We Can Recover CIC

WE CAN RECOVER CIC

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Inadequate
Are services safe?	Inadequate
Are services well-led?	Inadequate

Summary of findings

Overall summary

Due to the safety concerns identified on a previous inspection, the Care Quality Commission took immediate enforcement action to prevent this service providing care and treatment to clients until significant improvements had been made. At this inspection, the service could not evidence that all the improvements needed to ensure the safe care and treatment of clients had been made in time for the service to begin operating again on 1 February 2023.

We rated it as inadequate because:

- Clinic rooms were not fully equipped, and staff did not check and maintain equipment in line with manufacturer guidance. There was no emergency equipment or emergency medicines available or risk assessment to assess which emergency medicines staff may or may not need in this service.
- The service did not have enough experienced and accessible nursing and medical staff to deliver high quality, safe care. The service had contracted a GP prescriber, based in Birmingham, but it was not clear what their role involved other than remote prescribing. Three of the four recruited nurses had no previous substance misuse experience, including the newly appointed clinical lead. Arrangements to cover gaps in staffing were not formalised and there was not a clear clinical escalation route for queries out of hours.
- Staff were not provided with the skills needed to safely deliver care to clients in the service. Training records were inaccurate, and the mandatory training programme was not comprehensive. Relevant training, indicated on the suspension notice, had not been arranged. Role specific training had not been completed by staff and the rationale for the allocation of training was not clear. Rotas did not ensure that staff working on all shifts had the necessary experience to safely care for clients. Details of training course content was not shared with the Care Quality Commission.
- Staff that screened client's admission and risks had not completed all of the role specific training required to fulfil their role. The service was unable to describe effective systems and processes to review risk prior to admission and it was unclear what the review process was and who this involved. The service had not confirmed that the GP prescriber would have access to client's summary care records or current blood results when assessing admissions.
- The service did not follow good practice with respect to safeguarding. Staff did not have Safeguarding Adults and Childrens' training on how to recognise and report abuse, appropriate for their role. This information was specified in the suspension notice that was issued following the first inspection. The provider did not have a safeguarding policy that reflected the service or best practice; it was dated 2013 and for an NHS trust. Managers did not complete all appropriate employment checks for every staff member working in the service.
- The service had not established systems and processes to safely prescribe, administer, record and store medicines. Staff who were to administer medicines were not all suitably qualified and competent to administer medicines safely. The policy which support worker medicines training was based upon, was contradictory and of poor quality. Processes surrounding medicines administration records, clinical supervision, medicines disposal and medicines training were not clear.
- Leaders did not have the skills, knowledge and experience to perform their roles. Managers, including the new clinical lead, did not had experience in delivering a medically managed detoxification service. Managers had not acted on all issues identified in the suspension notice.
- Leaders had not implemented safe systems and processes to provide safe and good quality care to clients using the service. Information returned was not timely and accurate. Managers struggled to return basic information that was associated with the day to day running of the service. Policies, protocols and documentation did not accurately reflect how care was to be provided or how the service was run.

However:

Summary of findings

- The provider had created organisational visions and values that were included in the newly implemented staff induction.
- The service had implemented improved paperwork to ensure clients were given all their first day doses in their detox regimen.

Letter from the Chief Inspector Hospitals

I am placing the service into special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate overall or for any key question or core service, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Inadequate 	

Summary of findings

Contents

Summary of this inspection

Background to WE CAN RECOVER CIC

We Can Recover is a Community Interest Company located in West Liverpool. The service is registered to provide inpatient care and detoxification for up to 24 clients with non-opiate addictions such as alcohol or cocaine in their residential rehabilitation facility. The service is not funded through the NHS; all clients pay private fees for treatment.

The service was originally registered with the Care Quality Commission in June 2021 to provide accommodation for persons who require treatment for substance misuse and treatment of disease, disorder or injury. The service was dormant, meaning not in use, until 4 October 2022 when We Can Recover started to admit clients for treatment.

This was the second inspection of the service to follow up on safety issues identified at the previous inspection in November 2022 where we issued a Notice of Decision to suspend the provider's registration. We rated them inadequate overall and in the safe and well led domains. Following the November 2022 inspection, the provider removed treatment of disease, disorder or injury from their registration.

At the November 2022 inspection we were not assured that staff had the qualifications, competence, skills and experience to care for clients safely. Support workers, who were caring for people in alcohol withdrawal were not competent, skilled or experienced in either the assessment and monitoring of withdrawal symptoms or in responding to potentially very serious physical health side effects. Staff were not trained in essential skills to recognise and respond to people's health deteriorating due to alcohol withdrawal and had not received other mandatory training.

We were also not assured that staff were appropriately qualified. The service did not provide registered nurse staffing in line with their Care Quality Commission registration. Agency nurses, when used, did not have the required skills and experience to provide care and there was no clinical leadership in the management team. The service did not follow recruitment procedures as specified in Schedule Three of the Health and Social Care Act.

We were not assured that there was effective medicines management to ensure clients received safe care and treatment which exposed clients to serious risk of harm. Staff who administered medicines, were not all suitably qualified and competent to administer medicines safely. Staff did not have the formal training to use assessment tools to evaluate the nature and severity of alcohol misuse. Staff failed to obtain clinical guidance from a suitable person with the necessary skills and clients did not always receive their full detoxification regimen. There were no emergency medicines available for staff to use or appropriate risk assessment to determine which emergency medicines staff may or may not need in this service.

The service had a registered manager who was also the nominated individual. Registered managers have a legal responsibility for compliance with the requirements of the Health and Social Care Act 2008 and associated regulations and must be able to influence compliance with the essential standards. A nominated individual supervises the management of a regulated activity across an organisation.

What people who use the service say

There were no clients using the service during this inspection because the provider's registration had been suspended.

Summary of this inspection

How we carried out this inspection

Prior to and following the inspection visit, we reviewed information that we held about the location, and asked other organisations, including the local authority, for information.

During the inspection visit, the inspection team:

- spoke with the registered manager and assistant manager
- reviewed the medicines management processes
- looked at a range of policies, procedures and other documents relating to the running of the service.

This was a focused follow up inspection in order to determine if the provider had improved enough to allow the suspension of registration, as recorded in the November 2022 Notice of Decision, to lapse.

The inspection team comprised of two CQC inspectors and one CQC medicines inspector.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Inadequate	Not inspected	Not inspected	Not inspected	Inadequate	Inadequate
Overall	Inadequate	Not inspected	Not inspected	Not inspected	Inadequate	Inadequate

Inadequate

Residential substance misuse services

Safe	Inadequate
Well-led	Inadequate

Is the service safe?

Inadequate

We rated Safe as inadequate.

Clinic room and equipment

Clinic rooms were not fully equipped, with emergency drugs that staff checked regularly. The service did not follow best practice standards to purchase and maintain equipment.

The service did not have a couch in the clinic room, weighing scales or a height measure stadiometer. There were also no handwashing facilities in the clinic room which went against best practice guidance. Although the service now had a defibrillator, there were no emergency medicines available for staff to use in an emergency such as a seizure. The registered manager said that they would not be keeping emergency medicines in the service; A risk assessment had not been completed to explain the rationale for this decision. Following the inspection, we asked for the rationale for this decision. Managers said the service was admitting low to moderate risk clients, and that keeping emergency medicines was not practical in the residential setting. There was no appropriate risk assessment to assess which emergency medicines staff may or may not need in this service. This was identified as a risk by the CQC at the last inspection in the Notice of Decision that was sent to the provider. National Institute for Health and Social Care Excellence guidance recommends that care providers should consider offering a quick acting benzodiazepine (such as lorazepam) to reduce the likelihood of further seizures. In the treatment of alcohol withdrawal, benzodiazepines are primarily used to alleviate potentially dangerous withdrawal symptoms including seizures and delirium and especially in the urgent treatment of delirium tremens, in which cases their administration can be life-saving. These medicines can only be administered by trained staff.

Although the service had basic equipment such as a blood pressure monitor, a thermometer and a breathalyser; the blood pressure monitor had not been calibrated in line with manufacturer's instructions. The registered manager told us that following the inspection, they had taken readings with each monitor to assess if they were working correctly and had disposed of one whose readings were dissimilar. Following the inspection, we requested copies of the manufacturer's instructions for the devices used. The registered manager said that they were purchasing new equipment and these details would be provided in due course.

There was no locked cupboard to store medicines in the clinic room. The registered manager explained that they had removed the previous medicines cupboard, but they planned on buying individual lockable storage for medicines once they had a confirmed date to reopen. We requested the maintenance log for reassurance that this job had been booked in, however this was not visible.

Safe staffing

Inadequate

Residential substance misuse services

The service did not have enough nursing and medical staff, who had completed basic training to keep people safe from avoidable harm.

Nursing staff

At the last inspection, we identified that the service did not have enough nursing and support staff to keep clients safe. This was still the case at this inspection. Managers told us that they had now offered positions to four registered nurses. However, managers also confirmed that although enough staff had been recruited, and that offer letters had been sent, all staff were getting paid on a daily rate without a signed contract, until they had a confirmed opening date. This was still the case following the inspection.

At the last inspection, we identified that managers had not accurately calculated and reviewed the number and grade of nurses and support workers for each shift and that the service did not use appropriately skilled agency staff to cover the staffing shortfalls in registered nurses. This was still the case at this inspection. The service had still not recruited enough nursing staff to ensure there was always a registered nurse on every shift, and to account for holidays and illness. Managers said that staff would be willing to work overtime and that they could also use agency staff if required. At the last inspection, we found the agency staff being used were not appropriately skilled to support this client group. Managers were still unable to provide assurance that they had put processes in place to ensure only skilled agency staff were used. We asked for a copy of their local protocol for agency use following the inspection, but this was not provided. The provider later stated that they would not use any agency staff.

During the inspection we asked how managers had determined the staffing requirements. They were unable to provide a clear response, so we requested details of the staffing tool used following the inspection. Managers stated that staff coverage would be dependent on admissions and the complexity of admissions, such as detoxification. Safe staffing numbers were to be based on personal experience and common sense rather than a recognised tool. To review staffing arrangements, we reviewed sample rotas following the inspection for the first four weeks of opening. The first week's rota indicated that the service would start employee contracts and complete dummy simulations of imaginary caseloads, admissions, dispensing protocol and document taking. Managers said that this would allow the less experienced nurses time to shadow those who have experience and gain vital insight. Managers explained that the training week would allow support staff the time to fully understand risk assessments, admission processes and support plans and that staff would follow case studies to ensure they were prepared for admission. The second week of rotas showed that the service would open to admissions mid-week. We were not assured about the skill mix and experience of staff working in the service at night. The service told us they were aiming to admit six clients per week including one client that required detoxification, however the approach was not yet finalised. Registered nurses who would be on night shift had no experience of working in a detoxification service and the support workers identified had never worked for the provider before. There was no experienced nurses or managers identified to work night shifts. It was also not clear on the rotas who had fire marshal and basic life support responsibilities each shift.

Medical staff

At the previous inspection, the service did not have access to daytime and night-time medical cover or a doctor available to go to the service quickly in an emergency. There was no doctor providing clinical leadership or guidance to the service.

At this inspection, the provider had contracted the services of a private GP based in Birmingham. This meant that the doctor was still unable to access the service in an emergency. We reviewed the doctor's employment contract. It did not specify the doctor's role and responsibilities. Following the inspection, we asked for a copy of a policy that outlined the medical provision and role, but this was not provided.

Managers described how the doctor would remotely assess clients prior to admission and prescribe their medicines regimen onto a signed medicines administration chart (MAR). General Medical Council guidance recommends that practitioners review when remote consultations are appropriate. It recommends that doctors consider face to face consultations when the doctor is not the patient's usual doctor or GP and they have not given consent to share information if the treatment needs following up or monitoring; when the doctor does not have access to the patient's medical records; when the doctor needs to examine the patient; when the doctor is unsure about the patient's capacity to decide about treatment and when the patient has clinical complex needs. We requested a contact telephone number for the doctor so that we could discuss the medical input to the service with them. This information was not provided by the service during the inspection window.

At the last inspection, when staff needed support, they told us they contacted the non-clinical managers for advice. During this inspection, managers were still unable to clearly describe the on-call procedure and how this involved clinical leadership. The registered manager told us that the doctor was available 24 hours a day, 7 days a week, 365 days a year and that they would review admissions if the doctor was unavailable or planned to take leave. We reviewed the on-call protocol following the inspection. The protocol said that the rota was completed every Monday and shared with staff. It identified which manager was on call, contact details and a handover of any issues. There was no reference as to how to escalate clinical concerns, no contact details and no reference to the doctor's responsibilities.

Mandatory training

The mandatory training programme was not comprehensive, did not meet the needs of clients and staff, and staff had not completed all the expected areas of mandatory training.

At the last inspection, managers did not monitor mandatory training well and alert staff when they needed to update their training. Training records did not accurately identify and record all staff.

When we returned to the service on Thursday 26 January 2023, six days before the suspension was due to be lifted, we found that there had been little improvement in staff training.

When we issued the registration suspension, we identified that several courses had not been deemed necessary by the provider and others, that had been identified as mandatory, had not been completed. These included Basic Life Support; Signs of Alcohol Withdrawal; Managing Challenging Behaviour; Supporting Clients through Treatment; How to Deal with a Seizure; Clinical Risk Assessment; Management of Medication, formal training in how to use recognised tools to observe patient's health during detox including training in the Institute Withdrawal Assessment of Alcohol Scale (CIWA-Ar) for assessing the severity of withdrawal symptoms, the Alcohol use disorders identification test (AUDIT) and Severity of Alcohol Dependence Questionnaire (SADQ). We also identified that the safeguarding training provided was not role specific and did not meet the national intercollegiate guidance standards.

When we returned to the service, we found that there had been little improvement in staff training. We reviewed the training matrix and saw that registered nurses and the admissions team staff were not recorded on it, nor was any training planned as part of the service's induction. The matrix did not identify what training was role specific and did not include the expected courses such as Basic Life Support, role specific Safeguarding training or training in the Mental Capacity Act.

Following the inspection, we requested training documentation including courses completed, confirmation of role specific training, dates of upcoming planned training and details of training courses identified on the matrix. Although the provider shared their training matrix which listed role specific training and expected training, we were not provided with all course details so we could not confirm if the training provision was compliant with national guidance and best practice. Additionally, the training matrix was not up to date and did not include one of the management team and one chef.

Training records received on 8 February 2023 indicated that the four registered nurses and two managers had to complete safe administration of medicines training. Although both managers had completed the online training only one of the four nurses had.

The training matrix showed that one staff member had completed training in the Mental Capacity Act in 2020 when the service was not in operation and the other 28 staff had not completed this training and had no booked dates identified.

None of the 19 staff identified as needing managing violence and aggression training had completed it and there was no indication that anyone had training booked. One nurse had completed a conflict resolution training course.

Some of the other additional online training that was identified as role specific, but had not been completed were: professional boundaries; emergency first aid, supporting clients through their treatment, signs of withdrawal, information security, complaints handling, record keeping, Mental Health Act training, hand hygiene, hand hygiene for care , respiratory protective equipment and sharps awareness training. In addition, the service had identified practical training for first aid and fire marshal courses but none of the staff were recorded as having completed these. The training matrix was not clear, and some training was deemed as role specific for some nursing roles, but not for others. For example, coronavirus working in a covid world training was not identified as mandatory for support workers but was for all other roles.

In preparation to reopen the service, managers had arranged two training days for new staff that included in house training on how to write and update risk assessments, client files, how to write and use support plans, the service's mission and values, first aid training and emergency fire protocol, the service user pathway admissions process, boundaries training, staff code of conduct and training in the Institute Withdrawal Assessment of Alcohol Scale (CIWA-Ar) for assessing the severity of withdrawal symptoms. However, at the time of inspection it was unclear what was covered in the CIWA-Ar training as this had not been finalised; there was a note specifying that a registered nurse would help with understanding and observation.

Following the inspection, the provider shared further details of the induction days' training which also included symptoms of alcohol withdrawal, capacity to consent to treatment, the medication policy, updating daily notes, whistleblowing, safeguarding, on call responsibilities, and further detail surrounding the CIWA-Ar content. We were unable to verify the quality of the content of some of the above training because this information was not shared with us in an accessible format following the inspection.

Assessing client risk

Inadequate

Residential substance misuse services

Staff screening client's admission had not completed all the role specific training required to fulfil their role. The service had not developed effective systems and processes to review risk prior to admission. They did not assess and manage risks to clients well.

At the previous inspection we identified that staff did not complete effective risk assessments for each client prior to admission and on arrival. This continued to be the same at this inspection.

Staff did not follow effective risk assessment processes for each client on admission using a recognised tool and staff were not trained. The admissions team's role was to assess the suitability of the admission in line with the service's exclusion criteria, take client details, payment for the service and complete the preadmission risk assessment. The admissions team were not suitably trained to perform their role. Although identified as role specific training, none of the admissions team had completed training in Mental Health Awareness, professional boundaries, the Mental Health Act, Mental Capacity, signs of withdrawal and record keeping. Only one of the four staff had completed information security training. Staff had not completed the induction training sessions that included risk assessments, roles and responsibilities, mission statement, aims and values of the service, service user pathway admission process, client timetable, house rules, staff code of conduct, or understanding recovery.

The admissions' team would collect information about the client's substance use habits, prescribed medication, dosage, frequency and route, history of seizures, liver function, physical health and mobility, allergies and prior admissions to rehab services. They would also record any risks relating to self-harm, suicide, injectable drugs and associated risks, offending and criminal behaviours, exploitation, self-neglect and vulnerabilities, physical and mental health and risks to children. Where a client responded yes to any of the questions, staff were to complete a risk assessment management plan tool to provide relevant details. We asked the provider for a copy of this tool following the inspection however this was not provided within the inspection window to review.

Systems to ensure that staff knew about any risks to each client and acted to prevent or reduce risks were not established. At the last inspection staff described occasions when they felt uncomfortable accepting an admission due to client risks but said that the registered manager had the final decision. During this inspection we queried what staff would review the suitability of the admission following the admissions team's assessment. Managers were not consistent in their response. The registered manager said that the management team, including the clinical lead, would complete the review. However, the assistant manager said that the support workers would also be involved. The existing process for review only allowed for a manager's signature and there was no record of discussion kept.

We were not assured that staff would be able to identify and respond to any changes in risks to, or posed by, clients. The final stage in the preadmission assessment was to be completed by the remote prescriber. They would complete the medical assessment and set the detoxification regimen. At the previous inspection, clients were assessed and admitted to the service without the prescriber having access to current summary care records or recent blood tests. This meant they could not be assured that it was safe to prescribe a detox regimen. We requested a contact telephone number for the doctor who was the lead in prescribing so that we could understand the organisation's approach to online assessments. This information was not provided by the service. We discussed access to GP records and current blood results with the registered manager. They said that clients did not always want to share information with their GP.

The provider sent us their clinical risk assessment and management policy. This policy's content had been copied and pasted from an NHS trust and had not been formatted so was difficult to understand. While some minor changes had been made the policy was not complete and did not reflect the service. It referenced inpatient care, high risk patients and training that was not provided by We Can Recover.

Inadequate

Residential substance misuse services

Safeguarding

Staff did not have Safeguarding Adults and Children training on how to recognise and report abuse, appropriate for their role. The provider did not have a safeguarding policy that reflected the service or best practice.

At the last inspection, staff did not receive training on how to recognise and report abuse appropriate for their role and they did not keep up to date with their safeguarding training. The safeguarding training provided was not role specific and did not meet the national intercollegiate guidance standards. This information was specified in the suspension notice that was issued following the first inspection. At the time of this inspection, the service had not made the necessary improvement to ensure clients would be safeguarded.

The registered manager did not understand the organisation's duty in relation to safeguarding. On this inspection we identified that the safeguarding lead did not have the required training, so the role was given to the assistant manager who was trained to level 5 in 2018. Best practice guidance states that adult safeguarding competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plans and three yearly refresher training completed. This meant that no staff had the appropriate level of training suitable to carry out the safeguarding lead role.

The manager did not identify the correct level of safeguarding training for all staff, so additional training was booked when we were onsite inspecting. Following the inspection we reviewed the service's training matrix. As of 7 February 2023, 50% of registered nurses had completed level three Safeguarding Adults training and 44% of staff had completed Safeguarding Level two training. The matrix did not identify additional training dates for staff who were still to complete the training. Safeguarding Children Levels two or three training was not identified as mandatory for registered nurses and 25% of the other staff had completed their role specific Safeguarding Children level two training. One registered nurse had completed Safeguarding Children Level three although it was unclear why as this this was deemed not mandatory on the schedule.

At the last inspection, staff did not act in accordance with the provider policy. At this inspection we asked to review the provider's new safeguarding policy, however, we were provided with a policy for another organisation that was dated 2013. This meant that the provider did not have an in-date safeguarding policy that reflected current safeguarding practice for their own organisation.

Medicines management

The service had not implemented safe systems and processes to safely prescribe, administer, record, store and dispose of medicines.

At the last inspection, we found that staff did not follow systems and processes to prescribe and administer medicines safely. We found that the service did not maintain medicines stocks well and that staff who administered medicines were not all suitably qualified and competent to do so safely. Staff did not follow national guidance to check clients had the correct medicines when they were admitted, or when they moved between services. The nurse prescriber did not always have access to a full GP summary before commencing detox regimens. Staff did not always review the effects of each client's medicines on their physical health according to NICE guidance.

Inadequate

Residential substance misuse services

At this inspection, we were unable to complete a full review of medicines as the service had no clients when we inspected. We focused on the medicines arrangements that the provider had put in place since the last inspection. However, on the day of the inspection the service was unable to share a completed and ratified policy that detailed the service's approach to medicines management.

Managers had not implemented systems and processes to prescribe and administer medicines safely. The service planned to continue to offer remote prescribing to clients entering the service for treatment. Managers said that that a medical and drug history were obtained from the client and where possible this was up to date, but that on occasions clients did not want their GP informed. This could mean that staff would not have a complete picture to base their assessment on. We reviewed the admissions flow chart and the service's exclusion criteria and saw that clients that were unwilling to provide up to date physical health tests and GP summaries were not excluded from treatment.

Managers were unable to provide assurance that suitably qualified staff would be able to review client's medicines regularly and provide advice to clients and carers about their medicines. Following the inspection, we requested a copy of the policy that outlined the medical provision and doctor's role within the service. This was not provided. We also requested a contact telephone number for the doctor so that we could discuss the medical input to the service with them. This information was also not provided by the service. Managers said that the doctor was the lead for all prescribing and that in the future, with additional training, the nurse prescriber would move into a nurse prescribing role. The nurse prescriber had no prior experience in prescribing detoxification medicines. All medicines were to be administered by registered nurses. Three of the four nurses had no detoxification or substance misuse experience and the service also held one registered nurse vacancy. We reviewed the staff training files and saw that only one of the four nurses had completed the safe administration of medicines training. We queried what the supervision arrangements were for clinical staff. Managers said that they used an online platform that included extensive management training modules regarding supervision, including how to conduct them and the aims of supervision. However, the provider did not have a policy that made it clear to staff what the supervision arrangements were, so we were not assured that clinical staff and clinical supervision arrangements had been clearly defined. We also requested details of the medicine's management training however, this was not returned.

Managers could not confirm how staff would complete medicines records accurately and kept them up-to-date. Managers said that the nurses may transcribe medicines from the GP's MAR onto their own preferred chart, but this had not yet been confirmed. The medicines policy also stated that senior support workers may be involved in writing MAR charts however support workers did not complete any medicines management training.

The service had changed their medicines management practice so support staff would no longer administer medicines however they would act as a second signature/checker. The provider policy was reviewed at staff induction, but the policy was not fit for purpose. It was also not clear if the staff member providing the training had suitable skills, experience and qualifications to instruct support staff. The policy did not explain what role support staff had in checking medicines.

We found that the service did not maintain medicines stocks well. We found schedule IV-controlled drugs stored on the premises that belonged to a specific patient. The provider could not confirm where these had come from and how they had been ordered and obtained. It is a legal requirement to have a licence to hold stock-controlled drugs. We asked for evidence of their home office-controlled drugs certificate or application. We received an extract of an email for application, but we did not see it in the original format which meant that we could not guarantee the integrity of the evidence. We asked for the original format on multiple occasions, but this was not provided. We contacted the home office who are responsible for controlled drugs licensing. They confirmed that the provider had not been granted a licence.

Inadequate

Residential substance misuse services

Staff did not always assess whether clients were receiving the correct dosage of medication for detoxification. The service planned to manage detoxification using the CIWA-Ar (Clinical Institute Withdrawal Assessment of Alcohol Scale), however at the last inspection we found that staff did not complete this scale at the required intervals to ensure the correct dosage was administered. At this inspection, the provider told us they had introduced training for staff on the use of this tool, but the training was not finalised and staff who had been recruited had not received this training.

At the last inspection, clients who started their detox regimen in the afternoon were not always given all their first day doses. The service had implemented improved paperwork to resolve this issue.

At the time of inspection, the service did not have a policy or processes in place for the management of Pro Re Nata (take as required) (PRN) medication or for the safe disposal and collection of medications. Some documentation was provided following the inspection but lacked detail or clear guidance for staff.

Is the service well-led?

Inadequate

We rated well-led as inadequate.

Leadership

Leaders did not have the skills, knowledge and experience to perform their roles. They did not have a good understanding of what was required to run the service.

At the last inspection we found that leaders did not have the skills, knowledge and experience to perform their roles. This continued to be the case at this inspection. Although the service now had clinical input to the management team, the remote GP prescriber was based over 100 miles away and their remit was not clear. The clinical lead had no substance misuse experience and although the managers had lived experience of addiction, neither had experience in delivering or working in a medically managed detoxification service.

At the last inspection we found that leaders did not have a good understanding of the service they managed. This continued to be the case. Managers did not fully understand the organisational and personal risks involved in delivering a detoxification and rehabilitation service. Managers had not ensured that staff were suitably experienced and trained and governance systems were not established. Managers did not fully understand their duties under the Health and Social Care Act and did not fulfil these. Managers had not acted on issues identified at the previous inspection and did not have arrangements in place to run a safe service.

Vision and strategy

At the last inspection staff said they did not have job descriptions, an induction to the service or supervision. The service also did not have any organisational vision or values.

During this inspection we reviewed all job descriptions and found that they did not reflect what managers said staff would do. For example, the night support worker job description said that staff were to prepare and distribute medication to clients, but managers said that medicines were only to be distributed by registered nurses. The registered nurse and non-medical prescriber job descriptions said that the job holder must have an in-depth knowledge of the

issues affecting people with substance misuse and experience of coordinating interventions with service user in line with guidance on detoxification and stabilisation protocols. However, only one of the nurses employed had experience in substance misuse. The nurse prescriber job description said that they would work under the guidance of the clinical lead, but they were the clinical lead. Both job descriptions also said that nurses would deliver vaccination, but it was not clear why this would be part of their duties.

At the last inspection, staff told us that they did not receive an induction to the service or attend supervision sessions. Agency staff did not have the necessary skills or experience to support the client group and told us they did not receive an induction when they attended the service.

Managers did not ensure that staff had access to training or supervision necessary for their role or that they had the necessary skills or experience to perform their duties. At this inspection, managers told us they had introduced an induction for staff, although this hadn't been delivered yet as the service was not operating. Managers also told us they had developed their approach to supervision but were unable to provide a supervision policy. Managers stated they would use an agency they were familiar with but did not have policies or a protocol to ensure agency staff had the necessary skills and experience.

Managers explained that the service had created an operations manual that highlighted everything staff would need to know to work in the service. We requested a copy after the inspection, but the file format that was sent was not viewable. We repeatedly asked the provider for a different file type to be sent but this was never returned.

Management of risk, issues and performance

Information that staff needed to provide safe and effective care was unclear, incomplete and at times irrelevant. Managers did not ensure all staff had all the appropriate pre-employment checks in place.

At the previous inspection, the service had not completed all employment checks in line with schedule three of the Health and Social Care Act. We reviewed seven staff records during this inspection and found that it had not improved. Managers had not completed all necessary employment checks. The interview format did not ask applicants for an explanation in employment gaps and there was no written evidence to show that this had been completed. Application forms were incomplete and Disclosure and Barring (DBS) checks were not present in all files. Three of the four nurses did not have relevant clinical experience in substance misuse or detoxification and two registered nurses did not have references, a completed health declaration or proof of misconduct/safeguarding checks from previous employment. One of the nurses had no previous employment history prior to 2014, when they attended university or proof of identification in their file. The nurse was a European citizen, but there was no evidence to confirm how long they had been living in the UK or if they had settled or pre-settled status under the EU settlement scheme. Managers advised that staff were attending training on 30 and 31 January and said that all outstanding paperwork would be completed by then.

Policies were poor and not fit for purpose. We reviewed the provider's recruitment and selection policy. The policy stated that it would conform to all statutory regulations and agreed best practice however this was not the case. The policy stated that appointing managers would receive training in effective recruitment and selection but there was no corresponding training listed on the service's training matrix. The policy also referred to roles in the service that did not exist. The provider's approach to recruitment did not meet best practice guidance as it focused on internal recruitment and employee referral schemes. The provider's recruitment and selection policy stated that the appointing manager would decide on the interview format and determine which areas to concentrate on with the questions but there was no standard interview process referenced. The policy did not specify that the appointing manager must review all gaps in

employment history or that the administration team must obtain the minimum number of required references, photographic ID etc. The provider's policy also said that all staff recruited had conditional offers of employment until employment checks had been completed. When we inspected none of the staff had fully completed employment checks.

During the inspection we reviewed the provider's training policy. The policy did not clearly describe the provider's approach and expectations around training. The two-page policy said that training would only be delivered by those that had the necessary level of expertise or qualification to do so, however we did not see this in practice. The policy also stated all staff would have to have completed training before being allocated on the rotas. Based on the training data provided, we were not confident that all the staff would have completed all training prior to their first shift. The policy did not reference any other organisational policies and did not specify what training was mandatory within the service. The policy did not provide assurance that the service fully understood their responsibilities in terms of training staff.

Following the inspection, we reviewed the provider policy for the Handling and Administration of Medicines. The provider sent two policies; the first on 6 February and another on 15 February 2023. Policies contained incorrect references and did not describe the provider's approach. Both policies identified the service as a domiciliary care setting instead of a residential detoxification and rehabilitation service; they also made multiple references to the client's homes. Both policies referenced the incorrect sections of the Health and Social Care Act and the first provided contact details and safeguarding escalation routes in Solihull, approximately 115 miles away. Both policies referred to teams and roles that did not exist in the organisation. The policy stated that the service promoted independence through encouraging people to manage their own non-controlled medicines where possible, however, managers said that there was no self-medication in the service. The policy indicated that some clients may need a higher level of assistance with medication and may need a medication risk assessment completed, however it was not clear how this need would be determined as no guidance was given. Policies referred to staff collecting medicines from the client's local pharmacy, when this was not the process. Policies also said that all care staff could assist/administer medicines from all containers that had been dispensed by a pharmacy, but again this was not what we were told by managers. There was no reference to any of the medicines used in alcohol detoxification or home remedies such as paracetamol that may be kept by the service. There was no reference to the process to review medicines safety alerts. There were no details of the local pharmacies used by the service for prescriptions. The policy did not accurately reflect the service and it was not fit for purpose.

The provider did not have an in-date policy that reflected current safeguarding practice or their own organisation. We reviewed the new safeguarding policy. We received a policy for another organisation that was dated 2013.

The service shared their emergency protocol. The protocol did not reference basic life support training or any of the staff roles in the service but instead gave basic instructions on what to do in the event of an emergency, including seizures, aggression, heart attack/stroke or other serious health emergencies as well as fire evacuation. The emergency protocol was explained to staff during their induction.

Policies contained multiple errors and did not reflect the service. We requested details of how clinical staff were to be supervised. The provider sent us their clinical risk assessment and management policy (supervision protocol). This policy's content had been copied and pasted from an NHS trust. While some minor changes had been made the policy was not complete and did not reflect the service. The policy also did not outline how staff were to be supervised so it was unclear why the title included supervision protocol. The provider shared their incident management policy. It explained that the service would use Root Cause Analysis to investigate incidents and that all staff were aware of their role when dealing with serious incidents. However, we saw no corresponding training on the provider's training matrix.

The provider also sent another risk management policy. This policy referenced organisational risk. The policy specified that the service would have a risk register to identify and assess all organisational risks and said that they would have a business continuity plan. We requested these from the provider, but they were not returned within the inspection window.

At the last inspection there were no quality assurance management and performance frameworks in place that were integrated across all organisational policies and procedures. We found this continued to be the case.

Governance

Our findings from the other key questions demonstrated that governance processes did not operate effectively at team level and that performance and risk were not managed well.

The service had not ensured that clinical premises where clients received care were well equipped. The clinic room did not have handwashing facilities, a couch, lockable storage for medicines, weighing scales or a height measure stadiometer. The service kept no emergency medicines and there was no appropriate risk assessment to assess which emergency medicines staff may or may not need. This had been identified at the previous inspection and not acted upon. Blood pressure monitors were not calibrated in line with manufacturer instructions.

The service did not have enough nursing and medical staff, who had completed basic training to keep people safe from avoidable harm. Managers did not use a safe staffing tool to determine staffing numbers. Managers relied on staff working additional shifts to cover sickness and annual leave. The service now had medical input, but the GP prescriber was based in Birmingham and it was not clear what their role involved other than remote prescribing. Three of the four recruited nurses had no previous substance misuse experience. None of the staff had signed contracts because the service was paying them on a daily rate until they had a confirmed opening date. Managers had not implemented a clear clinical escalation route out of hours. The on-call protocol did not advise staff how to escalate clinical concerns, provide contact details for the doctor or define the doctor's responsibilities.

Managers did not monitor mandatory training well. Training records were inaccurate, and staff had not been provided with the skills needed to safely deliver care to clients in the service. The mandatory training programme was not comprehensive and did not meet the needs of clients and staff. Relevant training that was indicated on the suspension notice had not been arranged or completed. Role specific training had not been completed by staff and the rationale for allocation of training was not clear. Rotas did not ensure that staff working on all shifts had the necessary experience to safely care for clients.

Staff screening client's admission and risks had not completed all the role specific training required to fulfil their role. The service was unable to describe effective systems and processes to review risk prior to admission and it was unclear what the review process was and who this involved. We were also not confident that the GP prescriber would have access to client's summary records or current blood results when assessing new admissions.

Staff did not have Safeguarding Adults and Children's training on how to recognise and report abuse, appropriate for their role. This issue was specified in the suspension notice that was issued following the first inspection. The provider did not have a safeguarding policy that reflected the service or best practice; it was dated 2013 and for an NHS trust.

The service did not fully use systems and processes to safely prescribe, administer, record and store medicines. The policy which support worker medicines training was based upon, was contradictory and of poor quality. The staff

member providing the training did not have suitable skills, experience and qualifications to instruct staff. The registered nurses had not completed their training and processes surrounding medicines administration records, clinical supervision, medicines disposal and medicines training were not clear. The doctor's roles and responsibilities had not been clearly defined. The provider held controlled drugs on the premises without a home office license.

Leaders did not have the skills, knowledge and experience to perform their roles. They did not have a good understanding of what was required of them to deliver a safe and well led service. Managers had not acted on all issues identified in the suspension notice. The clinical lead did not have relevant experience and the medical input was from a remote GP based in Birmingham. Job descriptions submitted contained multiple inaccuracies and did not reflect what managers said staff would do. Policies and protocols were not service specific and did not provide clear guidance to staff. Managers had not ensured all staff had all the appropriate pre-employment checks completed and the service's approach to recruitment was poor. Managers did not return all information requested by the Care Quality Commission in either a timely fashion or on many occasions, at all. This included information that should have been easily accessible and ready for the service reopening.

However, the provider had created organisational visions and values that staff were informed of during the newly created staff induction.

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	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • We continued to have concerns around staff qualifications, competence, skills and experience to care for clients safely. The provider had not ensured that training records were accurate, and staff had not been provided with the skills needed to safely deliver care to clients in the service. • We continued to have concerns about employment checks. The provider had still not completed all employment checks in line with schedule three of the Health and Social Care Act. • We continued to have concerns about the lack of effective medicines management arrangements in place to ensure patients received safe care and treatment.