Verve Health Limited

Verve Health

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 effective?	Inadequate
Are services caring?	Requires Improvement
Are services responsive to people's needs?	Inadequate
Are services well-led?	Inadequate

Summary of findings

Overall summary

Verve Health is a residential substance misuse service in Norfolk that provides detoxification and rehabilitation treatment for people using drugs or alcohol.

This was our second inspection of the service. We conducted this inspection to follow up our previous concerns found during the first inspection of Verve Health, conducted in April 2022. During our previous inspection of Verve Health, we issued the provider with three warning notices against Regulation 12 Safe care and treatment, Regulation 18 Staffing and Regulation 17 Good governance. We asked the provider to act in order to make improvements and keep service users safe from harm. The service was placed in special measures and rated Inadequate overall and within the five domains of Safe, Effective, Caring, Responsive and Well-led.

During this follow up inspection, we checked to see if the provider had made the required improvements. The provider had not made the necessary improvements required to ensure service users were kept safe from harm and we found continued breaches under Regulations 12 Safe care and treatment, Regulation 18 Staffing, Regulation 17 Good governance, Regulation 9 Person-centred care and Regulation 11 Need for consent. Following this inspection, we issued the provider with a Notice of Proposal to cancel the providers registration.

Our rating of this location stayed the same. We rated it as inadequate because:

- Staff had not received all basic training for their roles, including safeguarding training. Managers were not supporting staff with appraisals or supervision. Managers had not provided an induction for all new staff. Managers were not holding regular full staff team meetings, handovers or multidisciplinary meetings to ensure key information was shared.
- Staff did not assess and manage risks to service users and themselves well. Staff did not make service users aware of harm minimisation and the risks of continued substance misuse.
- Staff did not always prescribe, administer or store medicines safely. Staff did not have access to adequate medical oversight for service user's requiring detoxification. Staff were not adequately monitoring service user's physical health during their detox programme.
- Staff did not keep accurate and up to date contemporaneous records for each service user. Staff did not complete comprehensive assessments with service users and were not always working with service users to develop and update individual care plans. Care plans did not always reflect the needs of service users and were not always personalised, holistic or recovery oriented. Staff were not completing discharge plans to reduce potential harm to service user's upon discharge from the service.
- Staff did not report all incidents appropriately. Managers did not always investigate incidents thoroughly and learning was not always shared with the whole team and wider service. When things went wrong, staff were not following duty of candour principles.
- Staff did not always understand the service's policy on the Mental Capacity Act 2015 and were unsure on what to do if a service user's capacity to make decisions about their care might be impaired. Staff were not ensuring adequate consent had been obtained with service user's in treatment.
- Staff did not always feel supported or valued. Managers did not ensure recruitment or performance processes were implemented to address past performance concerns with new staff.
- Governance processes were not operating effectively at the service and performance and risk were not always managed well. Key service audits remained absent and it was not clear how information from completed audits was being used to improve quality of care. Managers were not identifying and responding to key areas of risk in the service which was needed in order to provide safe and effective care.

Summary of findings

However:

- Staff were trying to involve service users in care plans and service users could give feedback on the service and their treatment and staff supported them to do this.
- Following our previous inspection, an alarm system had been installed by the provider in bedrooms and most communal areas.
- All areas were clean, well maintained and well-furnished.
- Staff followed infection control guidelines.
- The design, layout, and furnishings of treatment rooms supported service user's treatment, privacy and dignity. Service users could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and service users could make hot drinks and snacks at any time.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Inadequate 	See report for further information

Summary of findings

Contents

Summary of this inspection

Background to Verve Health

The team that inspected the service comprised one CQC inspection manager, two CQC inspectors, one CQC medicines inspector, one CQC assistant inspector and one specialist advisor with experience of working in substance misuse.

Following the inspection site visit, we reviewed information that we requested from the location and undertook several interviews remotely.

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the environment;
- spoke with four service users who were using the service;
- spoke with the service directors and current manager of the service;
- spoke with nine other staff members; including nurses, therapists, support workers and the quality assurance and compliance lead;
- looked at 11 care and treatment records of both current and recent service users;
- carried out a specific check of the medication management;
- looked at a range of policies, procedures and other documents relating to the running of the service

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.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The service must ensure that staff complete a comprehensive assessment and care plan and maintain accurate risk assessments for each service user and that staff complete effective risk management plans to reduce identified risks. (Regulation 12)
- The service must ensure that staff complete personal discharge plans and provide harm reduction advice for all service users leaving the service in order to safely support service users when they return to the community. (Regulation 12)
- The service must ensure they use systems and processes to safely prescribe, administer and record medicines and that the clinic room and medication is secure. (Regulation 12)
- The service must ensure service user safety incidents are managed, staff report incidents appropriately and managers investigate incidents and share lessons learned with the whole team. (Regulation 12)
- The service must ensure staff are applying the duty of candour when things go wrong. (Regulation 20)
- The service must ensure that service users undergoing medical detoxification are appropriately monitored during their detox programme, including respiration rates and temperatures. (Regulation 12)

Summary of this inspection

- The service must ensure that service user records are legible and provide a contemporaneous account of all contact with the service user and relevant information in order to safety support each service user and manage risk. (Regulation 12)
- This service must ensure that service users have Personal Emergency Evacuation Plan's (PEEPs) in order to safely support them to evacuate the building in an emergency. (Regulation 12)
- The service must ensure staff understand how to protect service users from abuse, and how and when to make a safeguarding referral. (Regulation 13)
- The service must involve service users in care planning and risk assessment (Regulation 9)
- The service must ensure managers have the skills and relevant operational training to perform their roles. (Regulation 17)
- The service must ensure governance systems and processes are in place to assess, monitor and improve the quality and safety of the service. (Regulation 17)
- The service must ensure they have enough suitably competent, skilled and experienced clinical staff. (Regulation 18)
- The service must ensure staff including those who work at the service but are not directly employed have the right skills and training to meet the needs of the service users in their care and that they receive a full induction to the service before they start work, ongoing training and that staff receive regular appraisals, supervision and access to team meetings. (Regulation 18)
- The service must ensure that staff are trained in Mental Capacity Act and have an understanding of the five principles and how to apply them and that service users have an opportunity to give consent to treatment when they are no longer under the influence of illicit substances. (Regulation 11)
- The service must ensure that staff are able to escalate concerns relating to medicines to an appropriately clinically trained and competent individual. (Regulation 17)
- The service must ensure adequate medical governance processes and systems are in place to monitor and assess the practice and competence of clinical staff and ensure the safety of medical practices. (Regulation 17)
- The service must ensure that managers record and monitor key information used to assess compliance in order to improve the quality and safety of the service, such as training and supervision compliance. (Regulation 17)
- The service must ensure that staff are aware of how to use the whistleblowing process. (Regulation 17)
- The service must ensure that regular fire drills are completed to ensure service users and staff are able to safely vacate the building in the event of an emergency. (Regulation 12)
- The service must create a risk register to effectively record and mitigate against key risks to the service. (Regulation 17)

Action the service SHOULD take to improve:

- The service should ensure that regular full staff meetings, staff multi-disciplinary meetings and handovers occur in order to discuss service user needs, share relevant key information and share learning or areas for improvement.
- The service should ensure collating outcomes of treatment to establish effectiveness.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate	Inadequate
Overall	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate	Inadequate

Inadequate

Residential substance misuse services

Safe	Inadequate
Effective	Inadequate
Caring	Requires Improvement
Responsive	Inadequate
Well-led	Inadequate

Is the service safe?

Inadequate

Our rating of safe stayed the same. We rated it as inadequate.

Safe and clean environment

All premises where service users received care were clean, well equipped, well furnished, well maintained and fit for purpose. However, staff had not completed recent fire drills and the medication fridge within the clinic room was not safe to store medication.

Staff completed risk assessments of all environmental areas. Staff were in the process of removing ligature risks they had identified within a ligature risk assessment and had removed individual ligature risks from rooms of service users who posed a risk to themselves. Staff had not yet updated individual bedroom risk assessments with actions taken to mitigate risks, however, were in the process of updating and removing risks. Staff had also removed free weights from the gymnasium following conducting the risk assessment. Service users now received an induction to the gym and how to safely use the equipment before they could use the gym by themselves.

Following our previous inspection, an alarm system had been installed by the provider in bedrooms and most communal areas. There was no alarm within the group therapy room, which was mitigated by two or more staff being present within this room when therapy was undertaken. The alarm sounded within the main office for available staff to respond to.

Staff made sure cleaning records were up-to-date and the premises were clean.

All areas were well maintained and well-furnished. However, we found the upstairs fire escape route was not signposted and there were trip hazards along the route. This was raised with managers who immediately removed the trip hazards and installed appropriate exit signs. The service had not ensured regular fire drills were completed. The last fire drill occurred in 2021.

The service was mixed gender and all single accommodation bedrooms had their own ensuite. Staff ensured that service users were placed within shared bedrooms with the same gender.

Staff followed infection control guidelines.

Inadequate

Residential substance misuse services

Staff made sure equipment was well maintained, clean and in working order. However, staff had not ensured that the temperature of the medication fridge within the clinic room was safe to store medication within. The temperature recordings consistently demonstrated that the fridge temperature was too low to store medication within. There was no current medication that required storing within the fridge, however this posed a risk as if this was not rectified this may cause future medication to freeze and be ineffective.

Safe staffing

The service had enough staff, however not all staff were familiar with service users and not all staff received basic training to keep service users safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep service users safe.

The service had reducing vacancy rates. They had recently successfully recruited to vacant positions.

The service regularly used agency nurses to cover day and night shifts, however we were not assured that nursing staff were familiar with the service or service users. Managers had not ensured that agency staff received a full induction to the service prior to working. Following the inspection, managers told us they had created an induction checklist to ensure agency staff received a full introduction to the service and service users. Agency staff nurses were not specialised in substance misuse and agency nurses felt they had not been provided with suitable training for the service. The service were attempting to recruit permanent nurses.

Sickness levels were low.

Medical staff

The service contracted a nurse prescriber and doctor to oversee medical detoxifications for service users. The service was admitting service users only during days of the week when the nurse prescriber was working, to ensure service users starting their medical detoxification were overseen by this individual. The doctor did not complete an assessment for all service users, only those deemed requiring a doctor's assessment by the nurse prescriber were escalated. Staff told us that getting hold of the nurse prescriber to seek advice in relation to detoxification regimes when they were not working in the service was difficult. Following concerns raised by CQC regarding prescribing practices, the service told us that the doctor would be overseeing detoxifications for service users and they were in the process of recruiting a psychiatrist to oversee medical detoxifications.

Mandatory training

Following our previous inspection, managers had introduced new training sessions for staff however it was not clear how training was monitored in order to alert staff when training needed updating. It was not clear which training was mandatory and specific drug and alcohol training was not provided to all staff. Only 31% of staff had completed medication training and only 68% of staff had completed training on the Mental Capacity Act.

Assessing and managing risk to service users and staff

Staff did not always assess and manage risks to service users and themselves well, however staff responded promptly to sudden deterioration in service user's physical health. Staff did not make service users aware of harm minimisation and the risks of continued substance misuse. Safety planning was not always an integral part of recovery plans.

Inadequate

Residential substance misuse services

Assessment of service user risk

Staff completed risk assessments for each service user on arrival and reviewed these regularly. A new risk assessment tool had been created which staff reported receiving training on how to use. However, risk assessments did not always contain accurate information on risks to service users. We looked at risk assessments for six service users. We found that two of these risk assessments did not contain accurate information about the known risks of service users or information about how to effectively manage these risks.

Management of service user risk

Staff responded promptly to any sudden deterioration in a service user's physical health. We saw evidence that staff supported service user's deterioration in physical health by contacting local emergency services and using the NHS 111 service. However, staff told us that they were not always able to get hold of the nurse prescriber who worked at the service, due to them only working certain days of the week and staff were hesitant to call the doctor. This posed a risk to service users who may have required a prompt review to their detoxification regime.

The inspection team reviewed 11 records. We found that despite harm reduction being added to a care plan for some service users, there was no evidence that this intervention had been completed with service users. Harm reduction is a key intervention for people who use illicit substances to reduce risk of physical harm, including death. We found a lack of safety planning for service users within their records.

Due to our finding that risk assessments were not always an accurate reflection of the service users current level of risk, we were concerned that service users may not be receiving support to keep them safe from harm and not all staff would be aware of individual risks in order to safely manage them.

Safeguarding

Most staff understood how to protect service users from abuse. The service were not working with the local authority and reported to us that there had been one incident which warranted a safeguarding referral. Not all staff had training on how to recognise and report abuse.

Not all staff received training on how to recognise and report abuse, appropriate for their role. Seventy-five percent of staff had up to date training in safeguarding.

Most staff knew how to recognise adults and children at risk of or suffering harm although staff reported that there had been no incidents at the service which warranted a safeguarding referral. For this reason, the service had not made any safeguarding referrals and told us they did not currently work with local safeguarding agencies. However, following the on-site inspection, managers identified one safeguarding referral they had made in August 2022.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff access to essential information

Staff records of service user's care and treatment were fragmented. Records were not always clear, up-to-date or easily available to all staff providing care.

Service user notes were in paper form and records for each service user were fragmented between different folders within the service. Staff notes were not always comprehensive and lacked rationale to why certain decisions had been

taken. Medical records were incomprehensible and written in a shorthand which other staff were not able to understand. Staff working remotely from the service, such as the doctor, did not have access to service user records due to these being in paper form. The provider confirmed that they were in the process of commissioning an electronic records system.

Medicines management

Staff did not always prescribe, administer, store or record medications safely. Staff were not appropriately monitoring service users who were medically detoxing.

Staff did not always prescribe, administer or store medicines safely. We looked at a variety of records, systems and processes to review how medicines were being managed at the service.

We reviewed medical records for eight service users, and we found multiple concerns relating to the prescribing of medicines. We found instances were medicines had been prescribed where service users did not have a clinical need for the medication.

We saw further examples of concerning prescribing practices which contradicted the doctor's assessment and instructions, and it was also unclear from medical records if the doctor's instructions to the nurse prescriber, were completed.

We found that one service user was prescribed a high dose of medication for their alcohol detoxification and the service users' clinical notes were unclear as to why they were prescribed this dose. The service user was very unsteady on their feet and this had not been picked up or addressed by staff at Verve Health prior to the inspection.

During the on-site inspection, staff members working at Verve Health also raised with the inspection team that they were concerned that medications were being prescribed which were not clinically required and may have caused the service user subsequent dependency.

We found that not all blood results for service users undergoing a medical detox had been returned prior to the service user beginning their prescription. This included service users where recent GP summaries did not indicate any recent blood tests. Blood results are a key tool in determining liver function and other medical conditions which would highlight required amendments to a detoxing regime. There was no evidence that service users who were prescribed medication without blood results were reviewed by a medical professional or had any further clinical assessment to determine underlying health conditions which would highlight a change to the service users prescribing regime. This poses a risk to service users who have underlying health conditions and is also against the service's Management of Medicines policy.

All medicines were stored in a lockable cupboard within a locked treatment room. However, the keys to both the room and the medicines cupboards were not secure. Managers changed the way in which keys were secured following the inspection team raising this with them, but we were concerned that this was not identified prior to CQC raising this during this inspection.

The fridge temperatures showed the fridge was not suitable for storing medicines although there was currently nothing stored within the fridge.

Homely remedies were available to be administered by staff, such as paracetamol or ibuprofen. Homely remedies are medicines used to treat minor ailments and can be purchased from a high street pharmacy. It was unclear who had authorised the administration of homely remedies. The homely remedy policy referred to care homes and only one member of staff had read the policy.

The provider had a management of medicines policy but only one member of staff had read it.

Staff did not always complete medicines records accurately or clearly. Medicines were recorded on a medication administration record (MAR). Not all service user's had photo identification as part of their record. When people did not receive medicines as prescribed, the reasons were not documented so it was unclear why medicines had not been given. We found that one MAR sheet had been altered after medicines had been administered. Medicines labels did not always match what was written on the MAR. Some people administered their own inhalers and kept them with them. A stock count of medication was being completed but there were no MAR audits taking place.

Staff did follow current national guidance to check service users had the correct pre-admission medicines, but they did not always receive them appropriately. One service user did not receive an antipsychotic medication and another's asthma inhaler had gone out of date 6 months previously and was still being used.

The service had naloxone on site (medication to reverse the effects of opioid drugs), in line with guidance. The service also kept adrenaline to treat anaphylaxis, but the incorrect dose of adrenaline was held and both medicines were not quickly accessible in an emergency.

People were not adequately monitored during their detoxification programme. Respiration rate and temperature were not monitored. Both parameters are important to detect clinical deterioration or over sedation. Staff had not been trained to monitor respiration rate. This poses a risk to service users as these signs of deterioration may not be recognised or escalated.

Reporting incidents and learning from when things go wrong

Staff did not report all incidents appropriately. Managers did not always investigate incidents thoroughly and learning was not always shared with the whole team and wider service. When things went wrong, staff were not following duty of candour principles.

Staff did not always report incidents in line with the service's policy. The inspection team reviewed service user's records and we found an incident which occurred in June 2022 which was not reported via the incident reporting process. We were therefore not assured that incidents are reported via the correct processes, resulting in actions and/or learning failing to be taken to protect service users from harm.

Managers did not always investigate incidents thoroughly or share learning with staff. Service users and their families were not involved in these investigations. Staff did not receive feedback from investigation of incidents, both internal and external to the service and did not meet to discuss the feedback or look at improvements to service user care. The inspection team reviewed incident reports and learning from incidents during this inspection. We found that four incidents had occurred since our previous inspection in April 2022 and these were recorded on paper forms and stored within a folder. No serious incidents had occurred at the service. We found that learning from incidents was not always completed in order to prevent the incident from occurring again and learning was not routinely shared with staff as there was a lack of staff meetings or evidence to demonstrate that learning from incidents had been implemented and shared with staff.

Inadequate

Residential substance misuse services

Staff were not applying the duty of candour if and when things went wrong. For example, incident reports did not identify situations where the duty of candour would apply, and there was no evidence demonstrating that service users were provided with an apology or explanation.

Is the service effective?

Inadequate

Our rating of effective stayed the same. We rated it as inadequate.

Assessment of needs and planning of care

Staff did not complete comprehensive assessments with service users and were not always working with service users to develop and update individual care plans. Care plans did not always reflect the needs of service users and were not always personalised, holistic or recovery oriented.

Staff were not completing comprehensive assessments of each service user. We reviewed five service user assessments and found gaps in key information such as drug history and lack of comprehensive mental health assessments for service users who required this. The service's Admission and Management of Medicines policy said each service user must be seen by a doctor, however this is not occurring for all service users. Service users who are undergoing a medical detox were seen by a nurse prescriber, unless escalated to a doctor.

Staff were not always developing comprehensive care plans for each service user to meet their mental and physical health needs. Care plans were not always personalised, holistic or recovery orientated. We found that in four out of six care plans which we reviewed, they lacked detail, were not personalised, lacked goals or aspirations for the service user and failed to include safety planning for each service user. Some care plans were one sentence in length, highlighting that the service user needed to stop using substances or 'to complete rehab'. In these cases, it was not clear of the aim of treatment or how the service user would be supported to achieve this. Two service users care plans did not address all illicit substance misuse concerns, despite the service user's assessment highlighting the service user required support for more than one substance. Care plans did not include the need for harm reduction advice to support service users who were using less or becoming abstinent, a key intervention to reduce risk of harm and other care plans lacked individual care needs such as a service user's mobility issues. One care plan was contradictory, stating the service user did not have any chronic conditions but had experienced long term depression.

Staff were documenting their reviews of service user care plans at regular intervals however these reviews were not identifying the updates required to the care plans to ensure they were an accurate reflection of the service user's current care needs.

Staff were not always ensuring that service users had a full physical health assessment or knew about physical health problems. Since our last inspection in April 2022, managers told us they were ensuing that service users blood results were being reviewed prior to medically detoxing service users however we found blood results were not always returned prior to the service user beginning the detox regime. This poses a risk to service users who have underlying health conditions.

Staff did not always try to engage service users who required support from mental health services. We found one service user who due to his presentation, would have benefited from a mental health assessment and onward mental health support. This was absent from the service users care plan or discharge plan.

Inadequate

Residential substance misuse services

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the service user group. However, staff were not routinely providing advice to all service users on harm reduction. Staff ensured that service users had access to physical healthcare, although staff were not routinely monitoring physical health parameters when detoxing service users.

Staff provided a range of care and treatment suitable for the service users in the service.

Staff made sure service users had support for their physical health needs, either from their GP or community services. The service did not have links with local GP's, but service users could access a remote 'app' in which GP advice was provided.

Staff were routinely completing observations for new admissions who required medical detoxification. However, staff were not checking all clinical parameters in order to monitor service users effectively. For example, staff were not checking respiration rates or temperatures.

Staff were not routinely assessing severity or outcomes of treatment to establish the effectiveness of treatment.

Managers had introduced an audit schedule since our previous inspection, however this was not embedded and there was a lack of clinical audit for medical detoxifications. Managers were not always identifying areas for improvement within service audits, including improvements to service user care plans and it was not clear where actions from audits were being reviewed to ensure they had been completed and improvements made.

Skilled staff to deliver care

Staff teams did not always have access to the full range of specialists required to meet the needs of service users under their care. Managers had not ensured that all staff had the range of skills needed to support service users in recovery. They were not supporting all staff with appraisals or supervision. Managers had not provided an induction for all new staff.

The service did not always have access to a full range of specialists to meet the needs of each service user. Despite the service employing a remote doctor, agency nurses and a nurse prescriber since our previous inspection, staff told us they could not always access the nurse prescriber for support due to them only working set days a week and staff were hesitant to call the doctor. Managers explained the doctor was employed to complete detoxification assessments for service users using opioids and did not assess all service users. This posed a risk to service users who required amendments to their prescribing regime, such as an increase or decrease in their detox medication, or additional advice which staff on site were not skilled to provide.

Managers had not ensured all staff had the right skills, qualifications and experience to meet the needs of the service users in their care, including bank and agency staff. Nursing staff employed by the service had little or no experience in working within substance misuse. Managers had provided further training to other staff employed at the service including support staff since our previous inspection, however this did not include specific drug and alcohol training for all staff.

Managers were not routinely identifying specific staff training needs.

Managers had not ensured all new staff members received a full induction to the service before they started work.

Managers were not supporting staff through regular, constructive appraisals of their work.

Managers were not supporting staff through regular, constructive supervision of their work. Staff delivering therapy were being clinically supervised through an external supervisor however all other staff had not yet been provided with a supervision from their line manager. Managers had not ensured that agency medical staff were being adequately supervised in their roles.

Managers were not holding regular staff team meetings to ensure key information was shared. Since our previous inspection, managers told staff they would hold regular full staff meetings and ensure minutes were taken of the meetings. The organisations meeting framework highlighted staff team meetings should be occurring fortnightly and service user review meetings occurring weekly, but these were not taking place. One meeting had occurred following our previous inspection and staff confirmed there had not been any further full staff meetings held.

Multidisciplinary and interagency teamwork

Staff from different disciplines were not always working together to benefit service users. There were no multi-disciplinary team meetings and we found gaps in care needs. The team had not yet developed effective working relationships with other relevant services outside the organisation.

Staff were not holding regular multidisciplinary meetings to discuss service users and improve their care. However, staff told us they would hold informal discussions each day regarding service user's needs. It was unclear how actions were being taken forward and risk or care needs shared with the full staff team without regular multidisciplinary meetings and no evidence of discussions held.

Due to the absence of regular full staff team meetings or handovers between staff, it was not clear how staff were sharing clear information about service users and any changes in their care, including in the run up to their discharge.

Staff had not yet developed effective working relationships with external teams or organisations such as the local safeguarding authority.

Good practice in applying the Mental Capacity Act

Staff did not always understand the service's policy on the Mental Capacity Act 2015 and were unsure on what to do if a service user's capacity to make decisions about their care might be impaired. Staff were not ensuring adequate consent had been obtained with service user's in treatment.

There was a policy on the Mental Capacity Act, however this was not specific to the service and staff were unaware of the policy.

Only 68% of staff had received training in the Mental Capacity Act.

Service users were signing to consent to treatment when they arrived at the service, often when they were still under the influence of drugs and/or alcohol. Staff were not re-assessing if the service user was happy to consent to treatment once they were no longer under the influence, despite the service's consent forms indicating that staff needed to check consent on more than one occasion.

The service was not yet monitoring how well it followed the Mental Capacity Act and staff were not completing audits to review how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve.

Inadequate

Residential substance misuse services

Is the service caring?

Requires Improvement

Our rating of caring improved. We rated it as requires improvement.

Kindness, privacy, dignity, respect, compassion and support

Staff treated service users with compassion and kindness however they did not always understand the individual needs of service users, therefore service users were not always supported to manage their own individual care and treatment needs.

Staff were discreet, respectful, and responsive when caring for service users. We saw staff provide service users with emotional support and advice and service users engaged within therapy sessions throughout their time at the service.

Service users said staff treated them well and behaved kindly.

Staff did not always understand service user's individual needs. We found that individual care needs were not always accurately identified or supported, leaving staff unable to meet these needs.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards service users and staff.

Involvement in care

Staff did not always involve service users in care planning and risk assessment. However, staff actively sought their feedback on the quality of care provided.

We saw evidence that staff were trying to involve service users in care plans however this was not consistent for all service users. Our findings from other key questions demonstrated gaps in service user risk assessments and care plans, highlighting a failure to ensure service users were involved in managing their own care needs. One service user told us they had not been involved in the drafting of their care plan, but that a staff member asked them to review this at a later point in time.

Service users could give feedback on the service and their treatment and staff supported them to do this. Staff sought service user feedback through introducing community meetings.

The service's Discharge Pack Policy and Procedure stated that service users could complete discharge surveys when they left the service, however there was no evidence that these were being completed.

Is the service responsive?

Inadequate

Our rating of responsive stayed the same. We rated it as inadequate.

Inadequate

Residential substance misuse services

Access and waiting times

Referrals to the service were actioned quickly, however staff were not always ensuring they had the correct service user information or assessment in order to begin a medical detox for a service user. Staff did not plan or manage discharge well. The service had no alternative care pathways or referral systems for people whose needs it could not meet.

The service employed an admissions team who completed a pre-admission assessment with service users. Managers told us that the pre-admission assessment would be reviewed by a medical professional and the registered manager to review and sign off if no further information was required. Service users arriving at the service would be seen by the nurse prescriber who would begin the service user's detox and the nurse prescriber was supervised by a consultant psychiatrist who would provide further advice if required. The service had restricted the amount of service users and were only admitting service users on days of the week in which the nurse prescriber was working. Referrals to the service were actioned quickly and we found an example in which a service user was not admitted due to physical health concerns and was instead sent to hospital.

The service does not outline requirements or processes of the admissions of medical detoxifications. It is not detailed within their admissions policy and the admission policy refers to 'care homes'.

Staff were not aware of the service's exclusion criteria. Only two staff had signed the criteria and the nurse prescriber was not aware of a criteria in place. Following the on-site inspection, the inspection team were informed of a revised exclusion criteria which would prevent the service admitting individuals with a history of recent seizures, a criminal history, preventing detox for poly drug use and would not admit individuals who were heavily intoxicated.

Staff were not completing discharge plans to reduce potential harm to service user's upon discharge from the service. Staff did not always direct service users to other services or support them to access services upon discharge. We found discharge planning to be brief and, in some cases, not present. We reviewed four records to check for discharge plans. One service user had no discharge plan and the other three service users only received details of local community meetings. Service users were not provided with harm reduction advice or information on other support services or local specific drug and alcohol treatment services. It was not clear what checks staff were undertaking to ensure the service users medication was arranged upon discharge and that they were returning to stable accommodation, as there were no discharge plans or notes within the service user's records.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported service user's treatment, privacy and dignity. Service users could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and service users could make hot drinks and snacks at any time.

The service had a full range of rooms and equipment to support treatment and care.

Service users either had their own bedroom or had a shared bedroom. Staff told us that shared bedrooms were single sex only. As the service had only eight service users admitted during this inspection, each service user had their own bedroom. Service users were able to personalise their own bedrooms. Communal areas were shared, however there were a variety of rooms available for service users to use.

Service users had a secure place to store personal possessions. Staff stored items for service users upon admission which they deemed a risk to treatment or the service user. This included mobile phones, razor blades, hair dye and aerosols.

The service had quiet areas and service users could make phone calls in private. The service had set times each evening for service users to make telephone calls, as mobile telephones were prohibited.

The service had an outside space that service users could access easily.

Service users could make their own hot drinks and snacks and were not dependent on staff.

The service offered a variety of good quality food.

Meeting the needs of all people who use the service

The service did not always meet the needs of all service users.

The service could not admit any service users who used a wheelchair. Staff told us they could admit service users with reduced mobility, however there were several steep stairs to access some of the bedrooms and group room. We observed one service user with reduced mobility who was struggling to walk around the service. Staff had not planned for the service users care needs in order to adequately support him in moving around the service.

The service did not currently provide information in a variety of accessible formats so that service users with communication or language barriers could understand all relevant information. Staff told us they had not yet encountered a situation in which this was required and were unsure if service users could get hold of interpreters or signers when needed.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously and investigated them. However, managers were not yet sharing lessons learned from complaints with staff at the service.

Service users, relatives and carers knew how to complain or raise concerns.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and service users received feedback from managers after the investigation into their complaint.

Managers investigated complaints however were not yet identifying themes from complaints. Since our previous inspection in April 2022, there had been three formal complaints from service users. Two out of three complaints related to outbreaks of COVID-19 at the service. Service users received feedback from managers after the investigation into their complaint, however one service user was concerned that managers had not responded to a complaint.

Managers had not shared feedback from complaints with staff and it was not clear what learning had been actioned to improve the service.

Inadequate

Residential substance misuse services

Is the service well-led?

Inadequate

Our rating of well-led stayed the same. We rated it as inadequate.

Leadership

Leaders had relevant experience to perform their roles, however lacked recent training in key areas. Staff told us that managers were visible in the service and approachable for service users and staff.

The service did not currently have a registered manager in post, however there was a manager in place who was applying for this role who told us they had relevant experience and knowledge of residential substance misuse services. However, managers at the service lacked recent training in areas which required vital operational knowledge such as safeguarding.

Since our previous inspection, management and team structures had been created.

Staff told us that managers were visible in the service and they were approachable to service users and staff.

Culture

Staff did not always feel supported or valued. Staff concerns did not always appear to be taken seriously and staff were not always clear how to use the whistleblowing process.

Not all staff felt supported or valued in their roles. We received mixed feedback from staff as some staff told us they felt respected and valued by managers, however other staff felt unsupported and unsafe in their roles. One staff member told us they weren't sure what their role was, and another staff member raised concerns that staff 'mocked' service users when speaking about them. There had been a recent high turnover of support staff at the service however some staff reported this had a positive effect on morale at the service.

Staff were not always clear on how to use the whistleblowing process or who to approach if they felt unable to raise concerns if they did not feel able to approach managers. Staff had raised concerns relating to other staff members practices however it was not clear what action had been taken in relation to this. Staff told us they were concerned about this.

Managers were not supporting staff through regular supervision or appraisals therefore we were not assured that staff were appropriately supported and it was not clear how managers were addressing poor performance with staff.

Due to our findings in other key questions, we were not assured that there was a culture of learning and improvement at the service and staff were not involved in discussions relating to implementing lessons learned from concerns or incidents that occurred.

Governance

Our findings from the other key questions demonstrated that governance processes were not operating effectively at the service and performance and risk were not always managed well.

Inadequate

Residential substance misuse services

Managers had introduced a new senior governance meeting in which they were addressing concerns raised from our previous inspection. However, we remain concerned that the service had not identified concerns found during this current inspection as our findings from the other key questions have highlighted. This evidences that further work is required in order to identify key areas of risk and mitigate them appropriately.

Despite improvements in some key areas of performance and risk, such as introducing a complaints process, beginning audit checks, providing some, but not all, staff with training and introducing governance meetings, other processes still required further improvement in order to safely support service users. For example, staff required training in safeguarding and specific drug and alcohol training. Audits of medication and prescription records remained absent, it was not clear how information ascertained from audits was being used to improve quality of care and stronger recruitment processes were required to ensure previous performance concerns for new staff were being addressed.

Staff had not been provided with any managerial supervision and full staff meetings were not regularly occurring. It was unclear how risks of service users were identified and taken forward as handover meetings were not being recorded. Prior to the end of the inspection, managers had identified dates for staff to attend supervision with their line manager, however we were not assured that managers had adequate training to deliver supervision sessions with staff.

Managers had not identified or acted in relation to concerns relating to medicines management. Managers had not ensured adequate monitoring of performance to ensure medical detoxifications were safe for service users. The service did not have adequate medical oversight to ensure concerns were identified and actions taken to prevent harm to service users.

Management of risk, issues and performance

Managers were not identifying and responding to key areas of risk in the service which was needed in order to provide safe and effective care.

Managers had introduced a new incident reporting and complaints process. Managers were now reviewing incidents and complaints as they occurred. However, further improvements were required to identify and share learning from incidents and complaints as this was not always occurring.

The service did not hold a risk register however they had introduced an 'improvement plan', following our past inspection. It was not evident that this plan was reviewed appropriately, and it was not clear who was responsible for the individual actions of the plan. The governance lead told us they had not been provided with a copy of the improvement plan.

Managers explained that they were aware of concerns in relation to staff performance and medicines management, yet no action had been taken to address this risk. This posed a risk to service user safety.

Information management

Staff did not collect analysed data about outcomes and performance.

The service did not collect data or measure outcomes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care • The service must involve service users in care planning and risk assessment.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The service must ensure managers have the skills and relevant operational training to perform their roles.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service must ensure that staff complete a comprehensive assessment and care plan and maintain accurate risk assessments for each service user and that staff complete effective risk management plans to reduce identified risks.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

- The service must ensure governance systems and processes are in place to assess, monitor and improve the quality and safety of the service.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service must ensure that staff complete personal discharge plans and provide harm reduction advice for all service users leaving the service in order to safely support service users when they return to the community.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 18 HSCA (RA) Regulations 2014 Staffing • The service must ensure they have enough suitably competent, skilled and experienced clinical staff.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 18 HSCA (RA) Regulations 2014 Staffing • The service must ensure staff including those who work at the service but are not directly employed have the right skills and training to meet the needs of the service users in their care and that they receive a full induction to the service before they start work, ongoing training and that staff receive regular appraisals, supervision and access to team meetings.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service must ensure they use systems and processes to safely prescribe, administer and record medicines and that the clinic room and medication is secure.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 11 HSCA (RA) Regulations 2014 Need for consent • The service must ensure that staff are trained in Mental Capacity Act and have an understanding of the five principles and how to apply them and that service users have an opportunity to give consent to treatment when they are no longer under the influence of illicit substances.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service must ensure service user safety incidents are managed, staff report incidents appropriately and managers investigate incidents and share lessons learned with the whole team.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The service must ensure that staff are able to escalate concerns relating to medicines to an appropriately clinically trained and competent individual.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour • The service must ensure staff are applying the duty of candour when things go wrong.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service must ensure adequate medical governance processes and systems are in place to monitor and assess the practice and competence of clinical staff and ensure the safety of medical practices.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service must ensure that managers record and monitor key information used to assess compliance in order to improve the quality and safety of the service, such as training and supervision compliance.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service must ensure that staff are aware of how to use the whistleblowing process.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service must ensure that service users undergoing medical detoxification are appropriately monitored during their detox programme, including respiration rates and temperatures.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service must ensure that regular fire drills are completed to ensure service users and staff are able to safely vacate the building in the event of an emergency.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service must ensure that service user records are legible and provide a contemporaneous account of all contact with the service user and relevant information in order to safety support each service user and manage risk.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service must create a risk register to effectively record and mitigate against key risks to the service.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • This service must ensure that service users have Personal Emergency Evacuation Plan's (PEEPs) in order to safely support them to evacuate the building in an emergency.
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service must ensure staff understand how to protect service users from abuse, and how and when to make a safeguarding referral.