

# The Recovery Hub Ipswich

## Quality Report

175 Felixstowe Road

Ipswich

Suffolk

IP3 8EB

Tel: 01473402841

Website: [www.recoveryhubipswich.com](http://www.recoveryhubipswich.com)

Date of inspection visit: 21st February 2018

Date of publication: 18/04/2018

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

# Summary of findings

## Our judgements about each of the main services

### Service

#### Substance misuse/detoxification

### Rating Summary of each main service

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The provider had addressed most of the issues highlighted in the last CQC inspection report dated 21 August 2017.
- Managers had updated the detoxification policy to include all medications that may be used to detoxify a client. Staff recorded physical observations of clients and sent the information to non-medical prescribers. The non-medical prescribers reviewed observations and instructed staff if they needed to take action. Non-medical prescribers completed physical health assessments with clients on admission.
- Staff requested medical summaries from GP's prior to a client's admission to ensure there were no issues that would affect a detoxification
- Staff completed care plans with clients that were holistic and created to support individual needs. Staff completed them at admission and reviewed them weekly with clients as their treatment programme progressed.

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

- Staff did not assess if clients required blood borne virus (BBV) testing and support effectively. Staff left the blood borne virus section of assessments blank or provided limited information such as 'all clear'.
- Managers had not audited the service effectively. Despite the variety of audits being completed, these had not identified gaps in care records.

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to The Recovery Hub Ipswich	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

---

### Detailed findings from this inspection

Outstanding practice	11
Areas for improvement	11
Action we have told the provider to take	12

---

# The Recovery Hub Ipswich

**Services we looked at**

Substance misuse/detoxification

# Summary of this inspection

## Background to The Recovery Hub Ipswich

The Recovery Hub Ipswich aims to provide high quality, cost effective treatment to those recovering from addiction issues. The treatment options available include detoxification and therapeutic interventions to support abstinence from drugs and alcohol.

There is a range of psychosocial therapies, such as cognitive behavioural therapies, general health awareness and interventions such as mindfulness meditation and art therapy to support clients as part of their recovery programme.

The service provides 16 beds.

The service was last inspected in August 2017 and was found to be in breach of

- Regulation 12 Safe care and treatment: The provider did not ensure that they prescribed medications in a

safe way and in line with best practice guidance. The provider did not assess and monitor client's physical health appropriately. The provider did not complete risk assessments appropriately.

- Regulation 17 Good governance: The provider did not have effective systems in place to monitor and improve quality of treatment and had not resolved this. The provider did not have a Mental Capacity Act policy.
- Regulation 18 Staffing : The provider did not ensure that all staff accessed managerial supervision.
- Regulation 19 Fit and proper persons: The provider did not ensure staff had references prior to starting work at the service.

The service was issued with warning notices for regulations 12 and 17, and requirement notices for regulations 18 and 19.

## Our inspection team

The team that inspected the service comprised of a CQC inspector, CQC inspection manager, and a specialist advisor who was a consultant psychiatrist who specialised in addiction medicine.

## Why we carried out this inspection

We inspected this service to check on the improvements required from the previous inspection in August 2017. This inspection was unannounced.

## How we carried out this inspection

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

- Is it safe?
- Is it effective?

- Is it well led?

The inspection was focused and did not look at all domains.

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

# Summary of this inspection

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment, and observed how staff were caring for clients
- interviewed the registered manager, nominated individual and team leader.
- reviewed 10 care and treatment records.
- examined one staff record.
- reviewed 10 medication files, including information about detoxification.

## What people who use the service say

We did not speak with the clients using the service, during this inspection. This was because all of the clients were engaged in group therapy activities. This was a focused inspection to review the actions taken by the provider following our last inspection report.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Managers had updated the detoxification policy to include all medications that may be used to detoxify a client. Staff recorded physical observations of clients and sent the information to non-medical prescribers. The non-medical prescribers reviewed observations and instructed staff if they needed to take action. Non-medical prescribers completed physical health assessments with clients on admission.
- Staff requested medical summaries from GP's prior to a client's admission to ensure there were no issues that would affect a detoxification.
- Staff assessed individual risk on admission and updated risk assessments weekly, as the treatment programme progressed.

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

- Staff did not assess if clients required blood borne virus (BBV) testing and subsequent support. Staff left the blood borne virus section of assessments blank or provided limited information such as 'all clear'.

### **Are services effective?**

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff had completed care plans with clients that were holistic and created to support individual needs. Staff completed these on admission and reviewed them weekly with clients as the treatment programme progressed.
- Non-medical prescribers assessed clients physical health on admission, staff routinely observed clients' physical health throughout treatment and kept the non-medical prescribers informed.
- Staff obtained medical information from client's GP prior to admission to ensure there would be no issues with treatment and detoxification.
- Managers had ensured staff received supervision in line with the services own policy.

# Summary of this inspection

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Managers had addressed most of the issues highlighted in the last CQC inspection report from August 2017.
- Managers had updated the recruitment policy to state 'up to two' references should be obtained prior to staff starting work in the service.
- Managers had arranged training for staff in risk assessment and care planning to increase the quality of the documentation and to increase staff knowledge and skills in the completion of these.

However, we found the following areas the provider needs to improve:

- Managers had not audited the service effectively. Despite the variety of audits completed, they had not identified gaps in care records such as blank blood borne virus assessments.
- Managers did not record when staff received disclosure and barring checks (DBS). Managers did not know when to update these records to ensure there had been no changes as they recorded the date the DBS was seen by the service. Good practise guidelines recommend DBS checks should be updated every three years.

# Substance misuse/detoxification

Safe

Effective

Well-led

## Are substance misuse/detoxification services safe?

### Assessing and managing risk to clients and staff

- Managers had updated the detoxification policy to ensure that it reflected the current practise at the service. This included information regarding the audits that managers expected staff to carry out.
- Staff had access to naloxone medication on site. Staff could administer this to clients in an emergency to reduce the effects of an opiate overdose. Staff provided clients with naloxone on completion of treatment, if appropriate, as part of relapse prevention support.
- Non-medical prescribers completed a physical health assessment with clients, during admission. Non-medical prescribers had recorded physical health examination information on clinical assessment forms.
- Staff had sought medical history information from client's local general practitioners prior to them starting treatment at the service. GP's provided relevant health information and non-medical prescribers reviewed this prior to making decisions about medication they would prescribe.
- Staff completed ongoing physical observations of clients during their time in treatment. They used appropriate tools to assess clients such as the clinical institute withdrawal assessment for alcohol (CIWA). Staff contacted the non-medical prescribers via email with the results and non-medical prescribers made staff aware if they needed to take action, or any changes needed to be made to client's medication. We reviewed evidence of this email communication and saw that non-medical prescribers replied promptly to the information and that there were no significant delays.
- Staff had not recorded blood borne virus information appropriately. Seven records contained blank blood borne virus assessments where staff should have

recorded information. Despite managers auditing the care records, gaps in blood borne virus assessments had not been identified. Managers explained there may be some gaps in staff knowledge about which clients should be offered blood borne virus assessment and intervention. The service provided a newly designed blood borne virus assessment immediately following the inspection. Managers had made changes to the assessment to include specific questions for staff and to provide a comprehensive assessment.

- We found one example where staff had not recorded information relating to client risk appropriately. There were gaps in the assessment information and staff we spoke with could not confirm the current risk of the client. Staff had not recorded communication with multi agency services. Whilst this was found in one record, the issues the risk related to were significant.
- We reviewed a care record for a client who had recently been discharged from the service. Staff had recorded appropriate discharge information and confirmed that relapse prevention advice was provided.

## Are substance misuse/detoxification services effective?

(for example, treatment is effective)

### Assessment of needs and planning of care

- Staff had recorded individual risk assessments and care plans in client records. Staff had made improvements in care planning since the last inspection. Staff recorded some holistic goals, but some care plans lacked specific timeframes for completion. Two risk assessments did not assess risk adequately and the associated risk management plans did not describe how staff would manage these risks.

### Skilled staff to deliver care

# Substance misuse/detoxification

- Managers had improved staff access to supervision. The team leader had prioritised this since the last inspection to ensure that all staff had access to support and development.

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

### Good governance

- The provider had taken action to address most of the issues highlighted during the last CQC inspection. Issues remained with blood borne virus (BBV) assessment.
- Managers had offered regular supervision to staff and recorded this in staff files.
- Managers had updated the provider's detoxification policy to ensure that it reflected the current practise at the service.
- Managers had not identified all quality issues when completing audits. We found gaps in blood borne virus assessments, despite managers having completed audits and signing these records off as complete.
- Managers had updated the provider's recruitment policy and were happy to accept 'up to two' references from previous employers of staff. These were stored on a recruitment file on a laptop.
- Managers had recorded the date they saw a staff member's disclosure and barring (DBS) check. They did not record the date the DBS was issued. This meant they did not know when the DBS should be updated. Good practise states that DBS checks should be updated every three years. Managers told us they would get the DBS issue date from staff and record this.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure that all people admitted to the service have appropriate blood borne virus assessments.
- The provider must ensure that clinical audits are completed appropriately and identify any issues.

- The provider must ensure that risk assessments are robust and have risk management plans in place to reflect this.

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

- The provider should ensure that all records reflect the care and treatment of clients.

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

Accommodation for persons who require treatment for substance misuse

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- The provider did not ensure that risk assessments were robust or that risk management plans were in place.
- The provider did not fully assess whether clients required blood borne virus testing.

#### Regulated activity

Accommodation for persons who require treatment for substance misuse

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The provider did not identify all gaps and quality issues during clinical audits.