

East Coast Recovery Ltd

Quality Report

Recovery centre
231 Whapload Road
Lowestoft
NR32 1UL
Tel: 0150587269
Website: www.eastcoastrecovery.co.uk

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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.

Summary of findings

Overall summary

We found the following areas the service provider needs to improve:

Controlled drugs were not stored safely. Controlled drugs were stored in a lockable metal tin that was not fixed to the wall within the medication cupboard. The Misuse of Drugs (Safe Custody) Regulations 1973 state controlled drugs must be stored in a lockable cupboard that is fixed to solid surface and cannot be easily removed.

Staff shared client information via their work emails. The email addresses were not secure and documents sent were not password protected.

There were no environmental risk assessments or ligature risk assessments at the treatment centre and both accommodation houses.

The service did not have a legionella risk assessment or a legionella testing certificate.

The doors to the basement were removed at both accommodation houses. The doors were located immediately next to the kitchen which presented a potential falls risk.

The service did not provide Naloxone to clients who used opiates on discharge from treatment in line with best practice. Naloxone is an opioid antagonist that provides short-term reversal of an opiate overdose.

Shared bedrooms did not have curtains around the client's bed to allow for privacy.

However, we found the following areas of good practice:

We reviewed seven care files and found clients care plans were personalised, recovery focus with linked risk assessments.

Clients going through a detoxification programme received physical health checks in line with the providers policy.

All medications were audited weekly.

The service had a service level agreement with two local GPs who supported clients two days per week. All clients were also registered with the local GP surgery as temporary patients.

Client feedback was mostly positive. Clients told us they felt safe whilst in treatment and that staff were kind and caring.

Summary of findings

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East Coast Recovery

Services we looked at:

Substance misuse services

Summary of this inspection

Background to East Coast Recovery Ltd

East Coast Recovery is a specialist substance misuse service that provides residential support to clients who wish to enter treatment for addiction. The service is comprised of a treatment centre and two residential houses which are next door to each other. The Houses were called Albany and Fairways house. Albany was a mixed gender 12 bed house and Fairways was also a mixed gender house and had 17 beds.

The service's therapy programme was based on the 12-Step principles of Narcotics Anonymous (NA) and Alcoholics Anonymous (AA). Clients engaged in one to one cognitive behavioural therapy (CBT), group sessions such as art therapy and other therapeutic activities.

The service had a registered manager who was registered in May 2016. The Care Quality Commission last inspected the service 01 August 2017.

At the previous inspection the service was found to be non-compliant with the following regulations:

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

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had taken appropriate action to address the concerns.

East Coast Recovery is registered to provide:

- Accommodation for persons who require treatment for substance misuse.

Our inspection team

The team that inspected the service comprised two CQC inspectors and two specialist professional advisors who had a specialist background in substance misuse.

Why we carried out this inspection

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

This inspection was announced.

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, asked other organisations for information, and gathered feedback from staff members in response to an email we asked the provider to send to them.

During the inspection visit, the inspection team:

Summary of this inspection

- inspected the treatment centre and both residential houses, looked at the quality of the physical environment, and observed how staff were caring for clients
- met with seven clients
- interviewed the registered manager
- spoke with six other staff members employed by the service provider
- attended and observed one hand-over meetings
- reviewed seven care and treatment records, including medicines records, for clients
- examined in detail seven medicine administration records and the medication ordering, storage administration and disposal systems
- reviewed policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients told us they felt safe in the service and that staff were friendly and helpful.

One client told us they would have preferred to go to the houses in the first instance upon admission to drop their

belongings off before attending the treatment centre. We were also told there were no means of privacy in the shared bedrooms, the service did not have curtains or partitions to allow for privacy.

Clients spoke highly of the care and treatment provided and felt their progress was good because of the support and encouragement shown by staff.

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?

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:

- Controlled drugs were not stored safely. Controlled drugs were stored in a lockable metal tin that was not fixed to the wall within the medication cupboard. The
- Staff shared patient information via their work emails. The email addresses were not secure and documents sent were not password protected.
- There was no environmental risk assessment or ligature risk assessment in place.
- The service did not have a legionella risk assessment or a legionella testing certificate.
- During the tour of both residential homes we found the doors to the basement were removed. The doors were located immediately next to the kitchen which presented a potential falls risk.
- The service did not offer Naloxone to clients who had abstained from opiates whilst in treatment on discharge from treatment in line with best practice. Naloxone is an opioid antagonist that provides short-term reversal of an opiate overdose.
- The provider did not provide curtains or screens to clients in shared rooms in order to partition their bed area and allow for privacy if requested by clients.

We also found the following areas of good practice:

- Fire alarms were tested weekly. All staff received fire evacuation training as part of their mandatory training.
- The provider had an infection control policy in place. Staff were trained in infection control and hand hygiene.
- The treatment centre and both houses were clean and well maintained.
- The registered manager had established the number of recovery workers to meet the needs of the patients. We reviewed the rota and found shifts were appropriately filled by regular staff.

Summary of this inspection

- The provider had a service level agreement with the local GP who arranged appointments two days per week and one nurse who reviewed clients on the detoxification programme twice a week.
- We found 100% of core staff had completed their mandatory training which included, safeguarding, mental capacity act and specialist detoxification training.
- All clients received a comprehensive assessment on admission. We reviewed seven care files and found evidence that all seven clients had a written summary from their GP prior to their admission to the service.
- The provider had a process in place for clients who unexpectedly left the treatment programme.
- The service had a duty of candour policy which staff were aware of.

Are services effective?

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 areas of good practice:

- We reviewed seven care files and found care plans that were person centred and recovery focused.
- The provider had a plan in place for clients who unexpectedly left their treatment programme early.
- The service used recognised withdrawal risk assessments tools including the clinical institute withdrawal assessment of alcohol scale and the clinical opiate withdrawal scale.
- Staff discussed with clients about resettling and planning for resettlement in the community post treatment.
- Clients had access to local opticians and dentists if required.
- The medication coordinators audited all medication weekly.
- We reviewed six staff records and found all six had received supervision in line with the providers policy.
- The service had an equality and diversity policy in place. Staff had covered equality and diversity training as part of their induction and mandatory training.
- Staff spoken with had a good understanding of the Mental Capacity Act, in particular, the five statutory principles

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

Summary of this inspection

- The service did not offer Naloxone to clients who used opiates on discharge from treatment in line with best practice. Naloxone is an opioid antagonist that provides short-term reversal of an opiate overdose.

Are services caring?

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 areas of good practice:

- We observed staff interacting in a kind and respectful manner throughout the inspection.
- Clients told us they felt safe whilst in treatment and that staff were kind and caring.
- We saw evidence that clients were involved in developing and setting their own care plan goals. All clients were offered a copy of their care plans.
- Weekly community meetings were held. Clients spoken with told us they were able to raise issues or concerns at the meetings and staff would address the concerns raised.
- Clients were given a satisfaction, graduation survey when they had completed the programme and were ready for discharge.
- All clients had a named key worker who met with their client weekly.

Are services responsive?

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 areas of good practice:

- Clients were able to personalise their bedrooms if requested.
- Clients were supported to cook healthy and balanced meals.
- Clients spoken with told us the service caters for cultural and dietary preferences, for example, cooking with halal meat or preparing vegetarian dishes. They were able to access local cultural and religious facilities if requested.
- The service had a complaints policy in place. Posters were on display detailing how to raise a complaint in both residential houses and the treatment centre.
- Clients spoken with told us they knew how to raise a complaint and were comfortable in doing so.

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

Summary of this inspection

- Shared bedrooms did not have curtains around the client's bed to allow for privacy.

Are services well-led?

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 told us all staff have an allocated email address which they use share patient information. The email addresses were not secure and documents sent were not password protected.

We also found the following areas of good practice:

- Staff spoken with told us they knew what the service's visions and values were.
- Clients told us senior managers were present in the service daily
- Weekly team meetings were held where staff discussed learning from incidents.
- Staff reported that team morale was good
- The provider had a whistle blowing policy in place. Staff spoken with were aware of the policy and told us they were confident in raising a whistle blowing.
- Staff spoken with said they were proud to work for the provider.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider had a Mental Capacity Act and Deprivation of Liberty Safeguarding policy in place. We found 100% of relevant staff had received training.

Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse services safe?

Safe and clean environment

- The treatment centre and both houses were clean and well maintained. Staff and clients were able to raise maintenance issues by completing a maintenance request form. All jobs were logged by the registered manager who used the maintenance team to complete the works.
- There were a dedicated housekeeping team who visited the houses daily. Communal areas were visibly clean however, there were no cleaning schedules in place. We saw clients were allocated roles as part of their recovery programme such as tidying their bedroom and doing their own laundry and cleaning the kitchen after use.
- There was no environmental risk assessment in place. However, the registered manager completed a six-monthly general workplace inspection that covered, fire prevention, general lighting, building safety, rubbish & waste removal, electrical safety, ladders, first aid facilities and office hazards.
- The service did not have a legionella risk assessment in place and there was no evidence of water testing.
- We noted that some window restrictors were not fit for purpose. The window restrictors in some of the residential bedrooms were rusty and did not engage when opening the windows. This was a health and safety risk as the bedrooms at the residential houses were over three floors. There were no reported incidents relating to the window restrictors in the last 12 months.
- Fire alarms were tested weekly. Staff received fire evacuation training as part of their mandatory training.
- There were blind spots and ligature points throughout the treatment centre and the residential houses (A

ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation). The provider did not have a ligature risk assessment in place and did not screen for ligature risks at assessment stage. However, there had been no incidents of clients self-ligating over the past 12 months prior to the inspection.

- The doors to the basement at both residential houses were removed. The doors were located immediately next to the kitchen door which was a potential falls risk.
- Medication rooms were clean and tidy. Staff monitored the fridge temperature daily. The medication coordinator completed weekly medication audits to ensure patient medications were well stocked. However, we found Naloxone was not stored appropriately. The Naloxone was stored in a locked fridge at the houses and in a fridge at the treatment centre away from patient's areas. Naloxone is used to reverse the effects of an opioid overdose. It should be stored between 10 and 25 degrees centigrade and should be easily accessible in case of an emergency. We raised this with the medication coordinator who moved the rescue medication to a more suitable location at room temperature.
- Controlled drugs were not stored appropriately. Controlled drugs were stored in a portable metal tin in the same cupboard as non-controlled medications. The Misuse of Drugs (Safe Custody) Regulations 1973 state controlled drugs must be stored in a lockable cupboard that is fixed to solid surface and cannot be easily removed.
- The provider had an infection control policy in place. Staff were trained in infection control and hand hygiene.
- The provider had installed panic alarms in the office at the residential houses and at the office of the treatment centre. The registered manager completed a risk

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assessment regarding personal alarms, Staff worked as a team and knew where each other were and the provider had a lone working policy which night staff adhered too. Staff spoken with confirmed this. there were no recorded incidents that required the use of personal alarms over the last 12 months prior to the inspection.

- A member of staff stayed at the houses through the night in case the clients required support. If a client was admitted who was going through the detoxification programme, the registered manager increased staffing through the night to complete the client's physical health observations.
- There were 12 shared bedrooms and five single occupancy bedrooms. Only people of the same gender shared bedrooms. We were told that clients were given the choice to share bedrooms, however, we did not find any evidence on this when reviewing care plans or admission papers. There were no curtains around the client's bed for privacy within the shared bedrooms if the client requested them.

Safe staffing

- The registered manager had established the number staff required to meet the needs of the clients. We reviewed the rota and found shifts were appropriately filled by regular staff. The provider did not use agency or bank staff, the on-call duty manager would provide cover if required 24 hours per day.
- Clients spoken with told us they had regular one to one time with their keyworker and told us that activities were almost never cancelled due to staffing shortages.
- The provider had a service level agreement with the local GP who arranged appointments two days per week and oversaw client detoxification. The provider employed a registered nurse with a specialist drugs and alcohol expertise who reviewed clients going through detoxification twice weekly.
- Clients were registered as temporary clients with the local GP surgery on admission. In case of a medical emergency the provider called 999 or 101.
- The registered manager reported that the service did not have any vacancies at the time of inspection.

- All core staff had completed their mandatory training which included, safeguarding, mental capacity act and specialist detoxification training.

Assessing and managing risk to clients and staff

- We reviewed seven care files and found clients had received a comprehensive assessment on admission. There was evidence all clients had a written summary from their GP prior to their admission to the service. All clients had risk assessments complete on admission, these were reviewed as required and had risk assessments linked to care plans where required.
- The provider had a detoxification policy which staff followed. We found evidence that physical health was monitored for clients going through detox regularly, if a client required a GP appointment, the recovery workers supported clients with the appointment.
- The provider had a contingency plan for clients who unexpectedly left the treatment programme. Staff were aware of this.
- Relevant staff had received safeguarding training. Staff spoken with where able to describe the process to raise a safeguarding. There was further information informing staff and clients how to raise a safeguarding on display throughout the recovery centre and the residential houses.
- The service used paper based recording systems for individual care plans, risk assessments, progress notes and physical health observations. Incidents were recorded on an electronic form and submitted to the registered manager for review.

Track record on safety

- The service did not report any serious incidents over the last 12 months prior to the inspection. This was confirmed by those records reviewed.

Reporting incidents and learning from when things go wrong

- The service had a policy for reporting incidents. Staff completed an electronic incident form which was reviewed by the registered manager.
- Staff spoken with told us they receive feedback from incidents during team meetings and incident debriefs.

Substance misuse services

- We reviewed a random sample of incidents over the last 12 months to the date of inspection and found the provider followed their own incident reporting and investigating procedure.

Duty of candour

- The service had a duty of candour policy in place. Staff spoken with told us they were open and honest with clients when things went wrong. The registered manager provided an example when they followed their duty of candour policy and apologised following the outcome of a partially upheld complaint.

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

Assessment of needs and planning of care

- We reviewed seven care and treatment records and found that clients were involved in the planning of their care. Care plans were recovery focused and had the client's views documented.
- All clients were registered as temporary clients with their local GP surgery. The provider also had a service level agreement in place with two GP's who were contracted to see clients twice per week.
- Staff referred clients to the local GP for physical healthcare reviews where required.
- Client's mental capacity to agree to treatment was assessed on admission.

Best practice in treatment and care

- The service had an alcohol and opioid detoxification policy which staff adhered too. The service used recognised withdrawal risk assessments tools including the clinical institute withdrawal assessment of alcohol scale and the clinical opiate withdrawal scale.
- We reviewed seven care files and found the tools were used appropriately. Recovery workers completed the observations and withdrawal scales daily which were reviewed by the specialist detoxification nurse twice per week.
- Drug and alcohol interventions were provided in line with the guidelines produced by the National Institute for Health and Care Excellence. For example, guidance

on alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (NICE ref.CG115) recommended that clients have access to mutual aid support groups such as Alcoholics Anonymous which clients attended.

- The service ran daily groups and activities including 12-step groups, therapy groups and one-to-one counselling sessions.
- Staff discussed resettling and housing options with clients as part of planning for discharge post treatment.
- All clients had access to local opticians and dentists if required.
- The provider had one senior medication coordinator and one assistant coordinator. Both staff had received training for their local pharmacy and external medication training.
- Medication coordinators audited medication weekly. Any concerns raised were recorded on an electronic incident form which was sent to the registered manager for further investigation.

Skilled staff to deliver care

- One member of staff stayed overnight at the service. In the event of a medical emergency staff would call 999 for assistance.
- New staff joining the service received a comprehensive induction where they would complete their mandatory training including the care certificate and would shadow experienced staff before working independently.
- The provider had a service level agreement in place with two GP who reviewed clients on two days per week. The service also employed a specialist nurse who reviewed clients on a detoxification programme twice per week.
- The provider ensured that it was a mandatory requirement that all recovery workers completed their QCF (The diploma in health and social care level three).
- We reviewed six staff records and found that they had received quarterly one to one supervision and six weekly group supervision in line with the providers policy.
- Staff that had been in post over one year had received an annual appraisal.

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- There was evidence the registered manager had addressed issues regarding staff performance, for example, where a medication error was identified the registered manager discussed it during supervision and the staff member had subsequently refreshed their training.

Multidisciplinary and inter-agency team work

- We observed a daily handover meeting. This meeting covered all areas of the client's needs such as, appointments, activities and any areas of concern.
- The service held weekly team meetings where the therapy team discussed all clients, their outcomes and progress made.
- The registered manager told us the service had good working relationships with the local authority and commissioners. We saw evidence the provider completed regular progress reports which were sent to referring agencies if required.

Good practice in applying the Mental Capacity Act

- The service had a mental capacity act policy in place. We saw 100% of relevant staff had complete mental capacity training.
- The GP assessed capacity as part of the admission process whilst also completing drug and alcohol testing to determine the level of client intoxication and whether they had the capacity to consent to their care and treatment.
- Staff spoken with had a good understanding of the Mental Capacity Act, in particular the five statutory principles.

Equality and human rights

- The service had an equality and diversity policy in place. All staff had covered equality and diversity as part of their induction and mandatory training.
- The service had a clear admission criterion and were clear that the service could not admit clients with mobility needs due to the layout of the treatment centre and the residential houses.
- The service restricted patient access to their mobile phones for the first two weeks of their treatment. This had been agreed with clients as part of their treatment plan.

Management of transition arrangements, referral and discharge

- The service had a clear referral and admission process in place for example the admissions team would assess the suitability of a client and if they were consuming more than 30 units of alcohol a day, they would not admit that client until hospital detoxification had been completed.
- All referrals were initially managed by the referral coordinators and then handed over to the management team and the registered manager where they would decide if they were able to meet the patient's needs.
- Recovery workers supported clients access to specialist advice such as, benefit advice, housing and debt management.
- Staff completed discharge plans for all clients and provided information on services available in their local area after graduating the programme.
- The provider did not offer Naloxone to clients who used opiates on discharge from treatment in line with best practice. Naloxone is an opioid antagonist that provides short-term reversal of an opiate overdose.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed staff interacting in a kind and respectful manner throughout the inspection.
- Clients spoken with told us they liked all staff and that staff were helpful. Staff were able to demonstrate that they knew their clients' preferences and needs well.

The involvement of clients in the care they receive

- New clients were given a welcome pack and were allocated a buddy who had been at the service for a longer period of time. The buddy orientated the new client to the residential houses and treatment centre.
- We saw evidence that clients were involved in developing and setting their care plan goals. All clients were offered a copy of their care plans.
- Weekly community meetings were held. Clients told us they were able to raise issues or concerns at the meetings and staff would address the issues raised.

Substance misuse services

- Clients had a named key worker who they met with weekly.
- The provider had a plan in place for clients who unexpectedly left their treatment programme early.
- Clients could request family members to visit by submitting a visitor request form. The registered manager reviewed the request and approved the visit based on any known risks. It was recommended by the provider that families only visited clients at the appropriate treatment stage and on weekends.
- Clients were given a graduation survey when they had completed the programme and were ready for discharge. The graduation survey included patient views on the programme and made suggestions how to improve the programme.

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

Access and discharge

- The service had 24 clients admitted at the time of inspection. The registered manager told us that they were usually beds available for people who were in crisis.
- The registered manager told us there were two new clients to be admitted the following day. All new admissions were planned for the morning time, which meant clients were able to attend the treatment centre before going to the residential houses in the afternoon.
- Clients spoken with told us they felt supported through the admission process however one patient told us they would prefer to go to the residential houses to drop off their clothes before going to the treatment centre.
- The service had a procedure in place for clients who left the treatment programme early. The registered manager told us they would inform the next of kin, police and commissioning authority.

The facilities promote recovery, comfort, dignity and confidentiality

- The treatment centre had a modern canteen area that was used daily by clients and staff. There was a range of

seating areas both indoors and outside in the courtyard. There was a variety of rooms at the treatment centre including large group therapy rooms, art therapy rooms and smaller rooms suitable for one to one sessions.

- The residential houses were adjacent and were interconnected through the rear garden and the staff office located on the second floor. Both houses had spacious kitchens, lounges and dining rooms for client to socialise. Clients were able to personalise their bedrooms if requested.
- There was a mixture of shared and single occupancy bedrooms. Shared bedrooms did not have curtains around the client's bed to allow for privacy.
- A cook attended the houses every evening to support clients with preparing healthy balanced meals.
- The service had an activity time table for clients to participate in, for example, clients told us they could attend go-karting sessions, shopping and bowling activities.
- Clients told us they were able to make snacks and drinks when they wanted.

Meeting the needs of all clients

- There was limited disabled access at the treatment centre and the residential houses. The registered manager told us the service did not admit clients with significant mobility issues.
- Clients spoken with told us the service catered for cultural and dietary preferences, for example, cooking with halal meat or preparing vegetarian dishes. Clients were able to access local cultural and religious facilities if requested.

Listening to and learning from concerns and complaints

- The service had a complaints policy in place. Posters were on display detailing how to raise a complaint in the residential houses and treatment centre.
- The complaints procedure was given to clients on admission. Clients spoken with told us they knew how to raise a complaint and were comfortable in doing so.
- The service had one complaint over the last 12 months prior to inspection which was partly upheld. The

Substance misuse services

registered manager told us the patient and their family were given a written apology. Staff spoken with told us they were informed of the complaint and discussed lessons learnt.

Are substance misuse services well-led?

Vision and values

- Staff spoken with told us they knew what the services visions and values were.
- Senior managers were based at the treatment centre. We observed that clients interacted in a positive way with the managers of the service. Clients told us that senior managers met with them daily.

Good governance

- The provider had a clinical governance policy in place. Recent governance minutes were reviewed and these included areas of risk to the organisation and the mitigation in place for these. Audits were carried out by front line staff. These included infection, health and safety and medication. Where audits had identified concerns, these were being addressed.
- Six staff human resource files were reviewed and the provider had completed the relevant recruitment checks. Where staff had criminal convictions identified within their disclosure barring service certificate the registered manager had completed a risk assessment.

- Staff spoken with told us they attended regular team meetings where they discussed incidents, lessons learnt and patient's needs. We saw evidence of action taken from the meeting discussions.
- Managers told us they had the authority to make decisions that impacted on the running of the service.
- Managers had taken action to address the regulatory requirements made following the previous Care Quality Commission inspection.
- The registered manager told us all staff had an allocated email address which they used share patient information. The email addresses were not secure and documents sent were not password protected.

Leadership, morale and staff engagement

- The service reported that no staff had left the service in the last 12 months and that staff sickness was low.
- Staff spoken with were able to describe the whistle blowing procedure. Staff told us they were confident raising a whistle blowing if required.
- Staff reported there was good staff morale amongst the team. Staff confirmed that they felt proud to work for the service and had positive job satisfaction by helping people overcome their addictions.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

The provider must complete an environmental risk assessment and a ligature risk assessment and use the findings to promote the safety of clients.

The provider must review the storage systems for controlled drugs to comply with national guidance.

The provider must use password protected emails when sharing patient information.

Action the provider SHOULD take to improve

The provider should consider re-installing the doors to the basement areas in both houses unless advised otherwise by the independent fire risk assessor.

The provider should provide Naloxone on discharge for clients where clinically indicated.

The provider should offer curtains or screens to clients in shared rooms in order to partition their bed area and allow for privacy.

The provider should carry out a legionella risk assessment and water testing.

The provider should use cleaning schedules to monitor the cleanliness of the service

The provider should review all window restrictors to ensure they are operating appropriately.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

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

The provider did not have an environmental risk assessment and a ligature risk assessment in place at the treatment centre and both residential houses.

The provider did not store controlled drugs in line with national guidance.

This was a breach of Regulation 12 (2)(d)(g)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not password protected emails when sharing patient information to staff.