

Right Start Rehabilitation

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

We did not rate this service. Since July 2018, CQC has had the powers to rate substance misuse services provided by the independent sector. Planning for this inspection started before that date.

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

- The registered manager had not ensured the the environment of the building was safe for service users and staff. They had not acted on serious environmental risks including those identified by external assessors of risk of fire and legionella. They had not identified environmental risks, including ligature risks, thoroughly or recorded actions taken to reduce the risks.
- Staffing levels were not sufficient to safely run the service. There were not enough staff to ensure safe management of the service and there was no cover for staff sickness. Staff within the service received inconsistent levels of training and were not trained in the Mental Capacity Act.
- Staff did not document a thorough assessment of service users prior to or, on admission to the service. Care records lacked information and detail of historical and current risks to physical and mental health. There were information gaps on prescription charts, including who had prescribed the medication.
- The registered manager had not implemented effective governance processes or

procedures in within the service. Staff did not routinely carry out audits of the environment or record keeping. Many of the policies and procedures used within the service were out of date or not applicable to the service.

- The service did not effectively promote privacy and dignity for people using the service. The layout of the environment and internal building work meant that service users rooms were not private. There was no effective separation of male and female facilities.

However, we found the following areas of good practice:

- Staff we spoke with were happy in their roles and enjoyed working for the service. Staff worked well together and maintained good relationships with external providers involved with service users care. Staff were very service user focused and worked with them in a person-centred way.
- The service offered interventions recommended by The National Institute for Health and Care Excellence. Service users fed back positively about the therapy programme and told us the service and staff helped them with their recovery.
- Staff treated service users with care and respect and listened to and acted on their feedback. Staff enabled service users to make decisions about their treatment and care plans included patient views. All service users fed positively about the way staff treated them.

Summary of findings

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Summary of this inspection

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Right Start Rehabilitation

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to Right Start Rehabilitation

Right Start Rehabilitation was a rehabilitation service for substance abuse. The service offered a 12-week residential stay along side support with detoxification and a therapy timetable that centred around the 12-step programme. Following completion of the initial 12 weeks, service users had the option to stay for a further 12 weeks to complete additional interventions to support with integration back into the community and recovery strategies.

Service users self funded to access this service.

The service was registered by CQC on 28 July 2017.

CQC register Right Start Rehabilitation to carry out the following legally regulated services:

- Accommodation for persons who require treatment for substance misuse

CQC registered Right Start Rehabilitation subject to the following terms:

The registered provider must only accommodate a maximum of four service users at Right Start Rehabilitation

There was a registered manager in post at the time of our inspection.

During our inspection, we raised serious concerns with the registered manager about the environment within the building and the findings of two external audits regarding fire and legionella risks. Following this conversation, the registered manager took the decision to find alternative accommodation for the service users until such time that the building was made safe and actions from external audits were completed.

The service has since de-registered from providing regulated activity.

Our inspection team

The team that inspected the service comprised two CQC inspectors, a CQC inspection manager and a registered nurse specialising in substance misuse care.

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. This was the first inspection of this service since it was registered with the Care Quality Commission.

How we carried out this inspection

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

- is it safe?
- is it effective?
- is it caring?

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

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

During the inspection visit, the inspection team:

Summary of this inspection

- visited the location, looked at the quality of the physical environment, and observed how staff were caring for service users
- spoke with all four service users using the service
- spoke with the registered manager
- spoke with two support workers employed by the service provider
- attended and observed two therapy sessions
- looked at four care and treatment records, and four medicines records, for service users
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

All service users we spoke with told they were happy with the service they were receiving. They told us they enjoyed the therapy programme and that it was supporting them with their recovery. They told us they felt safe within the service.

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

- The environment of the building was not safe. Staff had not recognised or acted on environmental risks. The furnishings were poorly maintained and the environment was not clean.
- There were not enough staff to ensure safe management of the service and there was no cover for staff sickness.
- Staff did not receive consistent mandatory training. Staff doing the same role were trained to different levels in a inconsistent manner. There was no set list of specific mandatory training for staff.
- Staff did not complete a comprehensive risk assessment of service users prior to or on admission to the service.

However, we found the following areas of good practice:

- Service users told us they could always access a staff member when they needed to and were able to have one to one time with their key worker.
- There were good medicines management protocols in place.

Are services effective?

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

- Staff did not assess physical health comprehensively at assessment. In care records we reviewed, staff had recorded basic information about service user's physical health needs.
- Staff did not carry out physical observations during detoxification, such as blood pressure or weight.
- Records did not clearly document who prescribed medication for service users.

However, we found the following areas of good practice:

- Staff offered interventions recommended by The National Institute for Health and Care Excellence.
- All staff had experience and training in drug and alcohol related issues. The registered manager had extensive experience and qualifications in managing and working with drug and alcohol misuse.
- Staff worked well together and maintained good contact with external services.

Summary of this inspection

Are services caring?

We found the following areas of good practice:

- Staff treated service users with dignity and respect. Staff attitudes towards their service users were caring and respectful.
- Service users were involved their care and treatment. Staff enabled service users to make decisions about their treatment and care plans included patient views.
- Staff listened to service users and made changes to the therapeutic programme and treatment because of feedback.

Are services responsive?

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

- Service user's bedrooms did not promote privacy and dignity.
- The complaints procedure was not applicable to the service.
- The service store food in an area that was on safe and could be accessed by service users.
- The service was not accessible for people who spoke languages other than English.

However, we found the following areas of good practice:

- There were enough rooms within the property to support treatment.
- The service provided beds to people who could not afford pay for rehabilitation services.

Are services well-led?

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

- There was no process or procedure in place to ensure staff routinely carried out internal audits of the environment, or acted on external environmental audits.
- There were no effective governance processes or procedures in place within the service.
- The registered manager did not have a good understanding of the governance arrangements within the service and had not set these up effectively.
- The staffing levels were not sufficient to enable the service to facilitate both the therapy programme and maintain the governance processes.

However, we found the following areas of good practice:

- Staff we spoke with were happy in their roles and enjoyed working for the service.

Summary of this inspection

- Staff were able to feedback and make improvements to the service.
- Staff were open and honest when things went wrong.

Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse/detoxification services safe?

Safe and clean environment

- The environment of the building was not safe. Staff had not recognised or acted on environmental risks. We found two documents indicating that a fire safety assessment was carried out in July 2017 and July 2018 and one document indicating a legionella risk assessment was carried out in September 2017. All documents showed that immediate actions needed to be taken make the environment safe for people to live in. Staff had not acted on all areas identified following these assessments. During a tour of the building we identified possible risks around use of electric sockets and saw obstructed fire exits. The basement area where service users could access stored food was unsafe. The stairs to the basement were dimly lit and slippery following a water leak. There was an electric cable plugged into the wall that was lying in standing water on the floor. The basement environment was crowded with items such as bed bases and mattresses, that were stacked above head height and a fall risk, there were sharp and broken items and combustible items. We advised the registered manager immediately of our concerns. The registered manager acknowledged our concerns and stated they would act.
- The environment and furnishings were poorly maintained. Staff had not identified or acted on areas of disrepair within the property. During our inspection of the premises where service users lived, we found holes in the walls, plaster coming away from the walls, poorly constructed partition walls to separate bedrooms, broken or rotting windows and exposed walls in the

kitchen area next to where food was prepared. There were heavy wooden wardrobes in the bedrooms that had not been secured to the walls and presented a risk of falling over.

- The environment was not clean. Staff did not take responsibility for cleaning tasks and did not ensure cleaning tasks were completed to a good standard. Service users were responsible for cleaning and cooking duties as part of their stay to build life skills. However, staff relied on service users to monitor the effectiveness of cleaning and did not routinely oversee the process. We saw areas where cleaning had been missed throughout the building, this included in the kitchen area where we found areas where food spillage had not been cleaned from cabinets and towels used in the kitchen were visibly dirty. Throughout the house there were areas with visible dust, for example in the kitchen on light shades and there were spider webs in ceiling corners in the laundry room, the kitchen, and bedrooms.
- There were multiple ligature risks that were not identified within the environment. Staff had carried out a ligature risk assessment in the three months before inspection. A ligature is something used for tying or binding something tightly and can be used to self-harm. A ligature risk audit is a document that identifies places/objects to which people intent on self-harm might tie something to strangle themselves. However, not all ligatures were identified within the document and there was no risk management plan recorded within the ligature risk assessment. We discussed this with staff and were advised the entry criteria for the service was that service users were low risk and not a current risk of suicide or self-harm and acted to reduce the risk.
- There were no provisions in place for same-sex accommodation. The service was open to male and female service users. All service users were male at the time of our inspection. None of the service users' rooms

Substance misuse/detoxification

were ensuite. There were two bathrooms available for service users, both were located opposite each other on the first floor. This meant that males and females would have shared facilities and those on the second floor would have to walk down a flight of stairs to access toilet and washing facilities. None of the facilities are clearly designated either male or female.

- There was no alarm call system in place. Staff did not have access to an alarm system. However, staff used portable handheld radios during therapy sessions in case they needed to contact each other quickly.

Safe staffing

- The service had five staff to support care 24 hours a day, seven days a week. The staff team included the registered manager, three support workers and an administrator who was also providing cover as support worker. Their duties included availability for day and night time shift cover and providing the therapy timetable. There was always at least one member of staff on site to support up to four service users receiving treatment at any one time. The registered manager had good administrative support. The administrator was also a support worker who was trained to deliver part of the therapeutic timetable.
- There were not enough staff to ensure safe management of the service and there was no cover for staff sickness. Due to staff sickness, on the day of our inspection there were only two staff members on site, the registered manager and the administrator. The service did not use bank or agency staff and so the staff on site had to deliver the programme while supporting us with our inspection process. There were four service users accessing residential treatment at the time of our inspection. During the course of our inspection, it became apparent that the low staff numbers had an impact on the ability of the registered manager to ensure governance arrangements were in place. This was because the registered manager delivered a large proportion of the therapy timetable as well as having responsibility for governance and safety arrangements and overall running of the service.
- There was no protocol in place should an emergency occur, except to call emergency services. Staff told us they would call emergency services in the event of an emergency arising during detoxification from drugs or alcohol. Staff did not have any other clear protocol in

place to follow. There was only one staff member on site and accessible to service users during a night time shift and they slept during the shift as they were not required by the service to remain awake.

- Service users told us they could always access a staff member when they needed to and were able to have one to one time with their key worker. Staff and service users told us that activities were rarely cancelled due to too few staff. There was always at least one member of staff on site 24 hours a day, seven days a week. However, this meant that staff focused heavily on the therapeutic programme and did not maintain safety and governance arrangements within the service.
- There was no medical cover for the service. Staff relied on emergency services in the event of an emergency. The service had access to a non-medical prescriber in the event of a non-emergency. The non-medical prescriber occasionally conducted assessments with service user's prior admission to the service to assess suitability for the service. Most service users were admitted in conjunction with accessing a community substance misuse team or with support from a GP.
- There was no clear list of specific mandatory training for the service. However, we found all staff had received training in safeguarding vulnerable adults and child protection, drug and alcohol awareness. All staff were trained in identifying withdrawal symptoms from drug and alcohol. All staff had previous experience of working within substance misuse services or had good knowledge of the 12-step programme on which the therapeutic programme of the service was based.

Assessing and managing risk to patients and staff

- The service did not use seclusion or restraint. The service did not offer a service to people detained under the Mental Health Act.
- Staff did not complete a comprehensive risk assessment of service users prior to or on admission to the service. There were risk assessments within all four service user records. However, they were not detailed and did show consideration of historical risk, impact nor management plans. Risk assessments did not detail specific risks relating to detoxification and withdrawal or how these would be managed.
- Service users could leave the grounds of the property at will and were not under any conditions to remain at the property if they wanted to leave. The service had set rules in place that service users agreed to abide by while

Substance misuse/detoxification

accessing treatment. These rules included, set times to access meals, duties to be undertaken while living at the property (including cleaning and preparing meals), adherence to the therapeutic timetable, set times they could contact family and friends and behavior conduct. Service users we spoke with agreed with these rules and understood they were part of the therapeutic programme and to support them with their recovery from substance misuse.

- The medicines management protocols in place did not make it clear who was accountable for risks relating to prescribing and issuing of medication. Staff did not administer medicines. Service users undergoing detox collected their own medication in blister packs from the pharmacy with the support of staff. Controlled drugs, such as Subutex and methadone, were taken under supervision of the pharmacy. We found the medicines management policy was too broad for the type service and did not clearly define differences in management of alcohol and drug detoxification. There were no protocols in place should the service user be struggling to complete the detoxification and in need of additional medication.
- Staff stored medication appropriately. Service users collected medications from the local pharmacy in blister packs which were stored on site in a locked medicine cabinet in the staff office. Staff checked storage temperature daily using a thermometer and acted if temperatures exceeded recommended ranges. However, while there were no controlled drugs on site at the time of our inspection, there was no controlled drug cabinet available should this be required for service users on unsupervised medication.
- Staff did not use Clinical Opiate Withdrawal Scale (COWS) in monitoring opiate withdrawal. However, we saw evidence of The Clinical Institute Withdrawal Assessment for Alcohol-Revised (CIWA-Ar) being used.
- Staff were trained in safeguarding vulnerable adults and children and knew how to make a referral if a risk was identified. Contact details for local teams were displayed on the office walls. There had been no referrals made in the 12 months before inspection. Children were not permitted to visit the service, service users with children could leave the premises to spend time with family.

Track record on safety

- The service reported no serious incidents in the 12 months before inspection.
- The service had installed padlocks onto some doors within the building. This included the boiler cupboard, the laundry room, the basement and an upstairs bathroom. The registered manager told us they had done this to manage risks around ligatures and monitor use of rooms. However, we found that some service users had access to keys to access the rooms if needed, negating the need to padlock the rooms as this did not mitigate risk.

Incident reporting

- The incident, near miss and serious incident policy was not applicable to the service. The policy dated May 2015 for review in June 2019 referenced departments that did not exist and processes that were not in place at the time of inspection. However, we saw staff had discussed some incidents in team meetings and had discussed how these would be managed as a team. We discussed an example of an incident that staff documented within team meeting, staff described how they effectively addressed and managed an incident of verbal aggression from a service user.
- Staff and service users were supported following incidents. The staff team offered each other mutual support and worked well together. Staff facilitated peer support following incidents through the therapeutic programme.
- The service introduced changes following incidents. We saw changes to the environment, for example changes to furniture and locked areas. We saw posters in communal areas to indicate additional codes of conduct around respecting each other following an incident.

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

Assessment of needs and planning of care

- Staff completed an assessment with all service users prior to admission to the service. We reviewed all four service users care records and found evidence of assessment of needs, history of substance misuse and consent to treatment.

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- Staff did not assess physical health comprehensively at assessment. In care records we reviewed, staff had recorded basic information about service user's physical health needs. For example, one care record had indicated the service user had a history of intravenous injecting and there was no further information recorded regarding any physical health complications because of intravenous use. However, staff supported service users to access their own GP to address their physical health needs.
- Care records were stored electronically and in paper format. Electronic records were on a secure password protected system. Paper records were stored in a locked cabinet in a locked office. Due to low service user numbers and the accessibility of the registered manager, staff did not have any problems accessing records despite using dual systems.
- All staff had experience and training in drug and alcohol related issues. The registered manager had extensive experience and qualifications in managing and working with drug and alcohol misuse. We reviewed the personnel files of all staff employed by the service and saw they were all experienced and qualified. Staff knew their service users well and had an excellent understanding of the 12 step programme followed within the service as part of the therapeutic programme.
- Staff had a weekly team meeting with a standing agenda to discuss progression of service users, updates within the service and any safeguarding concerns and incidents. We saw these happened regularly and staff shared information well.
- All eligible staff had received appraisal and supervision at the time of inspection.

Best practice in treatment and care

- There was evidence of adherence to The National Institute for Health and Care Excellence in prescribing medications. We reviewed prescription charts of all service users and found medications for detoxification to be in line with guidelines. However, there was no clear documentation indicating who prescribed medication for service users. Staff told us prescriptions for medication were issued and managed by a GP or community drug team for individual service users. There was a non-medical prescriber who worked with the service as needed. There were no prescribers employed directly by the service.
- Staff offered interventions recommended by The National Institute for Health and Care Excellence. Staff supported service users to access service to promote recovery and reintegration including housing, education, employment, personal finance, healthcare and mutual aid (QS23). Staff supported service users by offering appropriate psychosocial interventions by their keyworker (QS23), for example counselling. Service users told us they felt well supported while using the service and found therapeutic timetable helpful in their recovery.
- Staff did not carry out clinical audits within the service and had not completed any of clinical audits of medication.

Skilled staff to deliver care

Multidisciplinary and inter-agency team work

- Staff carried out daily handovers between shifts. Staff were updated when they came on shift and handed over to the next shift verbally and written. Staff we spoke with were knowledgeable about the service users and their needs/progress in treatment.
- Staff worked well together and maintained good contact with external services. Staff routinely informed the service users GP on admission and if anything changed during treatment. The service maintained good contact and relationships with local community drug services to ensure good continuity of care between community and inpatient. Staff worked well with a local pharmacy and the non-medical prescriber for the service.

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

- The Mental Health Act did not apply at this location. The service did not treat people subject to the Mental Health Act. At the time of our inspection, none of the staff had received training in the Mental Health Act.

Good practice in applying the Mental Capacity Act

- At the time of our inspection, none of staff had received training in the Mental Capacity Act.
- Service users signed to consent to treatment on admission.

Substance misuse/detoxification

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- Staff treated service users with dignity and respect. Staff attitudes towards their service users were caring and respectful. Staff demonstrated by their actions and words that they cared about the recovery and welfare of the service users. Staff showed an in-depth knowledge of the people using the service and treated them as individuals. We observed staff offering emotional support to service users following upsetting news.
- We spoke with all of the service users receiving treatment at the time of inspection. All four of them were satisfied with the service and spoke highly of all staff. They told us staff were passionate and caring. They told us they felt safe within the service. They told us staff appropriately challenged them throughout their recovery and treated them with respect.

Involvement of people in the care they receive

- Service users were involved their care and treatment. Staff enabled service users to make decisions about their treatment and affect the therapeutic programme. Service users were involved in their care planning and we saw their views were present. Service users told us they actively supported each other and could make suggestions regarding changes and improvements the service.
- Staff listened to service users and made changes to the therapeutic programme and treatment because of feedback. Service users and staff attended a weekly concerns group where they could give feedback. Feedback collected was then discussed at the staff meeting and any actions taken.
- There was no information on how to access advocacy.

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

Access and discharge

- The service was registered to accommodate a maximum of four service users and accommodated both male and female service users. People could access the service through self-referral or referral from their GP or drug service provider.
- Service users could receive treatment for up to 12 weeks at the service. Following completion of the initial 12 weeks, there was an option for service users to stay for another 12 weeks for aftercare.
- Service users were self-funding, and the service also provided beds to people who could not afford pay for rehabilitation services.
- The service offered a therapeutic programme based on the 12 step programme. The service offered a recovery focused, structured programme of activities between 8:15am – 5pm Monday – Friday and 8:15am – 10:30am at weekends. Staff supported service users to access mutual aid in the evening. Activities included therapies, group work, meditation, outdoor activities and household chores. Service users were able to influence the programme offered and staff adapted this based on feedback.

Facilities to promote recovery, comfort and dignity and confidentiality

- There were enough rooms within the property to support treatment. There was a lounge area that was used as a group therapy room during the day and a dining area that was used to carry out activities such as art group. There was a conservatory area where staff and service users could speak on a one to one basis. There were enough rooms available for service users to see visitors in private.
- Service user's bedrooms did not promote privacy and dignity. The provider had partitioned two bedrooms using a partition wall to create four separate rooms. The walls had been positioned in the centre of a window in each room. In one of the rooms, this meant they shared a window that only one service user had control to open and close. We found that the position of the window and wall meant that the opposite room could easily be seen into from the window. The walls allowed a lot of sound through which affected privacy and dignity of the service users. In two of the rooms being used by service users there were no curtains or curtains were not hung safely. In one bedroom, the light cord was positioned in the corridor between two rooms which meant the

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service user had to leave the room to turn on the light. In one room, the only light was from a lamp as the main light was the other side of the partition wall. Service users were unable to lock their bedrooms.

- Service users could not make private calls. This was part of the conditions of accessing the service and was in place to manage risk. Service users we spoke with were aware of the reasons this was in place and agreed to this as part of their treatment.
- Service users had access to outside space and participated in walking and gardening groups as part of the therapeutic programme. There was a garden area that service users could easily access while in treatment.
- The service provided food for service users while they were in treatment. The service accepted donations of food from local supermarkets and purchased fresh food weekly. Service users could access food and were responsible for preparing meals for themselves and other residents. As part of household duties, service users were responsible for monitoring and labelling food to ensure it was in date and fresh. However, staff stored food in a chest freezer in the basement of the building, which was an unsafe environment.
- Staff could store possessions in a locked cabinet in the staff office on behalf of service users. Service users could personalise their rooms with any possessions and had chosen to do so.

Meeting the needs of all the people who use the service

- The service was not equipped to support service users with severe physical disabilities. The exclusion criteria for the service included: people with serious medical conditions, current acute psychiatric conditions, untreated psychosis, people who were significantly at risk of attempting suicide or who are actively self-harming or those requiring medical and/or nursing care because significant co-morbid physical or mental health problems and those who required complex polydrug detoxification.
- The service could cater for varied dietary requirements, including those based on religious preferences.
- The service supported people to access religious and spiritual support as needed.
- The service made information about local services available to service users.
- The service did not provide interpreting services.

Listening to and learning from complaints

- The service did not receive any complaints in the 12 months before inspection.
- The service had received compliments in the 12 months before inspection. We saw evidence of compliments and thank you cards from previous service users in the staff office. We saw testimonials from previous service users stating the service was good and had helped them.
- The complaints procedure was not applicable to the service. The policy dated May 2015 for review in November 2017 referenced departments that did not exist and processes that were not in place at the time of inspection.

Are substance misuse/detoxification services well-led?

Vision and values

- Staff within the service were passionate about providing a recovery focused service. The registered manager told us they had set up the service to offer affordable rehabilitation for people who needed support for drug and alcohol misuse. Service users we spoke with told us they had approached the service because of its affordability for them.

Good governance

- There were no effective governance processes or procedures in place within the service. The registered manager did not have a good understanding of the governance arrangements within the service and had not set these up effectively. We reviewed a range of policies within the service including, the fire policy, information governance, safeguarding adult's policy, child protection policy, complaints policy, medication management policy and the incident, near miss and serious incident policy. Of the 12 policies we reviewed, five were passed their review dates in 2017. Most policies had been adapted from policies used at other services and were not applicable or reflective of the size and type of service. The registered manager had begun to write new policies for the service, but told us they had been putting their main focus into the therapy side of the rehabilitation and acknowledged that governance areas had not been robust.
- There was no process or procedure in place to ensure staff routinely carried out internal audits of the environment, or acted on external environmental

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audits. Staff relied on service users to complete tasks throughout the service, such as cleaning, and did not check this had been effective. The registered manager commissioned an external fire risk assessment and a legionella assessment and had not acted on the serious concerns and actions highlight in these audits.

- The staffing levels were not sufficient to enable the service to facilitate both the therapy programme and maintain the governance processes. The registered manager had not been able to sustain both sides effectively due to facilitating most of the therapy programme.
- There was no effective programme of audits in place within the service to ensure quality of care.

Leadership morale and staff engagement

- Staff we spoke with were happy in their roles and enjoyed working for the service.
- Staff were able to feedback and make improvements to the service. The registered manager listened and took on board ideas from staff to make improvements to the service. We saw that the service had made improvements to the service, such as changes to the environment and updating the conditions of stay.
- Staff were open and honest when things went wrong. We observed staff inform service users when something went wrong and taking responsibility. The registered manager called a meeting with the service users to clearly explain what had gone wrong and why.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure all service users receive a full and comprehensive assessment of current and historical risk.
- The provider must ensure they act following all actions identified in internal and external audits to comply with safety regulations.
- The provider must implement an effective programme of audits within the service to ensure quality of care is achieved and maintained.
- The provider must ensure the environment is kept clean and ensure infection control risks are identified and removed.
- The provider must ensure prescription charts contain all relevant information and the name of the prescriber.
- The provider must ensure an effective environmental audit process in place for the service.
- The provider must ensure service users' bedrooms are made sufficiently private to ensure privacy and dignity is maintained.
- The provider must ensure the premises and environment are appropriately maintained, in good order and safe.

- The provider must ensure effective governance processes and procedures are in place within the service. This includes maintaining appropriate policies and procedures and ensuring staff follow these.
- The provider must ensure there are sufficient staff numbers to ensure safe running of the service.
- The provider must ensure all staff receive appropriate mandatory training, including in the Mental Capacity Act.
- The provider must ensure there is a complaints procedure applicable to the service and staff follow this appropriately.

Action the provider **SHOULD** take to improve

- The provider should ensure service users have access to advocacy.
- The provider should ensure they use recognised tools to monitor withdrawal of opiates.
- The provider should ensure service users cannot access unauthorised or unsafe areas.
- The provider should ensure they access to interpreting services if required.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Assessments of patients did not show a sufficient level of assessment of risk and this was not recorded in a detailed way for where an appropriate history/ current risk could be easily determined when reviewing records.</p> <p>No action was taken following external audits of fire and legionella where immediate actions were identified.</p> <p>The environment was visibly unclean in areas and there was no clear infection control or audit process in place.</p> <p>The prescriber of medications was not recorded within prescription charts.</p>
Accommodation for persons who require treatment for substance misuse	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>Service users' bedrooms had not been made sufficiently private to ensure dignity was maintained.</p>
Accommodation for persons who require treatment for substance misuse	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p>

This section is primarily information for the provider

Requirement notices

The premises and environment where the regulated activity was carried out was visibly poor and there were many areas in need of repair.

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were no effective governance processes or procedures in place within the service. The registered manager did not update and maintain policies and procedures. There was no effective programme of audits in place within the service to ensure quality of care.

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were insufficient staff numbers to ensure safe running of the service.

Staff did not receive a consistent or comprehensive mandatory training programme.

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The complaints procedure was not applicable to the service.

This section is primarily information for the provider

Enforcement actions

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

No action was taken following external audits of fire and legionella where immediate actions were identified.

The environment was visibly unclean in areas and there was no clear infection control or audit process in place.

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The premises and environment where the regulated activity was carried out was visibly poor and there were many areas in need of repair.