

Good 

Oxygen

# Substance misuse/ detoxification

## Quality Report

London Road  
Nascent House  
Hemel Hempstead  
Hertfordshire  
HP3 9ST  
Tel:01442 275880  
Website:www.druglink.co.uk

Date of inspection visit: 15 August 2018

Date of publication: 08/10/2018

### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-2084010702	Oxygen	Oxygen	HP3 9ST

This report describes our judgement of the quality of care provided within this core service by Oxygen. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Oxygen and these are brought together to inform our overall judgement of Oxygen.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

### **Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	8
Our inspection team	8
Why we carried out this inspection	8
How we carried out this inspection	8
What people who use the provider's services say	9
Areas for improvement	9

---

### Detailed findings from this inspection

Locations inspected	10
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Findings by our five questions	11
Action we have told the provider to take	20

---

# Summary of findings

## Overall summary

### We rated Oxygen as good because:

- Rooms and furnishings in areas accessed by clients were clean and well maintained.
  - The service was fully staffed at the time of inspection. Staff absences were planned for in advance and were managed effectively.
  - All clients had an initial risk assessment, risk assessments were comprehensive and regularly updated.
  - The service had a clear medicines management process in place, all medication was stored appropriately. Medication was audited regularly.
  - Trained staff completed blood pressure checks, breathalysing, and urine drug screening at regular intervals.
  - Staff reviewed and updated individual care plans regularly. Care plans were personalised, recovery orientated, holistic and looked at areas of strength. All clients we spoke with said they were involved in their care plan.
  - Staff used recognised monitoring forms to record and assess client withdrawal, outcomes and strengths as recommended in drug misuse and dependence: UK guidelines on clinical management.
- All staff, including volunteers received a thorough induction, all eligible staff were being supervised and appraised. Staff had access to regular team meetings and daily handovers. Staff could access additional and specialist training to support them in their role.
  - The service held weekly house meetings where clients were encouraged to raise any issues with staff. Staff welcomed feedback from clients using the comments box or weekly house meetings.
  - Staff morale at the service was high. Staff told us that they felt valued and supported within their roles.
  - We saw evidence of recruiting from within the service and internal promotion. Staff felt able to input into developments within the service.

### However:

- The blood pressure machine had not been calibrated.
- Staff were not wearing their lanyard alarms in line with the providers lone-working policy.
- Toilets and bathrooms were mixed sex and not designated male or female. Risk assessments did not clearly indicate if the risk of being in mixed-sex accommodation had been considered and male and female bedrooms were located next to each other.
- Naloxone was stored in a locked cupboard within the clinic room and was not accessible immediately in an emergency.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

We rated safe as **requires improvement** because:

- The blood pressure machine had not been calibrated.
- Staff were not wearing their lanyard alarms in line with the providers lone-working policy.
- Toilets and bathrooms were mixed sex and not designated male or female. Risk assessments did not clearly indicate if the risk of being in mixed-sex accommodation had been considered and male and female bedrooms were located next to each other.
- Naloxone (used to reverse the effects of opioids) was stored in a locked cupboard within the clinic room meaning it could not be accessed immediately in case of an emergency.

### However:

- Rooms and furnishings in areas accessed by clients were clean and well maintained.
- The service was fully staffed at the time of inspection. Management had estimated the number, grade, and experience of staff required based on client need. Staff absences were planned for in advance and were managed effectively.
- Clients had regular one-to-one sessions with their named keyworker.
- Overall, 88% of staff had completed mandatory training.
- All clients had an initial risk assessment and all risk assessments were regularly updated. Risk assessments were comprehensive.
- The service had a clear medicines management process in place. The service audited medication regularly and a lockable bag was used to transfer medication.
- Minor incidents were recorded. Discussions were held with staff around lessons learnt, additional training needs and actions taken following incidents. Clients risk assessments were updated following incidents. Staff received feedback from incidents.

Requires improvement



### Are services effective?

We rated effective as **good** because:

- Full assessments were completed thoroughly prior to clients being accepted for treatment. A further assessment was then completed with the client upon admission.

Good



# Summary of findings

- Trained staff completed blood pressure checks, breathalysing, and urine drug screening at regular intervals.
- Staff reviewed and updated individual care plans regularly. Care plans were personalised, recovery orientated, holistic and looked at areas of strength.
- Staff used recognised monitoring forms to record and assess client withdrawal, outcomes and strengths as recommended in drug misuse and dependence: UK guidelines on clinical management.
- All clients accessing treatment were temporarily registered with the local GP surgery.
- The service provided a range of interventions and daily activities.
- Staff supported clients to attend a sexual health or genitourinary medicine (GUM) clinic for blood borne virus testing and vaccination and advice or treatment for sexual health if required. Clients were also offered support to access the dentist and opticians.
- The service had a 24/7 on call rota for staff and was staffed 24/7.
- All staff received a thorough induction, all eligible staff were being supervised and appraised. Staff had access to regular team meetings and daily handovers.
- Staff had access to specialist training for their role, staff could ask for additional or specialist training to support their ongoing professional development.
- Overall, 100% of staff had completed training in the Mental Capacity Act.
- The service had clear admission and discharge criteria. Staff asked all clients for feedback upon discharge.

## Are services caring?

We rated caring as **good** because:

- We observed staff interacting with clients in a respectful, kind and supportive manner. Clients we spoke with told us staff were interested in their wellbeing and that staff were polite and compassionate.
- Clients told us there was always enough staff to have regular key work sessions and they felt they received both practical and emotional support.
- All client files contained a confidentiality and information sharing agreement, along with a signed copy of the treatment contract.
- All clients we spoke with said they were involved in developing their care plan. care plans were holistic and included all aspects of client's wellbeing.

**Good**



# Summary of findings

- Families could be involved in treatment with client agreement.
- All clients received weekly one-to-one sessions with their named keyworker.
- Staff welcomed feedback from clients using the comments box or weekly house meetings.

## Are services responsive to people's needs?

We rated responsive as **good** because:

- Doctors were flexible and able to see urgent referrals as needed.
- Staff worked with clients to include them in their care and prevent them from disengaging in their treatment.
- Clients could not recall any cancelled appointments or groups due staff shortages or sickness.
- Key workers were assigned at the point of admission. Clients were supported to formulate their own leaving plans.
- Clients were able to personalise their bedrooms.
- Clients had access to outdoor space and a smoking area.
- Clients felt their spiritual needs were being met.
- The service held weekly house meetings where clients were encouraged to raise any issues with staff.
- The service reported no formal complaints between June 2017 and May 2018. Clients were aware of the complaints procedure. The service received eight formal compliments during this time and we saw evidence of further thank you cards placed on the walls of the service.

Good



## Are services well-led?

We rated well-led as **good** because:

- All staff lone-working with clients had current disclosure and barring service (DBS) documentation in place.
- Overall, 100% of staff eligible staff had regular supervision and yearly appraisals in line with the provider's supervision policy.
- All staff were involved in completing audits.
- The provider had a whistle-blowing policy in place which staff were aware of.
- There were no concerns regarding bullying or harassment.
- Staff morale at the service was high. Staff told us that they felt valued and supported within their roles.
- We saw evidence of recruiting from within the service and internal promotion.
- Staff felt able to input into developments within the service.

Good



# Summary of findings

## Information about the service

Oxygen opened in June 2015 and is a nine-bedded residential drug and/or alcohol, medically monitored detoxification and rehabilitation facility based in Hemel Hempstead, Hertfordshire. Oxygen provides ongoing abstinence based treatment, which includes group therapy, individual counselling and support in life skills. Clients who have completed treatment are also welcomed back to the service for ongoing aftercare support. Oxygen is registered to provide accommodation for persons who require treatment for substance misuse and treatment of disease, disorder or injury.

The location was registered with the CQC in June 2015. At the time of inspection, the service did not have a registered manager. A new manager was in the process of making an application to become registered manager. Druglink is the registered provider whose objective is to make a positive impact on the lives of those affected by substance misuse, their families & communities.

At the time of inspection eight people were accessing the service for treatment; the service also had five clients who had completed treatment returning for aftercare support.

The service provides care and treatment for male and female clients, Oxygen takes referrals from private individuals and drug and alcohol community teams.

Oxygen was last inspected in December 2016, following the last inspection; we told the service that it must take the following actions:

- The provider must ensure that staff receive regular supervision in line with the provider's supervision policy.
- The provider must ensure there is equipment available for use in a medical emergency.
- The provider must ensure medication is transported securely.
- The provider must install call alarms throughout the building to ensure client and staff safety and ability to call for help when needed.
- The provider must ensure that fridge in clinic room is used only for medicines.
- The provider must ensure disposable specimen pots are disposed of.

During the current inspection we noted that although the lone working policy stated that staff must wear lanyards fitted with an alarm to use in case of an emergency no staff were seen wearing them, meaning that staff could not raise the alarm in case of a medical emergency. All other actions from the previous inspection had been addressed.

## Our inspection team

The team that inspected the service included CQC inspector Hannah Lilford (inspection lead) and one other CQC inspector.

## Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?

# Summary of findings

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

During the inspection visit, the inspection team:

- looked at the quality of the environment, and observed how staff were caring for clients
- spoke with 10 clients or people who were receiving aftercare support
- spoke with the service manager

- spoke with four other staff members employed by the service provider, including a team leader, support workers and volunteers
- looked at five care and treatment records, including medicines records, for clients
- looked at six staff supervision files, and looked at policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

We spoke with 10 clients or people who were receiving aftercare support.

Clients who used the service reported they felt safe, understood and staff treated them as responsible adults. All the clients we spoke with felt the treatment programme and philosophy was effective, challenging, and supportive.

Clients told us they were responsible for menu planning, shopping, preparing, and cooking their own food as part of the therapeutic duties.

Clients told us they felt well informed about their treatment, what was expected of them, and what they

could expect from staff. They felt family were involved as much as they wanted them to be and staff always sought consent before contacting family members or other healthcare professionals.

Clients told us group therapy and activities were varied and good quality. Clients particularly enjoyed yoga and getting to choose their own physical activities such as rounders or swimming.

Clients reported the aftercare support was beneficial as part of their ongoing support network.

## Areas for improvement

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

- The provider must ensure that the blood pressure machine is calibrated.
- The provider should ensure that all staff wear their lanyard alarms as outlined in the providers lone-working policy.

- The provider should ensure that risk assessments clearly indicate if the risk of being in mixed-sex accommodation has been considered.

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

- The provider should consider storing naloxone somewhere accessible in an emergency.

Oxygen

# Substance misuse/ detoxification

**Detailed findings**

## Locations inspected

**Name of service (e.g. ward/unit/team)**

**Name of CQC registered location**

Oxygen

Oxygen

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Overall, 100% of staff had completed training in the Mental Capacity Act. Staff had knowledge of mental capacity and the impact it could have on clients they were working with.
- Overall, 93% of staff had completed training on Deprivation of Liberty Safeguards.
- Staff we spoke with told us they presumed capacity.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

- Communal rooms, one-to-one rooms, bathrooms and client bedrooms were not fitted with alarms, although staff had access to lanyard alarms. However, only one staff member was seen wearing their lanyard alarm on the day of inspection. This meant that in a staff or client emergency staff would not be able to call for assistance. The service did not have a staff response rota but had a procedure that staff followed if an alarm was raised. CCTV was not used.
- The service manager completed environmental risk assessments, including ligature audits. Ligature audits identify points where clients are able to tie something to if they intend to self-harm.
- The service had access to naloxone (used to reverse the effects of opioids). Two staff were trained to administer naloxone and further training had been booked for all staff in September 2018. Naloxone was stored in a locked cabinet in the clinic room. This meant that it could not be accessed immediately in case of an emergency. The service did not have access to resuscitation equipment. A process was in place to call emergency services if required. All staff had completed first aid awareness.
- Furnishings in areas accessed by clients were clean and well maintained. Staff and clients were expected to keep areas clean and tidy.
- The clinic room was clean and tidy. Urine drug screening was carried out in an adjoining toilet, maintaining client privacy and dignity. The clinic room had a working fridge for storing medication. The clinic room temperature and fridge temperature were recorded daily. Staff were aware of what action should be taken if either the fridge or room temperature went out of range.
- The alcometer (used to measure level of alcohol in breath) had been calibrated. The blood pressure machine had not been calibrated, this meant an accurate reading could not be guaranteed. However, following inspection the service had considered contracting a local pharmacy to provide the service with a blood pressure machine which would include its maintenance.

- A clinical waste disposal company contract was in place to collect and dispose of clinical waste.
- The service had seven single bedrooms upstairs and two single bedrooms downstairs for clients undergoing detoxification. All of which were unisex and were not en-suite. Bathrooms and toilets were shared and signs were not visible to show if they were designated for males or females. It was not clear if clients' risk assessments included the risk of being in mixed sex accommodation. The service had included accommodation within the risk assessment but it was not clear if it meant clients were to be located downstairs due to the risk of being in mixed-sex accommodation, access issues or because they were undergoing detoxification. Clients were able to lock their bedrooms from the inside.
- There was evidence of PAT (portable appliance testing) on all electronic equipment throughout the service.

### Safe staffing

- The Oxygen staffing team consisted of a service manager, a team leader, a senior practitioner, two recovery workers, two support workers, two waking night staff working on a shift pattern and three volunteers. The medical team consisted of two doctors who were available to visit at short notice and available for advice at all times. The service was staffed 24/7.
- Management had estimated the number, grade, and experience of staff required based on client need and the programmes in place at any given time. Staff absences were planned for in advance and able to be managed effectively within the staffing team.
- The service had enough staff to ensure that clients had regular one-to-one sessions with their named keyworker. Clients could request additional one-to-one sessions if required.
- Staff and clients told us that they had no experience of activities or groups being cancelled due to staff shortages.
- Between June 2017 to May 2018, the service had a stable staff team and no staff had left the service. At the time of inspection there were no staffing vacancies and new vacancies that had been developed had been filled.
- Between June 2017 and May 2018 there were no unauthorised absences/ or sickness days taken by staff.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

- Overall, 88% of staff had completed mandatory training, this included administration of medication, adult and children's safeguarding training, first aid awareness, equality and diversity and health and safety training.
- A process was in place to call emergency services if required. All staff had completed first aid awareness.

## Assessing and managing risk to patients and staff

- We reviewed five care records during the inspection. All clients had an initial risk assessment and all risk assessments had been updated within the past two weeks. Risk assessments were comprehensive and included what process to follow for a client who unexpectedly exits treatment. The service had included accommodation within the risk assessment but it was not clear if it meant clients were to be located downstairs due to the risk of being in mixed-sex accommodation, access issues or because they were undergoing detoxification
- Staff said that if they noticed deterioration in client's physical health they would refer them to the local GP or seek guidance from the doctor. Staff monitored early warning signs of mental or physical health deterioration during daily contact with clients and during medication administration.
- The doctor reviewed all clients' medication on admission and if required, introduced detoxification medication. Medication was reviewed periodically during the clients stay at the service. We saw comprehensive doctors' assessments. Staff requested client GP records in advance of admission.
- Overall, 93% of staff were trained in safeguarding adults and children. Staff we spoke with knew when and how to make a safeguarding referral. The service manager was the safeguarding lead and had carried out additional training and was able to train new staff in safeguarding adults and children.
- The service had a child protection policy in place, which included protecting any children that visited the service. Children were welcomed for visits and could access communal areas.
- The service had a clear medicines management process in place, all medication was stored appropriately. Only suitably trained staff members were able access to the medications safe. Controlled drugs were audited daily

by two members of staff including the medication lead, this was then rechecked and signed off by the service manager or team leader. The service conducted a weekly medication audit which was completed by two members of staff and signed off by the service manager and team leader.

- The service used a lockable bag for staff to transport controlled drugs between the service and the pharmacy.

## Track record on safety

- The service reported no serious incidents in the 12 months leading up to the inspection.

## Reporting incidents and learning from when things go wrong

- We reviewed 10 minor incidents which the service had internally reported between January 2018 and March 2018 that were not CQC notifiable. We saw evidence of thorough discussions held with staff around lessons learnt, additional training needs and actions taken following incidents. Clients risk assessments were updated following incidents.
- Staff we spoke with were aware of what constituted an incident and how to report an incident. Staff told us they could discuss an incident with a manager prior to submitting an incident report.
- The service manager and team leader met regularly to discuss any incidents and learning from incidents. Staff received feedback from incidents during daily handovers, supervision and bi-weekly team meetings or clinical meetings.
- We saw evidence of learning and change within the service following a minor medication incident. The medicines management and audit process was updated following an incident involving medication.
- Staff we spoke with said they could not recall any recent incidents that required a debrief. However, they felt they could discuss any concerns or issues with management, during a handover, supervision or team meetings.

## Duty of Candour

- Managers and staff of the service were aware of the duty of candour. Managers and staff told us they were supported to be candid with clients.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

- We looked at five client care records and found that all admission assessments were completed thoroughly prior to clients being accepted for treatment. All pre-admission assessments were located within the client's case files.
- Physical health checks including blood pressure checks, breathalysing, and urine drug screening were completed prior to initiating treatment and detoxification. This included appropriate medication regimes to support the first few days of detoxification. Trained staff completed blood pressure checks, breathalysing, and urine drug screening at regular intervals thereafter.
- Staff reviewed and updated individual care plans regularly. All five care plans viewed were personalised, recovery orientated, holistic and looked at strength areas for each client. All clients we spoke with said they were involved in their care plan.
- Staff kept client files in locked cabinets within their offices which were only accessible to staff. The service used a paper based recording system.

### Best practice in treatment and care

- The service followed good practice in managing and reviewing medicines including following British National Formulary recommendations.
- Staff told us that the medical team prescribed medication as described by Department of Health guidance, drug misuse and dependence: UK guidelines on clinical management (2007) for alcohol and opiate detox. An alcohol and opioid detox protocol was in place which followed national guidance.
- Staff used the Treatment Outcomes Profile to measure change and progress in key areas of the lives of people treated within the service, the Clinical Opiate Withdrawal Scale which rates common signs and symptoms of opiate withdrawal and is used to monitor symptoms and the Clinical Institute Withdrawal Assessment for Alcohol, a ten-item scale used in the assessment and management of alcohol withdrawal.
- Key workers assessed client needs through using tools such as ITEP or SMART maps (which look at relationships between the thoughts, actions and

feelings that led to personal problems or their potential solutions) as recommended in drug misuse and dependence: UK guidelines on clinical management. We saw evidence of staff completing these within client files.

- All clients accessing treatment were temporarily registered with the local GP surgery for any healthcare needs.
- Interventions and daily activities included a goals group, yoga, art therapy, key work sessions and relapse prevention. Clients were able to choose activities they would like to take part in such as swimming, walks or football. Clients could access mutual aid groups externally.
- Staff supported clients to attend a sexual health or genitourinary medicine clinic for blood borne virus testing and vaccination and advice or treatment for sexual health if required. Clients were also offered support to access the dentist and opticians.

### Skilled staff to deliver care

- The multi-disciplinary team consisted of a service manager, a team leader, a senior practitioner, recovery workers, support workers, waking night staff and volunteers. The medical team consisted of two doctors who could access the service as and when required.
- Staff were available at the service when required for support. The medical team attended the service dependent on need and were available for phone call and face to face support. The service had a 24/7 on call rota for staff. One waking night staff member staffed the service overnight. However, this could be increased to two waking night staff if there were two clients on a medical detoxification or if any clients were deemed high risk. The service was staffed 24/7.
- We looked at six staff files. Staff were inducted to the service appropriately. Induction records were completed for all staff members, including volunteers.
- All staff working within Oxygen were regularly supervised, all eligible staff had a recent appraisal completed. Staff had access to daily handovers and bi-weekly clinical meetings and team meetings. The manager had an open door policy and staff said they felt they could approach the manager or team leader with any concerns or questions.
- Staff had access to specialist training for their role; all staff who were required administer medication to clients on a detox regime had received administration of

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

medication training. Staff we spoke with told us they could ask for additional or specialist training to support their ongoing professional development and they were given support to attend additional training in areas of interest.

- We saw evidence of identified learning areas being managed effectively within staff supervision files.
- The service provided volunteers with additional boundaries training to support them in their roles in keeping themselves and the clients safe.

## Multi-disciplinary and inter-agency team work

- Staff had access to bi-weekly team meetings and clinical team meetings; minutes were stored in a file located within the staff office. The agenda included referrals, safeguarding, health and safety, discharges, supported housing and second stage client reviews. Minutes were thorough and detailed and included lengthy discussion around each client.
- Staff attended handovers three times daily. They included discussion around any client issues or risks, the timetable for the day and a discussion around client medication.
- Staff told us they had good links with the dispensing pharmacies, community mental health teams, local mutual aid groups, the two local churches who provided clients with welcome and goodbye boxes and the local GP practice.

## Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- The Mental Health Act was not applicable to this service; clients using the service were not detained.

## Good practice in applying the Mental Capacity Act

- Staff we spoke with told us that mental capacity was assumed and should there be an issue it would have been identified by the referring agency.
- Overall, 100% of staff had completed training in the Mental Capacity Act. Staff had knowledge of capacity and the impact it could have on clients they were working with. Overall, 93% of staff had completed training in Deprivation of Liberty Safeguards.

## Equality and human rights

- The service had an equal opportunities policy in place. Staff we spoke with were able to tell us about the policy and how it impacted on their work.

- There were restrictions on clients having visitors for four weeks upon entering treatment. After the initial four weeks, clients were able to have weekend visits. Clients had restrictions on personal phone calls made whilst they were in treatment. Clients were required to hand their phones in to staff at the beginning of treatment. Mobile phones were not allowed during detoxification and first stage treatment, unless when on a day visit for safety purposes. Clients phones were returned when they transferred to second stage treatment or upon discharge. Clients were able to use the office phone to make personal phone calls after two weeks in treatment. All clients signed an agreement on admission to agree they would comply with the service rules.
- The service assessed any clients requiring disabled access on a case by case basis. Due to the service being located up a steep hill and having step access it would have been unsuitable for clients requiring wheelchair access. The service had recently decided to turn one of the downstairs bathrooms into a wet room to make it more accessible for clients.

## Management of transition arrangements, referral and discharge

- The service had clear admission and discharge criteria. Prospective clients were initially assessed by community drug and alcohol teams to identify if they were suitable. Staff at Oxygen then carried out another assessment upon admission. The service had a small waiting list of six clients, three of the clients on the waiting list had been given admission dates and were being supported by their local community drug and alcohol teams with regular updates from the service.
- Referrals were accepted from community drug and alcohol teams and on a private basis for clients. An assessment was completed with clients to assess suitability prior to them being accepted to the service.
- Staff invited prospective clients to visit the service before accepting a place.
- Staff supported clients to formulate their own leaving plans, including unexpected exit from treatment.
- Oxygen provided follow on support for clients who had completed their treatment programme. Clients who had completed treatment were offered the opportunity to live at local supported housing and attend the service for additional support. At the time of inspection, five

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

clients were accessing aftercare. Druglink also focussed on reintegration, including working with local businesses and agencies to provide clients with a pathway into volunteering.

- Staff asked all clients for feedback upon discharge. We looked at feedback records for discharged clients who

said that accommodation and staff support were mostly good or excellent. However, some clients felt that sometimes staff were too busy to deal with day to day concerns.

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

### Kindness, dignity, respect and support

- We observed staff interacting with clients in a respectful, kind and supportive manner.
- Clients we spoke with told us staff were interested in their wellbeing and that staff were respectful, polite and compassionate. Clients said they felt safe while using the service, and were happy with the treatment they were receiving. They said there was always enough staff to have regular key work sessions and they felt they received both practical and emotional support.
- All client files contained a confidentiality and information sharing agreement, along with a signed copy of the treatment contract.
- Staff knew clients on a first name basis and were able to discuss clients in depth. Staff had an awareness of clients' individual needs and preferences and discussed these during handovers.

### The involvement of people in the care that they receive

- Staff ensured all clients were aware of the treatment contract, boundary guidelines, compliments, complaints and advocacy information.

- All clients we spoke with said they were involved in their care plan. Client case files included clients personal goals throughout treatment.
- We saw how care plans offered interventions aimed at maintaining and improving the clients' social networks, and provided support for people to attend community resources such as attending mutual aid groups.
- Families could be involved in treatment with client agreement. A family therapist was available every Saturday. At the time of inspection, Oxygen was not collecting any family feedback.
- All clients had a named key worker and clients knew who their key worker was. All clients received weekly one-to-one sessions with their named keyworker.
- Clients were expected to follow the rules and protocols, signed agreement forms indicating client's willingness to comply with the rules and protocols were present in all client files along with a confidentiality and information sharing agreement.
- Clients were able to give feedback on the service by using the comments box or during weekly house meetings. House meeting minutes were thorough and included maintenance, menu planning, weekly appointments, client requests, staff compliments and peer of the week.

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

### Access and discharge

- Between June 2017 and May 2018, 56 clients were discharged from the service.
- At the time of inspection eight clients were accessing the service and five clients were returning to the service for aftercare support.
- The doctors were flexible and able to see urgent referrals as needed. The service had a waiting list of six clients at the time of inspection. Three people on the waiting list had been given admission dates and were engaging with community treatment teams for ongoing support.
- Staff worked with clients to include them in their care and prevent them from disengaging in their treatment.
- Oxygen accepted referrals from private individuals and referral agencies.
- A pre-admission assessment was completed by the referring agency in collaboration with clients to assess suitability prior to them being accepted to the service. Exclusion criteria included clients who were identified as high risk for a medically monitored detoxification.
- The service rarely cancelled appointments or groups due staff shortages or sickness. Clients we spoke with said they had not experienced any cancelled sessions or activities.
- Key workers were assigned at the point of admission. Leading up to discharge, clients formulated their own leaving plans and discussed these plans during key work sessions. Staff also supported clients with housing and employment.

### The facilities promote recovery, comfort, dignity and confidentiality

- The service had a range of rooms available, including a group room, 1-2-1 rooms a clinic room, a dining area and a lounge.
- Two local churches provided clients with welcome boxes when they arrived at the service which could include toiletries, bed socks and writing paper. When clients had completed treatment the local churches then supplied each client with a goodbye box which usually contained items such as toiletries, a candle, a house plant and tissues.
- Clients were able to personalise their bedrooms and had a choice that they could bring their own bedding.

Rooms were not locked during the day, clients did not have access to keys for their bedrooms but all bedrooms could be locked from the inside. All bedrooms included a vanity unit and sink.

- Facilities were available at the treatment centre so that clients could make a hot or cold drink and snacks during the day, the kitchen was locked at 10pm and reopened at 7am. However, staff could let clients in to the kitchen overnight to make a drink if they requested. Clients prepared their own meals on a rota basis and could choose what they wanted to eat with support from staff. Dietary requirements could be catered for.
- Clients had access to two outdoor spaces and a smoking area.
- Clients were encouraged to take responsibility for therapeutic duties such as cleaning, cooking, menu planning and shopping. The service facilitated weekly house meetings where all clients were encouraged to contribute to the daily running of the service.
- Clients handed in money, phones and any valuables at the start of treatment.
- Clients had the opportunity to go out at weekends. Weekend activities were reduced for clients to enjoy free time. Family visits were held weekly after clients had been in treatment for four weeks. This was discussed and agreed with clients prior to admission. Children were able to visit the service and could access communal areas during visits.

### Meeting the needs of all people who use the service

- Staff told us they supported clients to access their spiritual needs in the local community. Clients confirmed they felt their spiritual needs were being met.
- The service did not supply leaflets in any language other than English, although they were available on request.
- Clients were encouraged to take responsibility for therapeutic duties such as cleaning and laundry to aid them with their rehabilitation.
- Special dietary requirements, allergies and client preferences were catered for.
- The service held weekly house meetings where clients were encouraged to raise any issues with staff.

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

- The service could make adjustments for people in response to meet their needs, such as faith support, and cultural needs. Due to the service being located up a steep hill and having step access it would have been unsuitable for clients requiring wheelchair access.

## **Listening to and learning from concerns and complaints**

- The service reported they had no formal complaints between June 2017 and May 2018. The service had a robust process in place for managing complaints. Staff encouraged clients to discuss any issues at the weekly house meetings.
- Clients knew how to complain; in addition, information about making a complaint was clearly displayed, along with a comments box. None of the clients we spoke with had made a complaint about the service and were not therefore able to reflect on how the service had handled their complaint. Staff knew how to handle complaints appropriately.
- The service reported eight formal compliments between June 2017 and May 2018. We saw thank you cards and letters displayed on the information board from clients who had successfully completed treatment, thanking staff for the support they had received.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Vision and values

- Druglink's objective was to make a positive impact on the lives of those affected by substance misuse, their families & communities. This was achieved through their pathway of prevention, recovery and reintegration. Staff we spoke with were aware of the provider's visions and reflected them in their daily work. The provider's vision placed client treatment as priority.
- Staff knew who the most senior members of staff were and said that they visited the team on a regular basis.

### Good governance

- Staff recruitment checks and documents were held by head office. The team leader held a database which showed that overall, 100% of active volunteers had a current disclosure and barring service check. One staff member was in the process of completing a disclosure and barring service check and was therefore not permitted to lone-working with clients.
- Overall, 93% of staff had completed safeguarding adults and children training. All staff who observed clients take medication had completed administration of medication training.
- Overall, 100% of staff eligible staff had regular supervision and yearly appraisals in line with the provider's supervision policy.
- All staff had a job description located within their personnel files.
- The service did not have targets or key performance indicators.
- The service manager felt they had sufficient authority and administrative support. The service did not have an administrator, administrative roles were shared out between all staff.

- All staff were involved in completing audits including client file audits, environmental audits (including mattress, bedding, room and fridge temperature audits), medication audits, controlled drug audits and a ligature risk audit.

### Leadership, morale and staff engagement

- Between June 2017 and May 2018 no staff left the service.
- Between June 2017 and May 2018 there were no unauthorised absences/ or sickness days taken by staff.
- The provider had a whistle-blowing policy in place. Staff told us they knew the whistle-blowing process and said they felt able to raise concerns without fear of victimisation.
- None of the staff or managers we spoke with raised any concerns regarding bullying or harassment.
- Staff morale at the service was high. Staff told us that they felt valued and supported within their roles. Staff said they felt rewarded by the clients and management. We saw positive interactions between staff members and between staff and clients. Staff said they all worked well together as a team and there was a good level of mutual support.
- We saw evidence of recruiting from within the service; staff we spoke with had been promoted internally to new positions.
- Staff felt able to input into developments within the service through developing the timetables and through lead roles they had taken on.

### Commitment to quality improvement and innovation

- The provider did not participate in any national accreditation schemes.

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  Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none"><li>• The blood pressure machine had not been calibrated.</li><li>• Staff were not wearing their lanyard alarms as outlined in the providers lone-working policy.</li><li>• Risk assessments did not clearly indicate if the risk of being in mixed-sex accommodation has been considered.</li></ul> <b>This was a breach of regulation 12 (1 and 2) (a) (b) and (e)</b>