The Lighthouse

Quality Report

Southchurch Avenue
Shoeburyness
Southend on Sea
SS3 9BA
Tel:0800 170 1222
Website: www.stepbysteprecovery.co.uk

Date of inspection visit: 20 February 2018
Date of publication: 15/05/2018

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

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 issues that the service provider needs to improve:

- There were ligature anchor points in the bedrooms, bathrooms and in communal areas. The service had completed a ligature risk assessment. However, it did not identify individual ligature anchor points or say how staff would mitigate identified risks.
- We had concerns regarding mixed-sex accommodation. Bedroom corridors contained a mixture of male and female bedrooms. There were no locks on the bedroom doors so clients could not lock the door to maintain their safety, privacy, and dignity.
- The service did not have an alarm call system in place. Staff did not carry personal alarms. Staff would be unable to summon assistance quickly if a client or staff required assistance.
- At the time of inspection managers were not appropriately reporting incidents to the Care Quality Commission.
- Storage and recording of medication was not appropriately managed.

Summary of findings

- The service had exclusion criteria that stated they did not admit patients with complex mental health issues. However we found evidence that the service had admitted patients with these needs. The service was not equipped to deal with the risks that this posed. Managers had not fully considered all possibilities of how they would meet the needs of clients with disabilities or clients that did not speak English. The manager stated they would not offer a service to people with these additional needs and had not considered what alternative support they could access to enable them to meet individual needs of clients. Not all care plans were holistic and person centred.

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

- The service had enough staff to care for the number of clients. Staff knew and put into practice the service's values. Mandatory training compliance was 100% for eligible staff.
- We found staff to be kind, caring, and respectful at all times and treated clients with dignity and respect and clients confirmed this.
- Clients told us that the food was of good quality and they had a choice of food and cultural dietary needs could be met. Clients had access to a seven day therapeutic activities timetable. Staff and clients were given opportunity to provide feedback that led to service improvements.

Summary of findings

Contents

The Lighthouse

Services we looked at:
Substance misuse/detoxification.

Summary of this inspection

Background to The Lighthouse

The Lighthouse is a detoxification and rehabilitation facility that can support up to 11 clients requiring support for drug and alcohol misuse. The NHS or charitable organisations may fund patients or they can fund privately. At the time of inspection the provider had five clients.

Regulated activities:

• Accommodation for persons who require treatment for substance misuse.

The registered manager was also the Treatment Director.

This was the first inspection of the Lighthouse which began operating in May 2017.

Our inspection team

The team that inspected the service comprised CQC lead inspector; one other CQC inspector; a CQC inspection manager and a specialist nursing advisor. The nursing advisor has previous experience of working in this type of service.

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.

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
- spoke with five clients / one focus group
- spoke with the registered manager
- spoke with three other staff members employed by the service provider, including a counsellor and support worker
- spoke with one staff member who worked in the service but were employed by a different service provider
- spoke with two family members
- spoke with two ex residents

Summary of this inspection

- attended and observed one hand-over meeting
- looked at five care and treatment records
- looked at five medicine records for clients
- looked at policies, procedures and other documents relating to the running of the service

What people who use the service say

We interviewed five clients and two carers. Clients told us that they felt the staff were very caring and compassionate towards them. They said staff treated them with dignity and respect. Clients told us they thought the food was very good and there was plenty of choice.

Clients knew how to make a complaint and staff gave clients information on how to complain at the start their admission within the service user guide.

Carers told us that they felt their loved ones were sell supported and cared for. They told us they were kept informed of any changes in need.

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:

- There were ligature anchor points in the bedrooms, bathrooms anchor points or say how the service would mitigate the risks.
- Staff did not ensure that medicines were always appropriately stored and medication charts were not always fully completed.
- The provider was not able to demonstrate best practice in relation to mixed-sex accommodation guidance. Bedroom corridors contained a mixture of male and female bedrooms. There were no locks on the bedroom doors so clients could not lock the door to maintain their safety, privacy, and dignity.
- The service did not have an alarm call system in place. Staff would be unable to summon assistance quickly if a client or staff required assistance in an emergency.
- At the time of inspection managers were not appropriately reporting incidents to the Care Quality Commission as required.

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

- The service had enough staff to care for the number of patients safely.
- Mandatory training compliance was 100% for eligible staff.
- All areas of the service were visibly clean and well maintained. The service had employed a housekeeper, who visited twice weekly to help maintain standards of cleanliness.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- Staff did not use recognised rating scales to assess and record severity of dependency and outcomes of treatment.
- Clients did not always receive a routine physical examination or mental health assessment on admission.
- The service had an exclusion criterion that stated they did not admit patients with complex mental health issues. However we found evidence that the service had admitted patients with complex mental health needs. The service was not equipped to deal with the risks that this posed.

Summary of this inspection

- Not all care plans were holistic and person centred. Staff did not record whether patients were given a copy of their care plan.
- We found that staff did not always assess client's capacity on admission. We did find evidence of consent to treatment. However, if a client arrived for admission, they were intoxicated and lacking capacity to consent staff told us they would take the assessment prior to admission as consent to treatment and if a client arrived intoxicated and was willing to stay then this would be accepted as implied consent.

However, we found the following areas of good practice:

- Staff regularly attended monthly multidisciplinary team meetings.
- Staff completed regular daily medication audits.
- We reviewed the mandatory training records which showed 100% of staff had received training in Equality, Diversity and Human Rights.
- Staff offered free aftercare services which included follow up by telephone and an opportunity to return to the service for a weekly meeting.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We found staff to be kind, caring, and respectful at all times and treated clients with dignity and respect and clients confirmed this.
- Family members told us that staff involved them in their loves ones care.
- Staff encouraged clients to complete a service user feedback questionnaire and we saw evidence that services had changed as a result of client feedback.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients told us that the food was of good quality and they had a choice of food and cultural dietary needs could be met.
- Clients had access to a seven day therapeutic activities timetable.
- Clients knew how to make a complaint. Staff gave clients information on how to complain at the start their admission within the service user guide.

Summary of this inspection

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

- Managers had not fully considered how they would meet the needs of clients with disabilities or clients that did not speak English. The manager stated they would not offer a service to people with these additional needs and had not considered what alternative support they could access to enable them to meet individual needs of clients.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- Senior staff were not aware of ligature anchor points. The service did not have a sufficient risk management plan in place to mitigate the risk of ligatures.
- The service did not have appropriate systems in place to monitor overall staff compliance with supervision.
- At the time of inspection managers were not appropriately reporting incidents to the Care Quality Commission. We found two incidents that were reportable that had not been notified to the Care Quality Commission.

However, we also found areas of good practice, including that:

- Staff morale and job satisfaction was high.
- Managers and staff were aware of the service mission statement and aims of objectives of the service.
- Staff told us that they would be confident to raise concerns and these would be taken seriously and dealt with appropriately.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- There were blind spots throughout the service. The provider had not mitigated these with the use of mirrors or CCTV. However, staff told us they would use observations to maintain the safety of clients.
- At the time of inspection we found ligature anchor points throughout the service (a ligature anchor point is anything which a person could use to attach a cord, rope or other material for the purpose of hanging or strangulation).There were ligature anchor points in the bedrooms, bathrooms and in the outdoor space. These included for example; window and door handles, window restrictors, shower pipes, towel rails and garden furniture. The service had completed a ligature risk assessment. However, the risk assessment did not highlight all potential ligature anchor points or their location and it did not contain a risk management plan as to how the service would mitigate the risks. Managers provided a more detailed risk assessment within a few days following the inspection. This assessment identified risks across the service with appropriate management plans to mitigate them. Staff completed an individual environmental risk assessment as part of the admission assessment. However, these were limited and did not include potential risks posed by ligature points.
- The provider was unable to demonstrate they had considered best practice in relation to mixed sex accommodation. Bedroom corridors contained a mixture of male and female bedrooms. The facility contained three shared rooms, each with two beds. All shared rooms were ensuite. There were five single rooms of which one was ensuite. There were three further communal bathrooms; one male, one female and one unisex. There were no locks on the bedroom doors so clients could not lock the door to maintain their safety, privacy, and dignity. The service did not have a female only lounge.Staff would discuss with individual patients if bed moves were required due to client mix.
- All areas of the service were visibly clean and well maintained. The service had employed a housekeeper, who visited twice weekly to help maintain standards of cleanliness. The service used an external laundry company. The service kept the environment and furnishings well maintained. Managers held weekly community team meetings. We reviewed minutes of the meetings and found evidence that staff raised issues relating to the maintenance of the service.
- The kitchen area appeared clean and tidy. We saw a locked control of substances hazardous to health cupboard. The service displayed handwashing posters above toilets and sinks.
- The service did not have a fully equipped clinic room. The clinic room was small, but tidy. Staff told us they did not have resuscitation equipment or keep emergency drugs. Staff told us in the event of an emergency they would call for an ambulance.
- The clinic room did not contain a sink. We observed there was alcohol hand gel in the room. There was a lockable fridge within the clinic room. However at the time of inspection this was empty. The clinic room did not contain equipment for monitoring clients' physical health. Staff completed urine drug screening in the toilet next door to the clinic room. The room did not contain soap for clients and staff to wash their hands. We asked the provider to rectify this immediately.

Substance misuse/detoxification

- The service did not have an alarm call system in place. Staff did not carry personal alarms. Staff would be unable to summon assistance quickly if a client or staff required assistance in an emergency.

Safe staffing

- The service had enough staff to care for the number of patients. Managers told us there was a minimum of three staff on day shifts and two staff at night.
- The service was at full establishment with nine staff in post. Staff included a clinical director, a treatment director (also the registered manager); one senior counsellor; one counsellor; one senior support worker; three support workers and a chef. The service did not employ qualified nurses.
- The service reported a sickness rate of 10%. There were nine staff in post so this equated to one staff member.
- The service reported two staff had left since May 2017. At the time of inspection there were no vacancies.
- The service maintained safe levels of staffing. We checked the duty rotas and found there were sufficient numbers of staff on all shifts for the number of clients.
- Staff told us that they could increase staffing numbers if required for issues such as increased client observation or higher activity levels.
- The service did not use agency staff.
- There was enough staff so clients could have regular individual time. We spoke to five clients who told us they felt they were able to have regular time to speak with staff.
- The service did not cancel activities or leave due to staffing issues.
- The service had adequate medical cover. The doctor was contactable by phone throughout the day and night. They would attend the service for admissions, which were planned in advance.
- We reviewed the services training matrix and found that the mandatory training compliance rate was 100%. Training included for example; basic life support, safeguarding and safe administration of medicines.

Assessing and managing risk to clients and staff

- The service did not use restraint or seclusion to manage client behaviour.
- Staff completed a risk assessment for each client upon admission. We reviewed six client records and saw evidence that staff kept these up to date and reviewed them regularly or when risk changed.
- The service had introduced a risk assessment tool that was completed on admission. This covered a range of risks, including psychological, physical, financial and environmental as well as likelihood of risk.
- The service had a blanket restriction in relation to the use of mobile phones. Clients were not allowed to use mobile phones for the first seven days. Following seven days clients were allowed to use the mobile phones at certain times of day, between 7pm and 10pm. Staff told us this was to support clients in engagement with the therapeutic recovery programme. Patients told us that if needed staff would facilitate calls outside of these hours.
- There was a search policy in place. Staff searched clients upon admission and prior to and on return from leave if staff suspected that they might have contraband items in their possession. Clients agreed to this as part of their treatment contract.
- Staff received training in Safeguarding of Vulnerable Groups Levels one and two. We reviewed the training records and found compliance with safeguarding training was 100% of eligible staff. We spoke to staff who were able to explain how they would respond if they had concerns about clients' safety and well-being. The senior counsellor was the safeguarding lead for the service.
- We viewed six care records. Staff had not documented clients expected exit from treatment. Managers informed us that in the event of unexpected treatment exit staff would give clients information on local support, and advise how to access local groups such as Alcohol Anonymous and Narcotics Anonymous.
- The service had a visiting policy and there were procedures for children visiting. The service did not allow children into the main client area. However, there was a group room downstairs, which staff could use if families visited with children.

Substance misuse/detoxification

- Staff did not manage dispensing of medication appropriately. Four medication administration records contained gaps and information was missing in relation to allergies and the recorded dosage and quantity of controlled drugs within the medication charts did not tally with the record within the controlled drugs book. We found staff had recorded they had given as required medication but had not been signed the medication administration card. Staff told us they considered diazepam as a controlled drug. We found this stored within the controlled drugs cabinet. The controlled drugs cabinet was locked however the key was available to all staff in the staff room. However, we viewed the service policy and procedures and we saw evidence that a weekly medication audit took place. Staff had received training in safe administration of medication and compliance rate for this was 100%.
- Staff completed a risk assessment of each client upon admission. We reviewed six client records in which risk assessments were present and risk management plans in place for four out of six clients. Staff regularly reviewed and updated these.

Track record on safety

- The service reported there had been no serious incidents since May 2017. We reviewed the service incident log between May 2017 to 20 February 2018 eight incidents had been reported through the internal reporting process.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents in line with the provider's reporting policy. However we found two notifiable incidents that staff had not reported to the Care Quality Commission.
- The service had recently introduced an incident reporting form that contained sections on immediate actions, next steps, and result of internal investigation.
- Staff discussed incidents at monthly team meetings. We reviewed minutes of the monthly team meetings from December 2017 to February 2018, we found example of an incident being discussed relating to the storage of medication by a client.
- Staff discussed lessons learned during handovers, supervision and debriefs following an incident.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Assessment of needs and planning of care

- The service did not have an electronic system. Care plans were kept in paper format in individual folders within the staff office.
- Clients received an initial assessment pre-admission and completed a psychosocial questionnaire. We reviewed the admission paper work of six clients. We found one example where staff had not documented the perceived risk and the doctor had not signed the record.
- Staff completed a new admission document which included the following information; current use; history; medication; psychological history; appearance; previous detox; living arrangements and work.
- The service had exclusion criteria that stated they did not admit patients with serious mental health issues. However in reviewing the client's notes we found evidence that the service had admitted patients that had complex mental health needs and the service was not equipped to deal with the risks that this posed.
- We saw within care records that recovery plans were present and up to date. Not all care plans were holistic and person centred. Staff did not record whether patients were given a copy of their recovery plan.
- We viewed six care records. Staff had recorded within four records that a full physical health assessment was carried out on admission.
- Care records showed that not all clients were routinely receiving a mental health assessment on admission.

Best practice in treatment and care

- The psychiatrist worked within National Institute for Health and Care Excellence detoxification guidelines, and each admission is checked with the doctor prior to admission. Staff were aware of Drug misuse and dependence: UK guidelines on clinical management and were aware these were updated in 2017.

Substance misuse/detoxification

- Staff completed daily medication audits and senior management reviewed weekly and monthly audits. Staff discussed actions at team meetings.
- Staff were not using recognised rating scales to assess and record severity and outcomes. Mangers informed us they would be introducing the Clinical Opiate Withdrawal Scale (COWS) in March 2018.

Skilled staff to deliver care

- The service employed a range of staff disciplines. This included support workers, and counsellors. The service did not employ qualified nurses.
- We reviewed five staff personnel files and found staff had appropriate skills and qualifications for example; National vocational Qualifications in counselling and registration with the British Association for Counselling.
- All staff files contained an induction checklist which highlighted that staff had completed their induction. Staff had a six-month probationary period at the start of employment. Supervision notes were stored within individual staff personnel files. There was not a system in place for recording the uptake of supervision for the team as a whole. Therefore the service was unable to provide overall compliance rates.
- Since May 2017 managers had addressed poor staff performance for two members of staff promptly and effectively.
- The service had 24 hour support from a consultant psychiatrist, and daily support from one of two local GPs where needed. Staff reported they would call an ambulance in an emergency and we saw evidence of this within the incident file.

Multidisciplinary and inter-agency team work

- Staff attended monthly team meetings. We reviewed three months meeting minutes from December 2017 to February 2018. Topics for discussion at the meetings included for example; staff roles and responsibilities; risk assessments; medication; GP appointments; supervision; training and treatment planning.
- There were effective daily handovers with the team. Staff shared information on clients' presentation throughout the day and any issues following change in needs or risks. Staff also discussed safeguarding concerns and activity planning for the day.
- Staff reported effective working relationships with teams outside of the organisation. Staff reported good relationships locally with the pharmacist, GP, probation service and other substance misuse services.

Adherence to the Mental Health Act

- The Mental Health Act was not applicable to this service. The service did not admit clients that were detained. Staff were not in receipt of training in the Mental Health Act or Code of Practice.

Good practice in applying the MCA

- Staff were trained in The Mental Capacity Act 2005. Staff compliance with Mental Capacity Act training was 100%
- Staff told us they sought advice from the manager, the safeguarding lead, or the senior counsellor.
- The service had not made any Deprivation of Liberty Safeguards applications.
- Staff were trained in Deprivation of Liberty Safeguards. Staff compliance for this training was 100%
- We viewed six care records and found that staff did not always assess client's capacity on admission. We did find evidence of consent to treatment. However, if when a client arrived for admission, they were intoxicated and lacking capacity to consent. Staff told us they would take the assessment prior to admission as consent to treatment and if a client arrived intoxicated and was willing to stay then this will be implied consent. Staff would wait until the following day before getting them to sign paperwork to consent to admission.

Equality and human rights

- We reviewed the mandatory training records which showed 100% of staff had received training in Equality, Diversity and Human Rights.
- The provider was able to meet the needs of clients with limited mobility. The service had disabled access into the building and bedrooms on the ground floor. Staff were able to support clients with their lifestyles and could access support for clients' spiritual, cultural and faith needs.
- Clients received a service user guide upon admission which contained a section on ethnic and cultural needs.

Substance misuse/detoxification

Management of transition arrangements, referral and discharge

- Staff offered a free aftercare service which includes follow up by telephone and opportunity to return to the service for a weekly meeting. Between May 2017 and October 2017 the service had successfully made contact with 25 of the 52 admitted patients.
- The service had admission and discharge policies and processes. Staff told us most referrals were self-funded by clients although the service also accepted clients that were NHS or charity funded.
- Clients completed a pre-admission questionnaire to determine their suitability for the detoxification programme.
- Staff proactively encouraged clients to move to supported housing that the service makes available to clients following treatment, within the local area.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed staff attitudes and behaviours when interacting with clients. We found staff to be kind, caring, and respectful at all times and treated clients with dignity and respect.
- We spoke with five clients who told us that staff were kind and caring and understood their needs. Clients told us they felt well supported by the staff and that staff treated them with respect.
- We spoke with two family members and two ex residents who reported that staff were caring, welcoming and understanding.

The involvement of clients in the care they receive

- The admission process informed and orientated clients to the service. Clients were given a service user guide on admission. The guide contained information regarding the service visions and objectives, complaints and advocacy, treatment contract and consent.
- We spoke with two family members who reported they felt involved in the care programme and told us that staff kept them up to date with their loved ones care.
- Clients were able to give feedback on the service. Staff held weekly community group meetings. We viewed minutes of the meetings and saw evidence that clients were asked for feedback on improvements that they would like to see and that the service was acting on suggestions made by clients. For example, clients spoke about the therapeutic timetable, the amount of groups that took place in a day, and the length of breaks between groups. They asked that they could watch the news in the daytime and evening in order to "feel part of the outside world". They also asked if they could have timetabled sessions to use the gym.
- Clients completed a service user feedback questionnaire. The questionnaire outlined suggestions, and improvements to the service as well as outlining the overall experience that the client had during their stay. Staff reviewed the questionnaires and gave an example of an improvements made as a result of feedback for example, weekly mindfulness sessions have been introduced to the therapeutic timetable.
- Care plans did not always show that clients had been involved in the planning of their care. However staff told us clients had been asked to sign their care plans to say that they agreed with them. The manager told us there was a list of advocacy services should clients ask and that ex-clients provided a support service to clients. Information on advocacy was provided within the service user guide.
- Families and carers were involved in clients' care. We spoke to two families and carers who told us staff kept them updated and informed of any changes and had opportunities to input into care plans.

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

Access and discharge

- The service had a bed occupancy rate of 45%. The provider did not provide a figure for the past six months.
- The service admitted clients nationally and therefore did not have out of area placements.

Substance misuse/detoxification

- Since May 2017 the service has undertaken 70 admissions. There have been six readmissions. This results in a readmission rate of 9%.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had suitable rooms for both group therapy and smaller rooms for individual therapy. There was a garden space outside as well as rooms located within the service where clients could see visitors. Clients had access to outdoor space. The service had a garden area that contained outdoor furniture and a BBQ patio.
- The service allowed people to use their mobile phones. However, clients could only use their mobile phones at certain times of day. Staff told us that this was to encourage clients to attend the therapeutic programme. However, we viewed minutes of the monthly team meeting for February 2018 where staff had discussed a request by clients to access their phones at other times. It was agreed that clients could have access to mobile phones from 5pm on Saturdays and 2pm on Sundays.
- We spoke with six clients that told us that the food was of very good quality. The service had recently employed a chef who cooked food fresh on the premises five days out of seven and prepared food for the other two days. Clients told us they had a choice of food. The chef joined the weekly community meetings and this provided an opportunity for clients to discuss menu preferences.
- Clients had access to snacks and hot drinks throughout the day and night.
- We saw that clients were able to personalise their rooms for example, displaying pictures.
- Clients did not have a secure place to store their possessions in their bedrooms. However, clients' valuables were stored in locked containers within the staff office.
- Clients had access to activities throughout the week including weekends. The service had a full activities programme. Activities at weekends included visits into town and quiz night.

Meeting the needs of all clients

- Bedrooms on the ground floor were used when admitting clients with limited mobility and there was disabled access to the building.
- The service did not have leaflets available in different languages. However, the manager told us that they would not offer a service if clients could not speak English and engage with the therapists.

Listening to and learning from concerns and complaints

- We viewed the service complaints policy and procedures. Between May 2017 and 20 February 2018 the service had received no complaints.
- Staff gave clients information on how to complain at the start their admission within the service user guide. Clients told us they knew the complaints process and would feel confident to complain if required.

Are substance misuse/detoxification services well-led?

Vision and values

- Managers and staff were aware of the service mission statement, aims and objectives of the service. All staff were required to sign a document to state they understand these and copies were found within the staff personnel files.

Good governance

- The service did not have appropriate systems in place to monitor staff compliance with supervision. The manager kept records of when staff had received supervision within individual staff records. There was no system in place to monitor supervision to ensure that it happened on a monthly basis and therefore could not provide supervision compliance rates.
- The service had a system in place to monitor mandatory training compliance. The service kept records of when staff last completed training courses and when they were next due to attend.
- Senior staff were unaware of the risks posed by ligature anchor points. The service did not have an appropriate ligature risk management plan in place to reduce the risks posed by ligature anchor points.
- Mangers did not use a robust performance indicators framework. The service did not have a system to identify areas for service improvement.

Substance misuse/detoxification

- We saw the service risk register, dated December 2017. Managers had identified ten risks of which one was low risk and two were high risks. The high risks were programmes out of step with prevailing research evidence and financial risk due to lack of take up of programmes. All risks contained an initial risk score, current risk score, mitigation plan and progress update.
- The service had a recruitment policy and they had recently recruited new staff. At the time of inspection managers were not appropriately reporting incidents to the Care Quality Commission. We found two incidents that were reportable where managers had not notified the Care Quality Commission.

Leadership, morale and staff engagement

- Staff morale and job satisfaction was high. Staff told us how much they enjoyed working within the service and they felt the work was very rewarding. Staff told us they felt very supported by senior managers and there was excellent team working and mutual support from colleagues.
- We observed a handover session which began with a staff wellbeing discussion.
- Staff told us that they would be confident to raise concerns and managers would take this seriously and deal with them appropriately.
- Staff were offered the opportunity to give feedback on services and input into service development. Staff told us that they could make suggestions to improve services during team meetings. We reviewed the minutes of team meetings which showed that managers had acted on suggestions made by staff.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that they mitigating identified risks.
- The provider must ensure appropriate arrangements are in place for the safe storage and recording of medications.
- The provider must ensure that they assess the risks posed by mixed sex accommodation. The provider must ensure they have plans in place to minimise these risks.
- The provider must ensure that clients are able to maintain their privacy and dignity when in their bedrooms.
- The provider must ensure managers are aware of their responsibility to report notifiable incidents.

Action the provider SHOULD take to improve

- The provider should ensure that all clients receive a routine physical examination and mental health assessment on admission.
- The provider should consider using performance and outcome measures to ensure the efficacy of its practice.
- The provider should ensure appropriate systems are put in place to monitor staff compliance with supervision.
- The provider should review staff access to alarms for use in an emergency.
- The provider should consider how to meet the individual needs of clients requiring additional support.
- The provider should ensure all care plans were holistic and person centred

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not ensured the environment was safe for clients presenting with risk of self-harm or suicide. The environment contained multiple ligature anchor points and the ligature risk assessment did not include all risks, or state how such risks were to be managed. The provider had not assessed the risks posed to clients by providing mixed sex accommodation or put in place plans to manage these risks. The provider did not ensure appropriate arrangements were in place for the storage and recording of medications. **This was a breach of regulation 12 (2)(a)(b)(g)**

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Clients were unable to lock their bedroom door to maintain their privacy and dignity. **This was a breach of regulation 10 (2)(a)**

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Accommodation for persons who require treatment for substance misuse

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The provider did not ensure reportable incidents were notified to the Care Quality Commission.

This was a breach of regulation 18(2)