 2017. The incidents included wrongly filed client records (2), clients in distress or unwell, (5) missing medication (1), and minor injury (1).

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Reporting incidents and learning from when things go wrong

- Staff knew how to recognise and report incidents, and did so appropriately and consistently. Since our last inspection, the provider had developed an incident database to help collate and analyse all incident information. The clinical governance team reviewed the incidents for themes and trends, and determined any further action required.
- Staff reported medicine-related incidents and errors on a paper record. The manager collated and investigated the incidents, and discussed the findings with senior managers. The manager implemented any changes required. The provider gave an example of the unexplained loss of co-codamol that had resulted in a change of practice. Two staff now received and checked deliveries of medicines.
- The staff we spoke with had experienced an improvement in the information and support they received following incidents and investigations since the new manager joined the service. The manager gave feedback and shared lessons learnt at daily handover meetings, weekly staff meetings, and one-to-one supervision sessions. The manager encouraged staff to discuss and offer solutions to issues.

Duty of candour

- Managers and staff understood their responsibilities in relation to the duty of candour. Staff were open and transparent with clients and carers when something went wrong.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- We reviewed the care records of 13 clients and found completed assessments and up-to-date care plans and risk management plans. The assessments were holistic and comprehensive, and included the clients' strengths and their goals for recovery. Records showed that the assessment team completed initial assessments to help determine whether clients were appropriate for their service. Staff sought further information from other

agencies, for example, mental health teams, probation and GPs, where needed. Medical staff completed a preadmission medical assessment for detoxification clients that included a medical history, a physical examination and social circumstances. Nursing staff completed nursing assessments that included physical health, mental health, nutrition and hydration, tissue viability, sensory and communication impairments, the malnutrition universal screening tool (MUST), the generalised anxiety disorder tool (GAD7), and the physical health depression questionnaire (PHQ9). Clients attended a pre-rehabilitation group to help them decide whether they were mentally and physically ready for treatment.

- Staff drew up personalised care plans that promoted recovery and met the individual needs of each client. Recovery plans identified the clients' key worker. Care and recovery plans took into account clients' physical, psychological and social needs, and identified goals for recovery. Recovery plans included a risk management plan in case of the client's unexpected exit from treatment. We saw evidence of a case in which staff had followed the exit plan when a client left the service unexpectedly. Staff regularly reviewed and updated recovery and risk management plans with their clients. All clients received a comprehensive review at the 10-week stage of their recovery.
- Staff referred clients to other services such as housing and debt advice, and worked closely with other agencies such as social services and probation. Therapists referred people onto other services as appropriate, for example, Dove counselling, Voice (mental health), MIND, Savana (sexual violence); Soldiers, Sailors and Airmen's Families Association (SSAFA);
- The service used paper records. However, care records were not integrated along the care pathway in the centre from the detoxification service to the residential rehabilitation service. Each part of the service kept separate records. For example, a client who received detoxification and then moved onto rehabilitation had separate files for the doctor's notes, a recovery (rehabilitation) file and a prescription file. The doctor's file contained the pre-admission medical assessment and GP's notes. The recovery file held all other assessments and care plans. This meant that a client's full records were not always available in one place although they were easily accessible.

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- The service ensured safe and effective storage of all care records. Staff stored paper files in lockable filing cabinets located in the staff-only main office. Since our last inspection, the provider had acquired secure storage offsite for its archived records. We visited the storage facility and found it was safe and secure. The facility had a pin code entry system, which only a limited number of staff had access to, and was changed monthly. Inside the unit, records were stored in locked filing cabinets.

Best practice in treatment and care

- Medical staff followed evidence-based good practice and guidelines when they prescribed medication for substance misuse issues, for example, National Institute for Health and Care Excellence (NICE) guidance, Maudsley Prescribing Guidelines and British Association for Psychopharmacology recommendations). We saw prescribing protocols for benzodiazepines and pabrinex, and guidance for non-medical prescribing. Staff recorded the rationale for treatment choices recommended to clients in line with NICE detoxification guidelines. In addition to the prescribing protocols, staff had access to the relevant treatment manuals and other guidance to support their work.
- Staff monitored clients closely for the effects of withdrawal and for the side effects of any medication prescribed. This included prescribed levels of observation based on risks and needs and regular physical health observations.
- The centre regarded clients' engagement in psychological therapies as a key component of their recovery and aftercare. Clients engaged in a structured 12-week therapy-based recovery programme made up of a range of one-to-one and group activities and therapies. The clients' recovery schedule covered a seven-day week and attendance was compulsory.
- The therapy programme was underpinned by the centre's ethos of the importance of human connection, social interaction, and community integration for a sustainable recovery. We saw a rehabilitation timetable during our inspection that included group sessions on fear, 'letting go', trust, anger, and relapse. We observed two therapy groups - 'new beginnings' and 'letting go'. The groups offered a friendly, warm and positive experience to clients. The therapists welcomed the clients, encouraged them to speak up without pressure, and showed empathy and understanding throughout the session.
- The centre had a team of well-trained and experienced therapists who offered the most appropriate therapy to meet the client's specific needs. At the time of our inspection, the centre had therapists trained in psychodrama, eclectic integrated therapy, trauma, person-centred therapy, art therapy, and holistic therapy. The holistic therapist offered a range of therapies that included reiki, acupuncture, reflexology, meditation, massage, and crystal holistic therapy. A dance movement therapist attended the centre weekly.
- The therapists used a range of approaches in their work, for example, gestalt, rational emotive behavioural therapy, brief intervention, grief counselling, cognitive-behavioural therapy, solution-focused therapy, and transaction analysis. The therapists responded to clients' individual needs, where possible, for example, a therapist trained in trauma helped clients with a history of abuse.
- The centre's practice and development was informed by the international treatment effectiveness project, which supported a model of care underpinned by a psychosocial intervention approach. This looked at people's needs in context of their social and psychological circumstances.
- Staff used a range of tools to support assessment and care planning and to monitor outcomes. Staff completed treatment outcomes profiles for all clients who consented to them. The provider submitted data to the National Drug Treatment Monitoring System (NDTMS), and used NDTMS activity reports to track post-recovery support interventions. The provider planned to introduce the 'outcomes star' within the next 12 months. The drug and alcohol outcomes star is an evidence-based tool that supports and measures recovery in clients with substance misuse issues. Therapists used the human capital outcomes tool that clients completed on admission, after 10-weeks and at discharge.
- Staff considered clients' physical healthcare needs and referred any concerns to the centre's medical staff member, who was a GP with a special interest in substance misuse (GPSI). Clients registered temporarily

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with the GP for the duration of their stay at the centre. Staff supported their clients to access other healthcare services, where needed, for example, opticians, dentists, sexual health services and smoking cessation.

- The centre was not commissioned to offer blood borne virus screening and treatment. Staff referred clients to other services in the community for this service.
- Staff completed clinical audits on controlled drugs key handover and controlled drugs daily stock checks. They completed monthly medication audits that included checks on patient profile documents, allergy status, gaps in administration of medication, and medicine stock levels. The manager's monthly audit of detoxification unit standards included resuscitation checks, controlled drugs cupboard audit, medicine stock levels, and emergency medicines. Staff also completed audits on infection control, information governance and clients' files. The provider had contracted a private pharmacy to carry out audits on medicines management on a six-monthly basis.

Skilled staff to deliver care

- The centre had a wide range of staff to support effective treatment and care. The staff group included a GP with a special interest in substance misuse, a non-medical prescriber, therapists, registered nurses (registered mental nurses and registered general nurses) and recovery workers. In addition, the provider had an assessment team and a housing worker. The senior management team and a range of administrative staff to support business functions such as reception, Human Resources and finance were based onsite. Earlier in the year, the provider had recruited a medical director who was a psychiatrist with experience in substance misuse.
- Staff were suitably experienced and qualified for their roles. All new staff received a comprehensive induction and mandatory training that included specialist training for their roles. All staff, including agency staff and volunteers, received a one-week onsite induction when they started work with the provider. Staff received an induction pack that covered the provider's policies and procedures and key contact information. New staff spoke positively about their induction. They said it was thorough and helped them ease gently into the unit.
- Staff received specialist training for their roles. For example, all staff received 'search' training and anaphylaxis training. The provider had staff booked to attend training on naloxone administration. Therapy

staff had specialist training in a wide range of therapies that included cognitive behavioural therapy (known as CBT), dramatherapy, rational emotive behaviour therapy and grief counselling. The provider required all support workers to complete the care certificate. Staff could request training that supported their roles and professional development such as phlebotomy and motivational interviewing. Staff also had access to training towards national vocational qualifications (known as NVQs). During our inspection, we came across a number of staff who had completed NVQ level 2 training, one staff member who was doing a level 2 apprenticeship in health and social care, an administrative staff member who was studying NVQ level 2 in business administration, and a supervisor was studying for a diploma in health and social care. The GPSI attended the Royal College of GPs conference annually.

- All staff completed online training for medicines administration. Qualified nurses had competency checks for administering medicines during induction, in the first three months of employment, and annually thereafter. The provider supported qualified staff with their revalidation requirements.
- We reviewed the human resources files for six staff. The files were in good order, up-to-date and contained the appropriate documentation, for example, job descriptions, signed contracts of employment, and confidentiality statements. We saw that the provider had robust recruitment processes that included enhanced Disclosure and Barring Service (DBS) checks and a minimum of two references. However, the provider did not routinely repeat DBS checks to assure itself that staff had not had any criminal convictions since the initial check was completed. While many staff were new and had DBS checks that were less than three years old, we also saw staff and management whose DBS checks were more than three years old. For example, four of the eleven senior managers listed on the provider's fit and proper persons' register had DBS checks that were more than three years old. We spoke to the provider about this during our inspection. The provider told us that it started to make changes that would require all staff to join the live DBS update service. This would give the provider prompt and easy access the DBS system and help it complete regular updates.

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- At the time of our inspection, the centre had five volunteers. The provider completed DBS checks for all volunteers. Volunteers performed a range of tasks, for example, two volunteers helped in the detoxification unit, one supported the therapy team, one supported the assessment team, and one helped with maintenance and housekeeping duties. Volunteers had designated supervisors (team leaders) and received supervision regularly. Volunteers had access to daily handover meetings and weekly staff meetings. Staff shared information with them appropriately, taking into account confidentiality limits.
- The provider had developed a new training strategy for volunteers and graduates (clients who had completed the recovery programme successfully). One of the aims of the programme was to support the development of volunteers and graduates towards creating a potential workforce for the service. The provider planned to offer introductory visits to the centre and a two-day training programme.
- In our last inspection, we found that staff did not receive supervision on a regular basis. At this inspection, we found that the manager had improved the supervision structure and developed a schedule to help ensure all staff received supervision at least six-weekly. For the three-month period from 1 July to 30 September 2017, the average supervision rate for operational staff was 82%. We reviewed 11 supervision records for staff who worked in various roles at the centre. The supervision structure was comprehensive and consistently applied in that it covered a range of topics such as review of work, caseloads, attendance and time-keeping, emotional wellbeing, personal and team targets, and training and development. Supervision records showed detailed discussions and actions.
- In addition to one-to-one supervision, qualified clinical staff had access to bi-monthly group supervision. The assessment team had regular weekly or fortnightly meetings. The centre held a weekly staff meeting for staff or representatives from each of the units. We reviewed the notes from two meetings. These showed that the meetings covered a range of topics that included clients' progress, safeguarding issues, complaints and compliments, health and safety issues, and incidents and lessons learnt. The centre had recently introduced unit ('house') meetings and planned

- to run these on a quarterly basis. Staff had access to an information-sharing initiative known as 'theme of the week' that helped raise awareness of specific issues and increase their knowledge and understanding of policies.
- As of September 2017, 85% of eligible staff had received appraisals. Of 35 permanent staff, 22 had received their appraisals, four staff had overdue appraisals, and nine (new) staff were not due an appraisal until later in the year.
 - The provider addressed poor staff performance promptly. The provider had a robust probation process that it used to monitor the progress of new staff.

Multidisciplinary and inter-agency team work

- Clients received regular but separate reviews for each component of their care and treatment, for example, medical, rehabilitation, and therapy. Clients in the detoxification unit received a weekly medical review with the GPSI. Staff completed weekly reviews with each client in the residential rehabilitation unit. Occasionally, the units held multidisciplinary case conferences for clients with complex needs but otherwise clients' reviews took place separately from each other. All staff had access to the information from the reviews, and this was brought together to inform the client's 10-week review.
- Staff met for daily multidisciplinary handovers in their unit. We attended and observed one handover. Staff discussed new information about clients, new admissions, any clients' appointments, and significant events and risks.
- The service had strong working relationships with other services such as primary and secondary care, social services (children and family teams in particular), mental health crisis teams, and other community-based and inpatient substance misuse services. Staff informed clients' GPs in writing of a client's admission and detoxification plan.

Good practice in applying the MCA

- As of 30 September 2017, 94% of staff had received training on the Mental Capacity Act. All staff had access to the provider's Mental Capacity Act policy, which was up-to-date.
- The staff we spoke with had a good understanding of capacity issues and substance misuse. All staff assumed their clients had the capacity to make decisions. Staff checked if clients understood the information given to

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them. Staff found that intoxication was the main issue that affected a client's capacity to make informed decisions. Staff recorded any capacity issues identified and the action they took.

- The admission process and medical reviews routinely included assessments of capacity. Staff addressed any issues on a case-by-case basis. Medical staff completed mini mental state examinations, where appropriate.
- The centre's services were aimed at people who had the capacity to make decisions, take responsibility, and fully participate in the rehabilitation programme. As such, the service did not routinely accept referrals for people with impaired capacity or where best interests decisions were likely.

Equality and human rights

- The provider had an up-to-date equality and diversity policy. The provider had a strong focus on equality and diversity. Staff received specific training on equality and diversity as part of their mandatory training. However, as of 30 September 2017, only 53% of staff had completed the training.
- The service supported people with protected characteristics appropriately. Staff assessed clients' individual needs, and aimed to provide tailored support to meet those needs. Staff gave us examples of when they had supported transgender clients, clients with physical disabilities, and people from black and minority ethnic backgrounds. The centre had supported clients from the lesbian, gay, bisexual and trans community to set up their own support group. The service had also responded to requests for help to set up support groups from the Muslim and Polish communities. However, the centre struggled to offer the full treatment and recovery programme to people who did not speak any English because the therapy programme required full participation and involvement. Staff assessed whether clients were able to engage in therapy, considered any adjustments that they could make within their service, for example, offer detoxification only, or they directed people to other services.
- Staff accommodated women's needs. Women's bedrooms were segregated from the men's bedrooms. The centre ran women-only and men-only groups on a weekly basis and organised women-only gym sessions and dance classes.

- Staff took into account people's ethnic and religious preferences when assessing needs and planning care. Staff supported clients with religious needs. They supported people to attend churches or other places of worship. They provided meals at alternative times to help Muslim clients observe fasting times.
- The age, layout and design of the buildings limited access to the service for people with severe physical disabilities (in particular, mobility issues). Where clients presented with mobility issues, staff assessed whether they could meet their needs safely and effectively.
- The provider planned to create a dignity champion role from its staff group to promote dignity and respect and challenge any disrespectful behaviour.

Management of transition arrangements, referral and discharge

- The clients we spoke with who had experienced transition between substance misuse services described smooth handovers. The centre offered aftercare to discharged clients to help them sustain their recovery. The provider offered a two-year aftercare programme through its affiliated services. These included supported living, access to the recovery academy for education and vocational training, and access to ongoing support and therapy. Staff also encouraged clients who became drug or alcohol-free to access mutual aid services in the community to help them maintain abstinence.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Staff showed a strong commitment to person-centred care. This showed in their interactions with clients and the way they spoke about their work. Clients described the staff as caring, supportive and non-judgemental. Clients felt staff listened to them and showed them dignity and respect, and provided them with appropriate emotional and practical support. Staff identified named workers for each client as a point of contact, and for continuity of care. This helped staff and clients develop good working relationships that supported recovery. Staff celebrated a client's success when they completed the recovery programme. Staff referred to the clients as 'graduates' and held a graduation ceremony.

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- We spoke with six clients and two relatives, and we reviewed 77 comments cards completed by current and former clients (55), and relatives and carers (22). We also reviewed the service's feedback from clients for January to August 2017. Overall, clients and relatives gave positive feedback about the service.
- Clients praised the staff and the detoxification and therapy programme. The clients we spoke with described the staff as friendly and caring and said they treated them as individuals. Clients said that staff go "above and beyond." Clients described the service as being built on dignity and mutual respect, and promoting positivity. A client said the service had "completely turned her life around." Another client described the service as structured but not regimented. One client said that the "therapists are absolutely amazing." The comments cards we received had comments such as, "this service is brilliant" and "first class, professional and helpful" and "therapy was fantastic." Many clients said that the service had saved or improved their lives, for example, one service user wrote "I'll never be alone again" and another wrote "thank you for giving me my life back." In particular, clients placed a high value on the therapy they received after detoxification and the aftercare they received following their discharge. They said this helped them maintain their recovery, develop life skills and improve their lives. The provider's client experience survey showed satisfaction scores of 88% for pre-admission, 87% for the detoxification service and 90% for the rehabilitation programme.
- Staff showed a good understanding of people's individual needs and tailored support accordingly. The service supported a diverse range of clients, for example, transgender people, people with disabilities, and people from black and minority ethnic backgrounds. Staff recognised the link between people's personal and social circumstances and substance misuse. Staff understood the impact that treatment and recovery had on some clients' emotional and social wellbeing, and offered them emotional support. Staff also offered clients practical support with a range of problems, for example, housing issues and debt, and referred them to other services, as appropriate. The provider had close links with local mutual aid (recovery support) groups. Alcoholics anonymous (AA), narcotics anonymous (NA) and self-management and recovery

- training (SMART) attended the centre regularly. Staff facilitated clients' access to a range of support services in the community, for example, employment training and placements, and education and skills development.
- Staff said they felt able to raise concerns about disrespectful or abusive behaviour or attitudes especially since the new manager joined the organisation. The provider planned to introduce a dignity champion to promote dignity and respect and challenge inappropriate behaviour or attitudes.
 - The provider had confidentiality policies that staff understood and adhered to. All staff signed a confidentiality statement as part of their employment contract. All staff received mandatory training on confidentiality. Staff explained their confidentiality policy to clients, and clients signed a statement to confirm they understood. Staff conducted interviews in private settings to support confidentiality. They stored paper documents in lockable filing cabinets and monitored access to them.

The involvement of clients in the care they receive

- The provider had robust and well-structured admission procedures. The provider undertook pre-admission assessments on all clients referred to help determine their needs and identify the appropriate service to address them. Clients accepted into the service attended a pre-rehabilitation group that gave them information about the service and helped them prepare for admission.
- Staff involved clients and their carers, where appropriate, in planning treatment and developing recovery plans specific to the clients' needs and circumstances. We found that each client had a person-centred recovery plan that incorporated a risk management plan. Each client had a discharge plan that included plans for an unexpected exit from treatment. Clients signed their recovery plans and held copies. The provider had a discharge policy and a 'missing from accommodation' policy that set out the procedures for managing unexpected exits from treatment. This included letting the police know so that they could complete a safe and well check. During their treatment, clients completed a daily 'feelings diary'. They gave these to the therapy team to allow them to tailor therapy groups and one-to-one therapy sessions to meet the needs of the clients.

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- The service had access to a pharmacy for advice. Staff provided clients and relatives with information about their treatment to help them make informed choices. The service had a wide range of information available to clients on specific treatments, side effects and risks, as well as a range of information on general physical health wellbeing.
 - All clients received welcome (induction) packs on admission. This included information on local advice agencies. Staff referred eligible clients to local advocacy services or advice agencies in the community.
 - The service ran two family groups in the Staffordshire area that offered structured therapeutic sessions. Relatives and carers spoke highly of the family groups and said they helped them deal with the impact of a relative's addiction on family life.
 - The service gave clients and their carers and relatives opportunities to feed back to the service and influence improvements. The provider had comments boxes in each of its houses. All clients received a survey to complete at the end of their residential treatment. Staff encouraged clients to raise issues with them and helped them make complaints. Staff discussed informal complaints and issues at weekly staff meetings.
 - Staff gave clients and their relatives and carers, where appropriate, full details of the detoxification, rehabilitation and recovery programmes. Staff gave clients sufficient information to help them make informed decisions about their care. Staff made clients fully aware of the commitment they expected from them. They gave clients written information on confidentiality, information sharing and other requirements. Clients signed the agreements to show they were aware of them and agreed to them.
- population. Stoke City Council purchased rehabilitation placements when required. Other commissioners, private agencies and self-funders had the option to purchase placements on a private basis.
- The provider had developed close links with commissioners, social services, housing agencies and other recovery services in the community to help address the full range of needs present in the local population.
 - The provider's residential services were based in Burton on Trent, however, the provider also offered services in the Newcastle-under-Lyme area to improve access, for example, pre-rehabilitation groups, and family groups.
 - The provider had clearly documented referral, acceptance and admission criteria. The provider accepted self-referrals from people who lived in the Staffordshire area as well as referrals from a wide range of referrers including local substance misuse services, housing providers, prisons, charities, probation and primary care services. The provider's assessment team received and processed all referrals. The assessment team completed initial assessments jointly with a registered nurse, wherever possible, to determine clients' treatment and support needs. Medical staff assessed all clients referred for inpatient detoxification.
 - In all cases, staff considered whether the service could meet the clients' needs safely. In some cases, for example, people with highly complex needs, staff referred them onto the local trust's inpatient detoxification unit. In other cases, the service did not accept clients because the physical environment could not be adjusted sufficiently to meet their needs, for example, people with severe mobility issues. At assessment, the provider determined whether the client had sufficient English language to enable them to engage in the full rehabilitation programme.
 - In most cases, staff informed clients at the end of their assessment if they were suitable for admission. In some cases, staff needed to request and wait for further information before making a decision. Staff prioritised access to assessment and admission based on risk and need. Staff tried to ensure that clients moved seamlessly between detoxification and rehabilitation as these services were provided in different units. Before admission, clients received a tour of the service and attended a pre-rehabilitation group to prepare them for the recovery programme.

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

Access and discharge

- At the time of our inspection, Staffordshire County Council commissioned BAC O'Connor Rehabilitation Centre to provide a specified amount of residential rehabilitation or detoxification services to the local

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- At the time of our inspection, the centre had 28 clients out of a maximum of 44 clients, which gave an occupancy rate of 64%. There were 11 people waiting for assessments. There were 29 people waiting for admission following assessment although in many cases the provider had requested further information from other agencies or was waiting for funding approval. Most of the patients waiting for admission attended the pre-rehabilitation groups.
- In the 12 months to 2 October 2017, the detoxification unit had 79 clients successfully complete the programme (84%) and 15 clients who were unsuccessful (16%). The residential rehabilitation unit had 103 clients successfully complete the programme (60%) and 68 clients who were unsuccessful (40%). Most unsuccessful clients exited early from treatment or failed to maintain abstinence. Occasionally, the centre asked clients to leave the service due to inappropriate behaviour.
- Clients received their rights during the initial assessment process when they decided to access the service. Clients agreed a contract for their care that set out their rights, as well as the provider's expectations and codes of conduct. Clients received a copy of the agreement.
- Discharge planning commenced when the client entered the service. The service offered aftercare services, for example, access to weekly recovery groups, to discharged clients for two years to help them sustain their recovery.

The facilities promote recovery, comfort, dignity and confidentiality

- The site had an administrative building (126) and three residential houses (127/8, 129 and 130). The administrative building (126) held the reception, offices, therapy rooms, a dining room and a kitchen. The reception and communal areas were warm and welcoming for clients although there were small areas in the dining room that needed repainting. House 127/8 had 10 single bedrooms, seven double bedrooms and five shared bathrooms. Two bedrooms had showers. The rooms were simple, comfortable and clean. The unit had a lift that could accommodate a wheelchair. House 129 had three double bedrooms and two single rooms that all had ensuite shower rooms. One of the rooms was located on the ground floor next to the nurses' office. The centre designated this as the observation room and used it to support highly vulnerable or at risk

clients. House 130 had 12 bedrooms that all had ensuite shower rooms. It was a cosy, clean and pleasant house for clients coming to the end of their rehabilitation and able to manage greater independence.

- Clients described their accommodation as homely and comfortable and felt that it helped their recovery. Each of the three residential units had pleasant, well-decorated environments. In each house, clients had access to a communal lounge, kitchen and dining area with suitable furniture that was comfortable and in good condition. Clients had 24-hour access to facilities to make hot drinks and snacks. All bedrooms had lockable safes for clients to store their personal items and valuables. Clients had access to quiet and private areas, for example, for meeting visitors, or making private phone calls. In each house, clients had access to DVDs, games, television and music, and clients had shared access to a pool table. All the houses had a noticeboard that displayed information on activities and house rules, for example, bank times. Each of the houses had a private, secure outside courtyard that clients could access at any time. The courtyards were pleasant, clean and well maintained.
- The provider employed maintenance workers based onsite who dealt with any environmental issues.
- The centre had accessible clinical areas and interview rooms across the site to support treatment and care in a private setting.
- The centre's structured therapy programme ran for seven days with free time built in for specific activities and family visits. Activities offered included access to a range of complementary therapies, relaxation, reflection and mindfulness sessions, yoga, walks, gym, swimming, sports, church, karaoke, and visits to tearooms. Clients and staff said that therapies and activities were rarely cancelled.

Meeting the needs of all clients

- Staff showed they had good local knowledge. Staff were aware of the social, economic and ethnic make-up of the local population. The area they served had high levels of economic deprivation and poverty. Staff understood the potential issues faced by specific groups such as black and minority ethnic groups, young people, pregnant women and lesbian, gay, bisexual or transgender people. For example, in the past, the

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provider had responded to requests from specific groups in the community (Muslim and Polish communities) to help them set up support/recovery groups.

- The centre accepted male and female clients. The units had separate corridors for male and female patients to support gender separation and promote clients' safety. Men and women had access to separate toilets and bathrooms.
- Staff supported clients with their specific needs and made adjustments, where necessary. During our inspection, we found numerous examples of adjustments made to support clients' specific needs, for example, staff provided gender appropriate care for a transgender client. Staff gave two vulnerable clients with mobility problems mobile radios to call for assistance. In one case, the provider gave a client who used a wheelchair a single bedroom and access to the ground floor bathroom in another bedroom.
- The provider did not routinely exclude any population group from its services. However, the service struggled to provide an effective service to people who were unable to speak any English. This was because of the nature of the recovery programme after detoxification that required full participation in group and individual therapy. This included the need for each client to share and articulate thoughts and emotions, engage and fully participate in the group, and offer peer support to other clients. The provider had considered the use of interpreters, which they felt could work for detoxification (medical) treatment but would be less effective for the 12-week therapy programme. The provider considered whether a client could access community-based aftercare following detoxification. At the time of our inspection, the provider was considering options to tailor its programme to help support people with no spoken English.
- Clients' recovery plans included support for wider personal or social needs based on a psychosocial model of care that recognised the impact of clients' personal and social circumstances on their addiction and recovery. The centre prepared clients for re-integration into the community as a key part of a successful and sustainable recovery. Staff gave clients information about, or referred them to, local services such as housing agencies, social services, advocacy agencies, debt advice and support groups. The provider had its own supported living services that clients accessed

subject to assessment. The provider offered clients access to education, training, volunteering and employment provided by the provider's charitable arm, The O'Connor Gateway Trust.

- The provider employed two catering staff who made all the meals for the three residential units. Clients had access to food that met their personal, dietary and religious preferences. During our inspection, we received positive feedback and comments about the food from clients.
- Clients received visitors in accordance with the centre's visitors' policy. This restricted visitors during the initial detoxification period, after which clients received planned visits at the weekend only. Visits from children took place subject to risk assessments and in the main building only. Staff asked visitors about any drug or alcohol use, and asked them to do a drug or alcohol test if necessary. Staff reserved the right to refuse visitors if they had concerns.
- A wide range of information leaflets and posters were available in the centre's main reception area. This included accessible information on specific treatments and their side effects, and making a complaint.

Listening to and learning from concerns and complaints

- The centre reported receiving 11 complaints in the 12 months to 30 September 2017, of which nine were upheld. None were referred to the Ombudsman. The complaints related to issues such as staff behaviour, early discharge due to inappropriate behaviour, and client behaviour within a group session. The centre received 107 compliments from clients and carers in the 12 months to 30 September 2017.
- Clients and their carers knew how to make complaints and felt confident to do so. Information on how to make a complaint was widely available. All new residents received a welcome pack that contained a copy of the complaints policy. Staff went through the complaints policy in the pre-rehabilitation groups. There were notices on how to complain displayed in all units.
- Staff knew how to handle complaints in line with the provider's complaints policy. Staff dealt with minor complaints as they arose, and discussed them at weekly staff meetings if necessary. The registered manager dealt with all formal complaints and discussed them at managers' meetings. The registered manager shared the

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outcome of complaints with staff and acted on any findings. Staff received feedback from complaints at weekly staff meetings and in one-to-one supervision sessions.

Are substance misuse services well-led?

Vision and values

- The provider set out its vision clearly in its mission statement and statement of purpose. The provider's vision was to offer person-centred recovery with recovery defined in the widest sense that took into account clients' personal and social circumstances and needs.
- Staff understood the service's definition of recovery and shared its commitment to person-centred care. During our inspection, we found staff who were dedicated to their clients' care and recovery, and felt motivated by the progress they made.
- Staff knew who the senior managers were and said they were visible. In particular, staff spoke highly of the new registered manager who they found approachable, accessible and supportive.

Good governance

- Since our last inspection, the provider had made improvements to its governance systems and processes to help monitor service delivery, team performance, and incidents and risks. The provider had a governance structure that oversaw clinical, operational and corporate functions. For example, it had a number of governance groups that included the clinical governance committee, the medical governance group, the information governance group, and the workforce planning group. As such, we found related improvements to issues identified at our last inspection.
- Since our last inspection, the provider had significantly improved its mandatory training and supervision rates. The provider had purchased a new human resources management system to hold employment data, help manage and monitor staff-related matters such as training, supervision, leave and sickness absence, and produce performance reports. At the time of our inspection, staff were completing the initial upload of staff data that the system required to become fully operational and effective. In the meantime, the manager used manual systems and processes.

- Most staff received supervision on a regular basis. Staff had received their annual appraisals with the exception of new staff whose appraisals were not yet due.
- Since our last inspection, the provider had reviewed and improved its incident reporting systems and processes. Staff recognised and reported incidents internally and where appropriate informed external bodies such as commissioners and CQC. Staff received feedback and lessons learnt from incidents, complaints, and client and carer comments. Managers gave information to staff via emails, at staff meetings and team meetings, and in one-to-one supervision sessions.
- On this inspection, we found that some of the centre's policies were out-of-date although all clinical policies and other key policies such as the safeguarding policy, complaints policy and equality and diversity policy were up-to-date. Some clinical and medicines-related policies did not have operating procedures and protocols to help staff in their work. The provider told us that it was undertaking a thorough review of all its policies, and showed us the work programme.
- Staff complied with the local safeguarding protocols, underpinned by statutory guidance. Staff had a good working knowledge and experience of the Mental Capacity Act, and followed the provider's procedures.
- The provider undertook a range of audits that covered clinical and operational practice although some clinical and medicines-related audits needed improvement.
- The provider collated performance data in line with requirements set by Public Health England and commissioners, and submitted performance information to the national drug treatment monitoring system (known as NDTMS) on a monthly basis, as required. Teams used performance data to monitor their performance.
- The centre had a new registered manager who had sufficient authority and support to lead the service. Staff spoke positively of the new manager's leadership and management style.
- We saw copy of the centre's risk register dated September 2017. This showed a wide range of corporate and operational risks, for example, recruitment and retention of staff, business interruption, funding, and training. The register showed the likelihood and impact of the risk, a risk score and a risk owner. The manager submitted risks highlighted by their staff and teams to the risk register.

Substance misuse services

Leadership, morale and staff engagement

- The new registered manager joined the provider in April 2017. Prior to this, the service had had a number of registered managers and experienced a lack of continuity and operational leadership. This had had a significant impact on staff morale with most staff reporting low morale in the past. However, the staff we spoke with on this inspection commented on the positive changes since the new manager joined the organisation.
- Each unit had a supervisor that staff found helpful as their first line of contact. Staff had good access to the registered manager who they described as visible, approachable and supportive. Staff said they trusted the manager and felt valued by him. They described positive changes since his arrival such as access to training, regular supervision and team meetings. They reported improved communication, especially in regard to information sharing and lessons learnt.
- We consistently found that the staff were highly motivated and passionate about clients' needs. Staff felt positive about their work and reported an improvement in their morale. Staff used words such as 'rewarding' and 'pride' to describe their work.
- The manager involved and consulted staff in the planning, development and delivery of the service. The centre sought feedback from clients, relatives and other stakeholders, which it used to inform service improvements. The centre had a number of mechanisms from which it received feedback, for

example, the client feedback forms, the complaints process, clients' weekly consultation meeting, client exit questionnaires, and the 'recovery is out there' (known as RIOT) service user group.

- Staff knew about the whistle blowing procedures. Most staff felt confident to raise concerns without fear of victimisation. A staff member gave an example of a concern he raised that the provider resolved satisfactorily.
- Staff were open and transparent when something went wrong.

Commitment to quality improvement and innovation

- The provider assessed the impact of major changes such as funding decisions on the quality and sustainability of services and developed strategies to address them. The provider recorded any risks on its risk register.
- The centre had links to Derby university, which helped it keep up-to-date with therapy practice. The centre regularly adopted new therapeutic interventions that benefited its clients, for example, psychodrama, art therapy and dance therapy.
- Our review of supervision and appraisal records showed that staff had regular discussions about their learning and development, and set related objectives.
- The provider had a number of reward and recognition schemes for staff and clients. This helped motivate staff and clients and made them feel valued.

Outstanding practice and areas for improvement

Outstanding practice

The therapy team included a complementary therapist who offered a range of therapies that included reiki, acupuncture, reflexology, meditation, massage, and crystal holistic therapy. Clients spoke positively about these activities.

The centre offered aftercare for two years to discharged clients to help them maintain their recovery. This included access to housing, education, training and employment as well as group therapy.

The centre ran structured, therapy-based family groups in the community that were open to relatives and carers of people who had substance misuse issues. The groups were open-ended, well attended and highly valued by carers.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all medicines are stored at the correct temperature and are fit for use.
- The provider must ensure that the clients' prescribed medicines are verified immediately prior to the administration of homely remedies.
- The provider must ensure that controlled drugs are destroyed on the premises as required by legislation.
- The provider must ensure it holds emergency medicine for rapidly reversing opioid overdose, for example, naloxone.

Action the provider **SHOULD** take to improve

- The provider should ensure it has clinical and medicines-related procedures and protocols to support staff to carry out clinical tasks.

- The provider should review its clinical and medicines-related audit tools and checklists to help ensure safety standards are met.
- The provider should ensure that staff are aware of what action to take when fridge temperatures are outside of the accepted range.
- The provider should ensure it updates its staff's Disclosure and Barring Service (DBS) checks at appropriate intervals.
- The provider should consider integrating clients' care records across its care pathway.
- The provider should consider holding multidisciplinary team reviews to assess and discuss clients' progress.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none">• Not all medicines were stored at the correct temperature and some were not fit for use.• Staff did not check clients' prescribed medicines immediately prior to the administration of homely remedies.• The provider did not destroy controlled drugs on the premises as required by legislation.• The centre did not hold emergency medicine for rapidly reversing opioid overdose, for example, naloxone. <p>This was a breach of regulation 12 (1)</p>